

Prescription Medication Formulary

ACA StandardHealth w/Health Choice – ACA HealthChoice, StandardHealth, and PPO StandardHealth 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	Low Cost Share
2	Moderate Cost Share
3	Highest Cost Share
SP	Specialty Drugs (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	Medical Benefit (when covered, these medications will be under the medical benefit)

Questions?

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

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

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

What Is Covered on the Formulary?

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

BCBSAZ covers the medications listed as long as:

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

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

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

What if my Medication is not on the Formulary?

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

Non-Formulary Exception Process

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

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

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

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

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.

How Much Will My Medications Cost?

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

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

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

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

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

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

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

Mandatory Generics

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

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

Legal Disclaimer

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

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

Utilization Management & Limitation Abbreviations with Explanations

AL: Age Limit

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

DS: Days' Supply Limit

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

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

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

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

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

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

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

What is a Pharmacy Coverage Guideline?

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

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

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

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

QL: Quantity Limit

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

R&M: Retail & Mail Distribution

Distribution limitations may apply.

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

SP: Specialty Pharmacy Distribution

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

ST: Step Therapy

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

Blue Cross Blue Shield of Arizona Formulary

ACA StandardHealth w/Health Choice-ACA HealthChoice, StandardHealth, and PPO StandardHealth Plans

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List of Abbreviations

\$0: Zero Cost Share

MB: Medical Benefit

SP: Specialty Medications

T1: Tier 1

T2: Tier 2

T3: Tier 3

AI: Additional Information

F: Female Only

M: Male Only

N: Notes

PA: PA Applies

QL: Quantity Limit

SP: Specialty Pharmacy Only

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

ACA StandardHealth w/Health Choice-ACA HealthChoice, StandardHealth, and PPO StandardHealth Plans

CURRENT AS OF 4/18/2024

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er oral tablet extended release 12 hour</i>		T3	QL (2 EA per 1 day)
<i>guanfacine hcl er</i>		T1	AG (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg</i>		T1	AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg</i>		T1	AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 25 mg</i>		T1	AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 40 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 60 mg</i>		T1	AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
QELBREE	T3		ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera)); QL (1 EA per 1 day)
*Amphetamine Mixtures***			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>		T2	QL (3 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg</i>		T2	QL (2 EA per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		T1	QL (3 EA per 1 day); AG (Min 6 Years)
*Amphetamines***			
ADZENYS XR-ODT	T3		PA
<i>amphetamine sulfate</i>		T1	QL (4 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T1	QL (3 EA per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T1	QL (4 EA per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	T3		PA; QL (8 ML per 1 day); AG (Min 6 Years)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	T3		PA
EVEKEO	T1		PA; AG (Min 6 Years)
EVEKEO ODT	T3		PA

Last revision date: 04/18/2024 To search for a drug use control + f

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

Drug Name	Brand	Generic	Additional Information
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)
<i>methylphenidate</i>		T3	PA; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 40 mg, 50 mg, 60 mg</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>		T2	AI (Max #90 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		T2	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		T3	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 54 mg</i>		T1	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg</i>		T2	QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release</i>		T2	QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T2	QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T3	QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>		T2	QL (6 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		T2	QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		T3	QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil oral</i>		T2	QL (2 EA per 1 day); AG (Min 16 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T3		PA
PALFORZIA (12 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (120 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (160 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (20 MG DAILY DOSE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (200 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (240 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
PALFORZIA (3 MG DAILY DOSE)	T3		QL (3 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG MAINTENANCE)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (300 MG TITRATION)	T3		QL (1 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (40 MG DAILY DOSE)	T3		QL (2 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (6 MG DAILY DOSE)	T3		QL (6 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA (80 MG DAILY DOSE)	T3		QL (4 EA per 1 day); AG (Min 4 Years and Max 17 Years)
PALFORZIA INITIAL ESCALATION	T3		AI (13 capsules is the initial starting dose); QL (13 EA per 1 day); AG (Min 4 Years and Max 17 Years)
RAGWITEK	T3		PA
*Mixed Allergenic Extracts***			
ODACTRA	T3		PA
ORALAIR	T3		PA
Amebicides			
*Amebicides***			
SOLOSEC	T3		QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
BETHKIS	SP		PA; SP; AI (30 day supply max)
KITABIS PAK	SP		PA; SP; AI (30 day supply max)
<i>neomycin sulfate oral</i>		T3	
TOBI	SP		PA; SP; AI (30 day supply max)
TOBI PODHALER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tobramycin inhalation</i>		SP	SP; AI (30 day supply max)
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RINVOQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
XELJANZ ORAL SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 1 day); AG (Max 18 Years)
XELJANZ ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XELJANZ XR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
ABRILADA	SP		PA; SP
ABRILADA (1 PEN)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ABRILADA (2 PEN)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ABRILADA (2 SYRINGE)	SP		PA; SP
<i>adalimumab-aacf (2 pen)</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm (2 pen)</i>		SP	PA; SP
<i>adalimumab-adbm (2 syringe)</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(cdluclhs strt)</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(psluv starter)</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CYLTEZO (2 PEN) (Adalimumab-adbm)	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO (2 SYRINGE) (Adalimumab-adbm)	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO-CD/UC/HS STARTER (Adalimumab-adbm)	SP	SP	PA; SP; AI (30 day supply max)
CYLTEZO-PSORIASIS/UV STARTER (Adalimumab-adbm)	SP	SP	PA; SP; AI (30 day supply max)

Drug Name	Brand	Generic	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)
HULIO	SP		PA; SP; AI (30 day supply max)
HULIO (2 PEN)	SP		PA; SP; AI (30 day supply max)
HULIO (2 SYRINGE) (<i>Adalimumab-fkjp</i>)	SP	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 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 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-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)

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Drug Name	Brand	Generic	Additional Information
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	SP		PA; AI (Humira by ABBVIE (00074-****-**) is covered - Non-ABBVIE is Excluded)
HUMIRA-PS/UV/ADOL HS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMIRA-PSORIASIS/UEVIT STARTER	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYRIMOZ	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-CROHNS/UC STARTER	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-PED<40KG CROHN STARTER	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-PED>=40KG CROHN START	SP		PA; SP; AI (30 day supply max)
HYRIMOZ-PLAQUE PSORIASIS START	SP		PA; SP; AI (30 day supply max)
IDACIO (2 PEN) (Adalimumab-aacf)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IDACIO (2 SYRINGE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IDACIO-CROHNS/UC STARTER (Adalimumab-aacf)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IDACIO-PSORIASIS STARTER (Adalimumab-aacf)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (1 PEN)	SP		PA; SP
SIMLANDI (2 PEN)	SP		PA; SP
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)

Drug Name	Brand	Generic	Additional Information
YUFLYMA (1 PEN)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA (2 PEN)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	SP		PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUFLYMA-CD/UC/HS STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YUSIMRY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Gold Compounds***			
RIDAURA	T3		
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	SP		PA; SP
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KEVZARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>diclofenac-misoprostol oral tablet delayed release</i>		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)
<i>diclofenac potassium oral tablet 50 mg</i>		T1	
<i>diclofenac sodium er</i>		T1	
<i>diclofenac sodium oral</i>		T1	
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1	QL (3 EA per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1	QL (2 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>etodolac oral capsule 300 mg</i>		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>etodolac oral tablet 400 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>etodolac oral tablet 500 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenoprofen calcium oral tablet</i>		T3	
<i>flurbiprofen oral</i>		T1	
<i>ibuprofen oral suspension</i>		T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	
INDOCIN ORAL	T3		PA
<i>indomethacin er</i>		T3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1	
<i>ketorolac tromethamine oral</i>		T1	QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg</i>		T2	
<i>meclofenamate sodium oral capsule 50 mg</i>		T3	
<i>mefenamic acid oral</i>		T3	
<i>meloxicam oral tablet 15 mg</i>		T1	QL (1 EA per 1 Day)
<i>meloxicam oral tablet 7.5 mg</i>		T1	QL (2 EA per 1 day)
<i>naproxen oral tablet</i>		T1	
<i>naproxen sodium oral tablet 275 mg</i>		T1	
<i>oxaprozin oral capsule</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>oxaprozin oral tablet</i>		T1	
<i>piroxicam oral</i>		T1	
RELAFEN ORAL TABLET (Nabumetone) 500 MG	T1	T1	

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Drug Name	Brand	Generic	Additional Information
<i>sulindac oral</i>		T1	
<i>tolmetin sodium oral tablet 600 mg</i>		T3	
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Year); AG (Min 18 Years)
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1	

Drug Name	Brand	Generic	Additional Information
<i>butalbital-apap-caffeine oral capsule</i>		T1	QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		T1	
<i>butalbital-asa-caffeine</i>		T1	
*Salicylates***			
<i>adult aspirin regimen</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin adult low dose</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose oral tablet delayed release</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin regimen</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
ASPIR-LOW (Aspirin)	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (Aspirin)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE (Aspirin 81)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (Aspirin)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin EC)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE (Aspirin)	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs genuine aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>diflunisal oral</i>		T1	
ECOTRIN (Aspirin EC)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN ARTHRTIS PAIN (Aspirin EC)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN LOW STRENGTH (Aspirin)	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ECPIRIN (Aspirin EC)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ft aspirin</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin low dose</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft enteric coated aspirin</i>		\$0	QL (1 tablet per 1 day); AG (Min 45 Years)
<i>genuine aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp aspirin low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>goodsense aspirin adults</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>goodsense aspirin low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>h-e-b aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm adult aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin ec</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin ec low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>hm aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>kp aspirin</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>meijer aspirin ec</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>mm aspirin oral tablet delayed release</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet chewable</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>qc aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	QL (0.5 EA per 1 Day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra pain relief aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin ec</i>		\$0	QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin adult low strength</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin ec</i>		\$0	QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin ec low strength</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin low dose oral tablet delayed release</i>		\$0	QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm childrens aspirin</i>		\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>)	\$0	\$0	QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (<i>Aspirin 81</i>)	\$0	\$0	QL (1 EA per 1 day); AG (Min 45 Years)
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine #2</i>		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)
<i>acetaminophen-codeine #3</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine #4</i>		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)
<i>acetaminophen-codeine oral solution</i>		T2	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		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)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		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 (<i>Butalbital-ASA-Caff-Codeine</i>)	T1	T1	QL (6 EA per 1 Day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1	QL (60 EA per 1 Copay)
*Dihydrocodeine Combinations***			
TREZIX ORAL CAPSULE (<i>APAP-Caff-Dihydrocodeine</i>) 320.5-30-16 MG	T3	T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (98 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>		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)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>		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)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>		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)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>		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)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		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 (<i>fentaNYL Citrate</i>)	T3	T3	PA; AI (30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
<i>codeine sulfate oral tablet 15 mg</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>codeine sulfate oral tablet 30 mg</i>		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)
<i>codeine sulfate oral tablet 60 mg</i>		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)
<i>fentanyl</i>		T1	PA; AI (30 day supply max); QL (0.34 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>		T3	PA; AI (30 day supply max); QL (3 EA per 1 day); AG (Min 16 Years)
<i>fentanyl citrate buccal tablet</i>		T3	PA; QL (9 EA per 1 day); AG (Min 18 Years)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T3		PA; QL (90 EA per 1 Copay); AG (Min 18 Years)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		T3	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg</i>		T3	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg</i>		T3	PA; QL (1 EA per 1 day); AG (Min 4 Years)
<i>hydromorphone hcl oral liquid</i>		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)
<i>hydromorphone hcl oral tablet 2 mg</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl oral tablet 4 mg</i>		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)
<i>hydromorphone hcl oral tablet 8 mg</i>		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)
<i>hydromorphone hcl rectal</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
HYSINGLA ER (<i>HYDROcodone Bitartrate ER</i>)	T2	T2	PA; QL (1 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T3		PA; AI (30 day supply max); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T3	PA; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>		T3	PA; QL (8 EA per 1 Day)
<i>meperidine hcl oral solution</i>		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)
<i>meperidine hcl oral tablet 50 mg</i>		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)
<i>methadone hcl oral tablet</i>		T3	PA
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>		T1	QL (2.4 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>		T1	QL (2.4 ML per 1 day)

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

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate rectal suppository 5 mg</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (8 EA per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE <i>(Morphine Sulfate ER)</i>	T3	T1	PA
NUCYNTA ER	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T3		PA; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
<i>oxycodone hcl oral capsule</i>		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)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		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)
<i>oxycodone hcl oral solution</i>		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)
<i>oxycodone hcl oral tablet 10 mg</i>		T2	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxyCODONE HCl ER</i>)	T3	T3	PA; AI (PA applies to new starts); QL (2 EA per 1 day)
<i>oxymorphone hcl er</i>		T3	PA; AI (PA applies to new starts); QL (2 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>		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)
<i>oxymorphone hcl oral tablet 5 mg</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ROXICODONE ORAL TABLET (oxyCODONE HCl) 5 MG	T3	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
SUBSYS	T3		PA; AI (30 day supply max)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>		T3	ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er</i>		T3	QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		T1	AI (Max #720 Mail Order); QL (8 EA per 1 Day)
XTAMPZA ER	T3		PA; QL (2 EA per 1 day)
*Opioid Combinations***			
<i>benzhydrocodone-acetaminophen</i>		T3	QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-325 MG	T1	T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		T3	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG	T3		AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
*Opioid Partial Agonists***			
BELBUCA	T3		PA; QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1	QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T3	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T3	QL (8 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T3	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T3	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T1	QL (2 EA per 1 Day)
<i>butorphanol tartrate nasal</i>		T3	AI (2x 2.5ml bottles per month); QL (5 ML per 30 days)
BUTRANS (Buprenorphine)	T3	T1	PA; QL (0.143 EA per 1 day); AG (Min 18 Years)
<i>pentazocine-naloxone hcl</i>		T1	AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG	T2		QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2		QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		QL (2 EA per 1 day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		T1	QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
Androgens-Anabolic			
*Androgens***			
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T3		PA
<i>danazol oral</i>		T3	QL (4 EA per 1 day)
JATENZO	T3		PA
KYZATREX	T3		PA
<i>methitest</i>		T3	PA
<i>methyltestosterone oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TESTIM	T3		PA
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>		T1	QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>		T1	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>		T1	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>		T2	QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>		T3	PA; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>		T2	AI (5mg per day); QL (5 MG per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>		T2	QL (5 GM per 1 day)
TLANDO	T3		PA
XYOSTED	T3		PA
Anorectal And Related Products			
*Intrarectal Steroids***			
<i>hydrocortisone rectal enema</i>		T1	
*Nitrate Vasodilating Agents***			
RECTIV (Nitroglycerin)	T3	T3	
Antacids			
*Antacids - Calcium Salts***			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T3	PA
Anthelmintics			
*Anthelmintics***			
<i>albendazole oral</i>		T3	PA
<i>benznidazole</i>		T3	QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>praziquantel oral</i>		T3	
STROMEKTOL (Ivermectin)	T3	T1	PA
Antianginal Agents			
*Antianginals-Other***			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		T2	QL (2 EA per 1 Day); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		T2	QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1	
<i>isosorbide mononitrate</i>		T2	
<i>isosorbide mononitrate er</i>		T2	
NITRO-BID	T2		
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin sublingual</i>		T1	
<i>nitroglycerin transdermal patch 24 hour</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin translingual solution</i>		T3	
NITROMIST	T3		QL (0.6 GM per 1 day)
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg</i>		T1	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>buspirone hcl oral tablet 15 mg</i>		T1	AI (Max #120 Mail Order); QL (4 EA per 1 Day)
<i>buspirone hcl oral tablet 30 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>buspirone hcl oral tablet 5 mg</i>		T1	AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T3	
<i>hydroxyzine hcl oral syrup</i>		T1	
<i>hydroxyzine hcl oral tablet</i>		T1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		T1	
<i>meprobamate oral tablet 200 mg</i>		T3	
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>		T3	AI (Max of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T1	AI (Max of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		T1	AI (Max of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		T1	AI (Max of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)

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

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

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

Drug Name	Brand	Generic	Additional Information
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); QL (13 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T3		ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); QL (13 GM per 30 Days)
<i>fluticasone-salmeterol inhalation aerosol</i>		T2	QL (12 GM per 30 days); AG (Min 3 Years)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1	QL (0.035 EA per 1 day); AG (Min 12 Years)
<i>ipratropium-albuterol</i>		T1	AI (Max #1620ml mail order); QL (540 ML per 30 Days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T2		AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>Fluticasone-Salmeterol</i>) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T2	T2	QL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		T1	
*Beta Adrenergics***			
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml</i>		T1	
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1	AI (Max #15 Mail Order)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	AI (Max #1125ml Mail Order)
<i>albuterol sulfate oral</i>		T1	
<i>arformoterol tartrate</i>		T3	QL (60 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		T3	QL (120 ML per 30 days); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>		T2	AI (Max #810ml mail order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T2	AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	AI (Max #270 vials mail order); QL (90 EA per 30 Days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T3		
PROAIR HFA (Albuterol Sulfate HFA)	T3	T1	
PROAIR RESPICLICK	T3		
PROVENTIL HFA (Albuterol Sulfate HFA)	T3	T1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2		QL (1 EA per 30 days)
STRIVERDI RESPIMAT	T3		ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva); QL (0.15 GM per 1 day); AG (Min 18 Years)
<i>terbutaline sulfate oral</i>		T1	
VENTOLIN HFA (Albuterol Sulfate HFA)	T3	T1	
XOPENEX HFA (Levalbuterol Tartrate)	T3	T3	ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 GM per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA	T2		AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2		
<i>ipratropium bromide inhalation</i>		T1	
LONHALA MAGNAIR REFILL KIT	T3		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	T3		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 RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T3		
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3		QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T3		QL (1 inhaler per 30 days)
YUPELRI	T3		PA

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

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Drug Name	Brand	Generic	Additional Information
ASMANEX HFA	T2		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>		T2	AI (Max #360ml Mail Order)
<i>budesonide inhalation suspension 1 mg/2ml</i>		T2	AI (Max #180ml per 90 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone Propionate Diskus) 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T2	T2	QL (2 EA per 1 day)
FLOVENT HFA (Fluticasone Propionate HFA)	T2	T2	
PULMICORT FLEXHALER	T2		
QVAR REDHALER	T2		
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Xanthines***			
<i>aminophylline anhydrous</i>		T3	PA
ELIXOPHYLLIN (Theophylline)	T1	T1	
THEO-24	T3		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>		T3	QL (3 tabs per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		T3	
<i>theophylline er oral tablet extended release 24 hour</i>		T1	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN (Warfarin Sodium)	T1	T1	
*Direct Factor Xa Inhibitors***			
ELIQUIS	T2		QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2		QL (74 EA per 28 days)
SAVAYSA	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2		QL (10 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T2		QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	T2		QL (2 EA per 1 day)
XARELTO STARTER PACK	T2		QL (51 EA per 28 days)
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		T1	
<i>enoxaparin sodium injection solution prefilled syringe</i>		T1	QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T3		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3		

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Drug Name	Brand	Generic	Additional Information
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium</i>		T1	
*Thrombin Inhibitors - Selective Direct & Reversible***			
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>		T2	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE (Dabigatran Etexilate Mesylate) 110 MG	T2	T2	QL (2 capsules per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	T2		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension</i>		T3	QL (8 ML per 1 day)
<i>clobazam oral tablet</i>		T3	QL (2 EA per 1 day); AG (Min 2 Years)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1	QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1	QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1	QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1	QL (4 EA per 1 day)
DIASTAT ACUDIAL (diazepam)	T3	T3	AI (Max #9 per fill Retail or Mail Order); QL (10 EA per 30 days)
DIASTAT PEDIATRIC	T3		QL (10 EA per 30 days)
<i>diazepam rectal gel 2.5 mg</i>		T3	AI (Max #9 per fill Retail or Mail Order); QL (10 EA per 30 days)
NAYZILAM	T3		PA
SYMPAZAN	T2		PA; QL (2 EA per 1 Day)
VALTOCO 10 MG DOSE	T3		PA
VALTOCO 15 MG DOSE	T3		PA
VALTOCO 20 MG DOSE	T3		PA
VALTOCO 5 MG DOSE	T3		PA
*Anticonvulsants - Misc.***			
APTOM ORAL TABLET 200 MG, 400 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (1 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
<i>lacosamide oral tablet</i>		T2	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T3		AG (Max 6 Years)
<i>lamotrigine er</i>		T1	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>		T3	AG (Max 6 Years)
<i>lamotrigine oral tablet</i>		T1	
<i>lamotrigine oral tablet chewable</i>		T1	
<i>lamotrigine oral tablet dispersible</i>		T1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1	QL (6 EA per 1 Day); AG (Min 12 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>		T1	AG (Min 12 Years)
<i>levetiracetam oral</i>		T1	
<i>oxcarbazepine</i>		T1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		T1	QL (4 EA per 1 day)
<i>pregabalin oral capsule 200 mg</i>		T1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>		T1	QL (2 EA per 1 Day)
<i>pregabalin oral solution</i>		T1	
<i>primidone oral tablet 250 mg, 50 mg</i>		T1	
QUDEXY XR (Topiramate ER)	T3	T3	ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); QL (1 EA per 1 day); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG	T1	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (carBAMazepine ER) 100 MG	T2	T1	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (carBAMazepine ER) 200 MG, 400 MG	T3	T1	
<i>topiramate oral capsule sprinkle</i>		T1	QL (2 EA per 1 day)
<i>topiramate oral tablet</i>		T1	
TROKENDI XR (Topiramate ER)	T3	T3	ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (1 EA per 1 day); AG (Min 6 Years)
<i>zonisamide oral capsule 100 mg</i>		T1	AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		T1	
ZTALMY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Carbamates***			
<i>felbamate</i>		T1	
XCOPRI	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 EA per 1 day); AG (Min 18 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 EA per 1 day); AG (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)	T3		ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 EA per 1 day); AG (Min 18 Years)
*Gaba Modulators***			
SABRIL (<i>Vigabatrin</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tiagabine hcl</i>		T3	
VIGADRONE (<i>Vigabatrin</i>)	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 (<i>Phenytoin Sodium Extended</i>)	T3	T1	
PHENYTEK (<i>Phenytoin Sodium Extended</i>)	T1	T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable</i>		T1	
*Succinimides***			
<i>ethosuximide oral</i>		T2	
<i>methsuximide</i>		T3	
*Valproic Acid***			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1	
<i>divalproex sodium oral tablet delayed release</i>		T1	

Drug Name	Brand	Generic	Additional Information
<i>valproic acid oral capsule</i>		T1	
<i>valproic acid oral solution</i>		T1	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		T1	AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 45 mg</i>		T1	AI (Max #180 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>		T1	
<i>mirtazapine oral tablet dispersible 15 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T3	AI (Max #270 Mail Order); QL (1 EA per 1 day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T3	AI (Max #180 Mail Order); QL (1 EA per 1 day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>		T1	AI (Max #180 Mail Order); QL (3 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>bupropion hcl oral</i>		T1	
<i>maprotiline hcl oral tablet 25 mg</i>		T1	
*Gaba Receptor Modulator - Neuroactive Steroid***			
ZURZUVAE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Day); AG (Min 16 Years)
MARPLAN	T3		
<i>phenelzine sulfate oral</i>		T1	
<i>tranylcypromine sulfate</i>		T1	
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
<i>citalopram hydrobromide oral solution</i>		T1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>		T1	AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 40 mg</i>		T1	AI (Max #180 Mail Order)

Drug Name	Brand	Generic	Additional Information
<i>escitalopram oxalate oral solution</i>		T1	
<i>escitalopram oxalate oral tablet 10 mg</i>		T1	AI (Max #135 Mail Order)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>		T1	AI (Max #90 Mail Order)
<i>fluoxetine hcl oral capsule</i>		T1	
<i>fluoxetine hcl oral solution</i>		T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1	
<i>fluoxetine hcl oral tablet 60 mg</i>		T1	QL (1 TAB per 1 day)
<i>fluvoxamine maleate</i>		T2	
<i>fluvoxamine maleate er</i>		T2	AI (Max #180 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl er</i>		T3	QL (1 EA per 1 day)
<i>paroxetine hcl oral suspension</i>		T3	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>sertraline hcl oral concentrate</i>		T1	
<i>sertraline hcl oral tablet</i>		T1	
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	
<i>trazodone hcl oral tablet 300 mg</i>		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD STARTER PACK	T3		QL (1 EA per 1 Lifetime); AG (Min 18 Years)
<i>vilazodone hcl</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine er</i>		T3	QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>desvenlafaxine succinate er</i>		T1	QL (1 EA per 1 day)
DRIZALMA SPRINKLE	T3		QL (1 EA per 1 day); AG (Min 7 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1	QL (2 EA per 1 Day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T1	QL (3 EA per 1 Day)
FETZIMA	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day)
FETZIMA TITRATION	T3		ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 EA per 1 day)
<i>venlafaxine hcl</i>		T1	
<i>venlafaxine hcl er</i>		T1	
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		T1	
<i>amoxapine oral tablet 100 mg</i>		T1	
<i>amoxapine oral tablet 150 mg, 25 mg, 50 mg</i>		T2	
<i>clomipramine hcl oral</i>		T1	
<i>desipramine hcl oral</i>		T1	
<i>doxepin hcl oral capsule</i>		T1	
<i>doxepin hcl oral concentrate</i>		T1	
<i>imipramine hcl oral</i>		T1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>imipramine pamoate oral capsule 75 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>nortriptyline hcl oral capsule</i>		T1	
<i>protriptyline hcl</i>		T1	
<i>trimipramine maleate oral capsule 50 mg</i>		T3	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1	
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
*Biguanides***			
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1	AI (Max #450 Mail Order); QL (5 EA per 1 Day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		T1	
*Diabetic Other - Combinations***			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1		
*Diabetic Other***			
BAQSIMI ONE PACK	T2		QL (2 EA per 30 days)
BAQSIMI TWO PACK	T2		QL (1 EA per 30 days)
<i>diazoxide oral</i>		T3	
GLUCAGEN HYPOKIT	T2		
<i>glucagon emergency injection kit</i>		T2	QL (2 EA per 30 days)
<i>glucagon emergency injection solution reconstituted</i>		T2	QL (2 EA per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA (Alogliptin Benzoate)	T3	T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 18 Years)
ONGLYZA	T3		QL (1 tablet per 1 day); AG (Min 16 Years)
<i>saxagliptin hcl</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); QL (1 EA per 1 day); AG (Min 16 Years)
TRADJENTA	T2		
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	T2		AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2		QL (2 EA per 1 day); AG (Min 18 Years)
JENTADUETO	T2		

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

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

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

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

Drug Name	Brand	Generic	Additional Information
RYBELSUS	T2		PA; QL (1 tab per 1 day)
TRULICITY	T2		PA; QL (4 pens per 1 Month); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		PA; QL (3 pens per 1 Month); AG (Min 10 Years)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T2		QL (0.5 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>repaglinide</i>		T1	
*Progesterone Receptor Antagonists***			
KORLYM (miFEPRIStone)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T2		QL (1 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T2		QL (1 EA per 1 day); AG (Min 18 Years)
QTERN	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
STEGLUJAN	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
<i>dapagliflozin propanediol</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
FARXIGA	T2		QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
INVOKANA	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
JARDIANCE	T2		QL (1 EA per 1 day)
STEGLATRO	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 EA per 1 day); AG (Min 18 Years)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>		T3	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
INVOKAMET	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
INVOKAMET XR	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
SEGLUROMET	T3		ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (2 EA per 1 day); AG (Min 18 Years)
SYNJARDY	T2		
SYNJARDY XR	T2		

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Drug Name	Brand	Generic	Additional Information
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	T2		QL (2 EA per 1 day); AG (Min 18 Years)
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
*Sulfonylureas***			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glimepiride oral tablet 4 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide er</i>		T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>		T1	
<i>glipizide xl</i>		T1	
<i>glyburide micronized</i>		T1	
<i>glyburide oral</i>		T1	
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl</i>		T1	AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
*Thiazolidinediones***			
<i>pioglitazone hcl</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
Antidiarrheal/Probiotic Agents			
*Antidiarrheal - Chloride Channel Antagonists***			
MYTESI	T3		
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T1	
<i>ft anti-diarrheal oral capsule</i>		T1	
<i>loperamide hcl oral capsule</i>		T1	
MOTOFEN	T3		
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>deferasirox granules</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EXJADE (<i>Deferasirox</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FERRIPROX (<i>Deferiprone</i>)	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 (<i>Deferasirox</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JADENU SPRINKLE (<i>Deferasirox</i>)	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	T3		QL (18 EA per 1 day); AG (Min 2 Years)
*Opioid Antagonists***			
KLOXXADO	T2		QL (1 box per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1	
<i>naloxone hcl injection solution cartridge</i>		T1	
<i>naloxone hcl injection solution prefilled syringe</i>		T1	
<i>naloxone hcl nasal</i>		T2	QL (1 box per 30 days)
<i>naltrexone hcl oral</i>		T1	
OPVEE	T2		QL (2 EA per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZIMHI	T3		AI (Limited to 1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); QL (0.034 ML per 1 day); AG (Min 12 Years)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 50 MG	T3		QL (4 EA per 1 Copay)
<i>granisetron hcl oral</i>		T1	AI (1 per day); QL (2 EA per 1 day)
<i>ondansetron</i>		T1	QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>ondansetron hcl injection solution 40 mg/20ml</i>		T1	
<i>ondansetron hcl oral solution</i>		T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1	QL (4 EA per 1 day)
SANCUSO	T3		QL (0.67 EA per 1 day)
*Antiemetic Combinations***			
AKYNZEO ORAL	T3		ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); QL (1 EA per 1 1st treatment day); AG (Min 18 Years)
BONJESTA	T3		PA; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS (Doxylamine-Pyridoxine)	T3	T3	PA; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
*Antiemetics - Anticholinergic***			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T1	
<i>scopolamine</i>		T3	QL (0.34 EA per 1 day)
<i>trimethobenzamide hcl oral</i>		T2	
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule 10 mg</i>		T3	AI (Max #180 Mail Order); QL (3 EA per 1 day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SYNDROS	T3		PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule</i>		T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T3		
VARUBI (180 MG DOSE)	T3		AI (30 day supply max); QL (4 EA per 28 days)
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***			
BREXAFEMME	T3		AI (4 tablets per day, 1 fill per month.); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole); QL (4 EA per 1 day)
*Antifungals***			
<i>flucytosine oral</i>		T3	
<i>griseofulvin microsize oral</i>		T1	
<i>griseofulvin ultramicrosize</i>		T1	
<i>nystatin oral tablet</i>		T1	
<i>terbinafine hcl oral</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
*Imidazoles***			
<i>ketoconazole oral</i>		T1	
<i>miconazole</i>		T3	
*Tetrazoles***			
VIVJOA	SP		SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole); QL (0.215 EA per 1 day)
*Triazoles***			
CRESEMBA ORAL	SP		PA
<i>fluconazole oral</i>		T1	
<i>itraconazole oral</i>		T3	
NOXAFIL ORAL PACKET	T3		PA
NOXAFIL ORAL TABLET DELAYED RELEASE (<i>Posaconazole</i>)	T3	T3	PA
<i>voriconazole oral</i>		T1	
Antihistamines			
*Antihistamines - Alkylamines***			
RYCLORA ORAL SOLUTION	T3		AI (118MG per 30 days)
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution</i>		T3	
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>		T3	QL (1 tab per 1 day)
<i>diphenhydramine hcl injection</i>		T1	
<i>diphenhydramine hcl oral elixir</i>		T3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T3		ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); QL (120 ML per 30 days); AG (Min 2 Years)
*Antihistamines - Non-Sedating***			
<i>cetirizine hcl oral solution 1 mg/ml</i>		T1	PA
<i>desloratadine oral tablet</i>		T1	AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>levocetirizine dihydrochloride oral solution</i>		T1	
QUZYTIR	MB		
*Antihistamines - Phenothiazines***			
<i>promethazine hcl injection</i>		T3	
<i>promethazine hcl oral</i>		T1	
PROMETHEGAN RECTAL SUPPOSITORY (<i>Promethazine HCl</i>) 12.5 MG, 25 MG	T1	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T2		
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral</i>		T1	

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Drug Name	Brand	Generic	Additional Information
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET	T2		ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL	T2		ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); QL (1 EA per 1 day); AG (Min 18 Years)
*Antihyperlipidemics - Misc.***			
<i>icosapent ethyl</i>		T3	
LOVAZA	T3		PA; QL (4 EA per 1 day); AG (Min 18 Years)
<i>omega-3-acid ethyl esters</i>		T1	QL (4 EA per 1 day); AG (Min 18 Years)
VASCEPA	T3		PA
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		T1	
<i>colesevelam hcl oral packet</i>		T1	QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet</i>		T1	QL (6 EA per 1 day)
<i>colestipol hcl oral packet</i>		T1	
<i>colestipol hcl oral tablet</i>		T1	
PREVALITE (<i>Cholestyramine Light</i>)	T1	T1	
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 200 mg</i>		T3	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>		T1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 67 mg</i>		T1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 200 mg</i>		T3	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>fenofibrate oral tablet 160 mg</i>		T1	QL (1 EA per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenofibric acid oral capsule delayed release</i>		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
<i>fenofibric acid oral tablet 105 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>gemfibrozil oral</i>		T1	

Drug Name	Brand	Generic	Additional Information
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 40 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>atorvastatin calcium oral tablet 20 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1	AI (Max #135 Mail Order); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	T3		PA; 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)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1	
<i>lovastatin oral tablet 40 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>pitavastatin calcium</i>		T3	ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 tablet per 1 day); AG (Min 8 Years)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>pravastatin sodium oral tablet 40 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rosuvastatin calcium</i>		T1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>simvastatin oral tablet 80 mg</i>		T2	PA; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T3		ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 EA per 1 day); AG (Min 8 Years)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		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***			
<i>ezetimibe</i>		T1	QL (1 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
*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***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T2	AI (Max #270 Mail Order); QL (3 EA per 1 day)
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 18 Years)
REPATHA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.125 ML per 1 day); AG (Min 13 Years)
REPATHA SURECLICK	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (0.08 ML per 1 day); AG (Min 13 Years)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		T1	
<i>trandolapril-verapamil hcl er</i>		T3	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1	
<i>enalapril-hydrochlorothiazide</i>		T1	
<i>fosinopril sodium-hctz</i>		T3	
<i>lisinopril-hydrochlorothiazide</i>		T1	
<i>quinapril-hydrochlorothiazide</i>		T1	

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Drug Name	Brand	Generic	Additional Information
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		T1	
<i>captopril oral</i>		T1	
<i>enalapril maleate oral tablet</i>		T1	
<i>fosinopril sodium</i>		T1	
<i>lisinopril oral</i>		T1	
<i>moexipril hcl</i>		T2	
<i>perindopril erbumine</i>		T2	
<i>quinapril hcl</i>		T1	
<i>ramipril</i>		T1	
<i>trandolapril</i>		T1	
*Agents For Pheochromocytoma***			
DEMSER (<i>metyroSINE</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DIBENZYLINE (<i>Phenoxybenzamine HCl</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan</i>		T1	QL (1 EA per 1 day)
<i>amlodipine-olmesartan</i>		T3	QL (1 EA per 1 day)
<i>telmisartan-amlodipine</i>		T1	
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***			
<i>candesartan cilexetil-hctz</i>		T3	
EDARBYCLOR	T3		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>losartan potassium-hctz</i>		T1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Angiotensin li Receptor Antagonists***			
<i>candesartan cilexetil</i>		T3	
EDARBI	T3		AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>irbesartan oral tablet 300 mg</i>		T1	AI (Max #90 Mail Order); QL (1 tab per 1 Day)
<i>losartan potassium oral</i>		T1	
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>telmisartan</i>		T1	
<i>valsartan oral tablet</i>		T1	QL (2 EA per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	
*Antiadrenergics - Centrally Acting***			
CATAPRES-TTS-1 (<i>clonidine</i>)	T3	T3	
CATAPRES-TTS-2 (<i>clonidine</i>)	T3	T3	
CATAPRES-TTS-3 (<i>clonidine</i>)	T3	T3	
<i>clonidine hcl oral</i>		T1	
<i>guanfacine hcl oral</i>		T1	
<i>methyldopa oral</i>		T3	
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral</i>		T1	
<i>prazosin hcl oral</i>		T1	
<i>terazosin hcl oral</i>		T1	
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		T1	
<i>bisoprolol-hydrochlorothiazide</i>		T1	
<i>metoprolol-hydrochlorothiazide</i>		T1	
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T2		AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T2	QL (1 EA per 1 Day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>eplerenone oral tablet 50 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
*Vasodilators***			
<i>hydralazine hcl oral</i>		T1	
<i>minoxidil oral</i>		T1	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
AEMCOLO	T3		AI (Limited to two fills per year); QL (12 EA per 3 days)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T2		AI (1 fill per 30 days); QL (150 ML per 10 days)
METRONIDAZOLE BENZO+SYRSPEND	T2		
<i>metronidazole oral tablet</i>		T1	
<i>pentamidine isethionate inhalation</i>		SP	SP
<i>tinidazole oral</i>		T1	
XIFAXAN	T3		PA
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral tablet</i>		T1	
SULFATRIM PEDIATRIC (Sulfamethoxazole-Trimethoprim)	T1	T1	
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED	T3		AI (30 days must pass before able to refill); QL (60 ML per 3 days)
ALINIA ORAL TABLET (Nitazoxanide)	T3	T3	AI (30 days must pass before able to refill); QL (6 EA per 3 days)
<i>atovaquone oral</i>		T2	
*Carbapenems***			
<i>ertapenem sodium</i>		MB	
*Glycopeptides***			
FIRVANQ (Vancomycin HCl)	T3	T3	QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1	
*Leprostotics***			
<i>dapsone oral</i>		T2	
*Lincosamides***			
<i>clindamycin hcl oral</i>		T1	
<i>clindamycin palmitate hcl</i>		T3	
*Monobactams***			
CAYSTON	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Oxazolidinones***			
<i>linezolid oral suspension reconstituted</i>		T1	AI (Max 28 day supply); QL (60 ML per 1 day)
<i>linezolid oral tablet</i>		T1	AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SIVEXTRO ORAL	T3		PA; AI (Max #6 in 30 days); QL (1 EA per 1 day); AG (Min 18 Years)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T3		PA; AI (Max 28 day supply); QL (60 ML per 1 day)
ZYVOX ORAL TABLET	T3		PA; AI (Max 14 days treatment per 30 days); QL (2 EA per 1 day)
*Urinary Anti-Infectives***			
<i>methenamine hippurate</i>		T1	
MONUROL (<i>Fosfomycin Tromethamine</i>)	T3	T3	
<i>nitrofurantoin macrocrystal oral</i>		T1	
<i>nitrofurantoin monohyd macro</i>		T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T1	
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>		T3	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>		T2	
COARTEM	T3		
*Antimalarials***			
<i>chloroquine phosphate oral</i>		T3	AI (30 day supply max); QL (2 EA per 1 day)
DARAPRIM (<i>Pyrimethamine</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		T1	QL (3 EA per 1 day)
<i>mefloquine hcl</i>		T3	AI (Max #15 per 90 days)
<i>quinine sulfate oral</i>		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)
<i>guanidine hcl oral</i>		T3	
<i>pyridostigmine bromide oral solution</i>		T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>		T1	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ethambutol hcl oral tablet 100 mg</i>		T1	
<i>ethambutol hcl oral tablet 400 mg</i>		T2	
<i>isoniazid oral syrup</i>		T3	

Drug Name	Brand	Generic	Additional Information
<i>isoniazid oral tablet 100 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>isoniazid oral tablet 300 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
PASER	T3		PA
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN	T2		
<i>pyrazinamide oral</i>		T3	
<i>rifabutin</i>		T1	
<i>rifampin oral</i>		T1	
SIRTURO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRECTOR	T3		
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)
<i>flutamide</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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

Drug Name	Brand	Generic	Additional Information
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 (<i>Capecitabine</i>)	T1	T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Akt Inhibitors***			
TRUQAP	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Alk Inhibitors***			
ALECENSA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (8 EA per 1 day); AG (Min 18 Years)
ALUNBRIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T1		PA; SP
XALKORI ORAL CAPSULE	T1		PA; SP; 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)
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

Drug Name	Brand	Generic	Additional Information
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
<i>imatinib mesylate oral tablet 100 mg</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day)
SCEMBLIX	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	T1		PA; SP
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)
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
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)

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Drug Name	Brand	Generic	Additional Information
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)
<i>gefitinib</i>		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
TAGRISO	T1		PA; SP
TARCEVA (<i>Erlotinib HCl</i>)	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)
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)

Drug Name	Brand	Generic	Additional Information
TRUSELTIQ (75MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO	T1		PA; SP
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)
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)

Drug Name	Brand	Generic	Additional Information
*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)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>		T1	PA; SP
<i>everolimus oral tablet soluble</i>		T1	PA; SP
*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)
<i>lapatinib ditosylate</i>		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)
<i>sorafenib tosylate</i>		T1	PA; SP; QL (4 EA per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
STIVARGA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SUTENT (<i>SUNItinib Malate</i>)	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 (<i>PAZOPanib HCl</i>)	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
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	T1		PA; SP
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
AUGTYRO	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ROZLYTREK	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)

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Drug Name	Brand	Generic	Additional Information
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)
BESREMI	T1		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYDREA (<i>Hydroxyurea</i>)	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)

Drug Name	Brand	Generic	Additional Information
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		\$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)
<i>exemestane</i>		\$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)
<i>letrozole oral</i>		\$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)
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 (<i>Fulvestrant</i>)	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)

Drug Name	Brand	Generic	Additional Information
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		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 (<i>Temozolomide</i>) 250 MG	T1	T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide</i>		T1	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA	T1		PA
TIBSOVO	T1		PA
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	T1		PA
JAKAFI	T1		PA; SP
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)

Drug Name	Brand	Generic	Additional Information
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)
<i>leuprolide acetate (3 month)</i>		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)
<i>leuprolide acetate injection</i>		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)

Drug Name	Brand	Generic	Additional Information
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)
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***			
<i>etoposide oral</i>		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)

Drug Name	Brand	Generic	Additional Information
<i>cyclophosphamide oral capsule</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>cyclophosphamide oral tablet</i>		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)
<i>melfhalan</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ornithine Decarboxylase (Odc) Inhibitors***			
IWILFIN	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1		PA; SP
PIQRAY (200 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (250 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (300 MG DAILY DOSE)	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYDELIG	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1		PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T1		PA

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Drug Name	Brand	Generic	Additional Information
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	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***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>megestrol acetate oral tablet</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Retinoids***			
<i>tretinoin oral</i>		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 (<i>Bexarotene</i>)	T1	T1	PA; SP
*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

Drug Name	Brand	Generic	Additional Information
Antiparkinson And Related Therapy Agents			
*Adenosine Receptor Antagonist***			
NOURIANZ	T3		PA; QL (1 EA per 1 day)
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		T1	
<i>trihexyphenidyl hcl oral tablet</i>		T1	
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		T1	
<i>amantadine hcl oral solution</i>		T1	
<i>bromocriptine mesylate oral</i>		T1	
GOCOVRI	T3		PA
INBRIJA	T3		PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T3		PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T3		PA
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>selegiline hcl oral</i>		T1	
XADAGO	T3		PA
*Central/Peripheral Comt Inhibitors***			
TASMAR ORAL TABLET (Tolcapone) 100 MG	T3	T1	PA
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1	
*Levodopa Combinations***			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1	
<i>carbidopa-levodopa oral tablet</i>		T1	
<i>carbidopa-levodopa oral tablet dispersible</i>		T3	
<i>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</i>		T3	AI (Max #270 Mail Order); QL (8 EA per 1 Day)
RYTARY	T3		PA
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (Apomorphine HCl)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KYNMOBI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pramipexole dihydrochloride</i>		T1	
<i>ropinirole hcl</i>		T1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		T3	QL (6 EA per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T3	QL (8 EA per 1 Day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T3	QL (4 EA per 1 Day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T3	QL (3 EA per 1 Day); AG (Min 16 Years)
*Peripheral Comt Inhibitors***			
<i>entacapone</i>		T1	
ONGENTYS	T3		PA
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium</i>		T1	AG (Min 7 Years)
<i>lithium carbonate er</i>		T1	
<i>lithium carbonate oral</i>		T1	
*Antipsychotics - Misc.***			
CAPLYTA	T3		PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		QL (8 EA per 1 Day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		QL (5 EA per 1 Day)
GEODON INTRAMUSCULAR (<i>Ziprasidone Mesylate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>lurasidone hcl oral tablet 120 mg</i>		T1	QL (1 EA per 1 day); AG (Min 10 Years)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T1	QL (2 EA per 1 day); AG (Min 10 Years)
NUPLAZID ORAL CAPSULE	T3		PA
NUPLAZID ORAL TABLET 10 MG	T3		PA
VRAYLAR ORAL CAPSULE	T3		ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); QL (1 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
VRAYLAR ORAL CAPSULE THERAPY PACK	T3		ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); QL (1 EA per 7 days); AG (Min 18 Years)
<i>ziprasidone hcl</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Benzisoxazoles***			
FANAPT	T3		AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T3		AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
INVEGA HAFYERA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T3	AI (2 tablets per day); QL (2 EA per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T3	AI (1 tablet per day); QL (1 EA per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>risperiD</i>ONE Microspheres ER)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone oral solution</i>		T1	
<i>risperidone oral tablet</i>		T1	
<i>risperidone oral tablet dispersible 1 mg</i>		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***			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1	

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Drug Name	Brand	Generic	Additional Information
<i>haloperidol oral</i>		T1	
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1	AI (Max #810 Mail Order); QL (9 EA per 1 Day)
<i>clozapine oral tablet 200 mg</i>		T1	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>clozapine oral tablet 50 mg</i>		T1	AI (Max #540 per 90days); QL (6 EA per 1 Day)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate</i>		T3	QL (2 EA per 1 day)
SECUADO	T3		QL (1 EA per 1 day)
*Dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>		T3	QL (1 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>		T3	QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 300 mg</i>		T1	QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg, 25 mg</i>		T1	QL (3 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 400 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 50 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1	
*Phenothiazines***			
<i>chlorpromazine hcl injection</i>		T3	PA
<i>chlorpromazine hcl oral tablet</i>		T1	
<i>fluphenazine decanoate injection</i>		T3	PA
<i>fluphenazine hcl injection</i>		T3	PA
<i>fluphenazine hcl oral concentrate</i>		T3	
<i>fluphenazine hcl oral elixir</i>		T3	
<i>fluphenazine hcl oral tablet</i>		T1	
<i>perphenazine oral</i>		T1	
<i>prochlorperazine</i>		T2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>		T3	PA
<i>prochlorperazine maleate oral</i>		T2	
<i>thioridazine hcl oral</i>		T1	
<i>trifluoperazine hcl oral</i>		T1	

Drug Name	Brand	Generic	Additional Information
*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)
<i>aripiprazole oral solution</i>		T1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 2 mg, 5 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		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	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3		PA; QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1	AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet 15 mg, 20 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine oral tablet 7.5 mg</i>		T1	AI (Max #90 Mail Order); QL (3 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>		T3	AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
ZYPREXA INTRAMUSCULAR (OLANZapine)	SP	SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	SP		PA; SP
*Thioxanthenes***			
<i>thiothixene oral</i>		T3	

Drug Name	Brand	Generic	Additional Information
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1	
ATRIPLA	T2		QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T3		QL (1 EA per 1 day)
CIMDUO	T2		QL (1 EA per 1 day)
COMPLERA	T2		
DELSTRIGO	T3		QL (1 EA per 1 day); AG (Min 12 Years)
DESCOVY	T3		ST (Step Therapy required: 3 months in the last 6 months - emtricitabine-tenofovir disoproxil fumarate (generic for Truvada)); QL (1 EA per 1 day)
DOVATO	T3		
<i>efavirenz-emtricitab-tenofo df</i>		T2	QL (1 EA per 1 day); AG (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i>		T2	QL (1 EA per 11 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i>		T2	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		T3	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$0	QL (1 EA per 1 day)
EVOTAZ	T3		
GENVOYA	T2		
JULUCA	T3		PA
<i>lamivudine-zidovudine</i>		T1	
<i>lopinavir-ritonavir</i>		T2	
ODEFSEY	T2		
PREZCOBIX	T3		
STRIBILD	T2		
SYMTUZA	T3		
TRIUMEQ	T3		QL (1 EA per 1 day); AG (Min 16 Years)
TRIUMEQ PD	T3		QL (6 EA per 1 day); AG (Max 10 Years)
*Antiretrovirals - Capsid Inhibitors***			
SUNLENCA ORAL	SP		PA; SP; AI (Limited to 1 fill per month); QL (5 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
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)***			
<i>maraviroc</i>		T2	QL (2 EA per 1 day)
SELZENTRY ORAL SOLUTION	T2		
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		QL (2 EA per 1 day)
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA	T3		PA
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T2		
ISENTRESS HD	T2		
TIVICAY	T2		
TIVICAY PD	T2		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE	T3		
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T2	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T2	QL (1 EA per 1 day)
<i>darunavir</i>		T2	QL (2 EA per 1 day)
<i>fosamprenavir calcium</i>		T2	
LEXIVA ORAL SUSPENSION	T2		
NORVIR ORAL PACKET	T2		
NORVIR ORAL SOLUTION	T2		
PREZISTA ORAL SUSPENSION	T2		
PREZISTA ORAL TABLET 150 MG, 75 MG	T2		
REYATAZ ORAL PACKET	T2		
<i>ritonavir</i>		T2	
VIRACEPT ORAL TABLET	T2		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	T2		QL (1 EA per 1 Day)
<i>efavirenz oral capsule 200 mg</i>		T2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		T2	QL (2 EA per 1 day)
<i>efavirenz oral tablet</i>		T1	QL (2 EA per 2 days)

Drug Name	Brand	Generic	Additional Information
<i>etravirine</i>		T3	
INTELENCE ORAL TABLET 25 MG	T3		
<i>nevirapine er</i>		T1	
<i>nevirapine oral suspension</i>		T2	
<i>nevirapine oral tablet</i>		T1	
PIFELTRO	T3		QL (1 EA per 1 day); AG (Min 12 Years)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution</i>		T2	
<i>abacavir sulfate oral tablet</i>		T1	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE (<i>Emtricitabine</i>)	T3	T3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T2		QL (720 ML per 30 Days)
<i>lamivudine oral solution</i>		T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>stavudine oral capsule</i>		T1	
<i>zidovudine oral capsule</i>		T1	
<i>zidovudine oral syrup</i>		T1	
<i>zidovudine oral tablet</i>		T2	
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T2	
VIREAD ORAL POWDER	T2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2		QL (1 EA per 1 day)
*Antiretrovirals Adjuvants***			
TYBOST	T3		
*Antiviral Combinations***			
PAXLOVID (150/100)	T2		AI (Max 2 fills per year); QL (4 EA per 1 day)
PAXLOVID (300/100)	T2		AI (Max 2 fills per year); QL (6 EA per 1 day)
*Cmv Agents***			
LIVTENCITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PREVYMIS ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>valganciclovir hcl oral tablet</i>		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***			
<i>adefovir dipivoxil</i>		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)
<i>entecavir</i>		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)
<i>lamivudine oral tablet 100 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VEMLIDY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 200-50 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPCLUSA ORAL TABLET 400-100 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
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 (<i>Ledipasvir-Sofosbuvir</i>) 90-400 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day)
MAVYRET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sofosbuvir-velpatasvir</i>		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)
<i>ribavirin oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ribavirin oral tablet 200 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
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***			
<i>acyclovir oral</i>		T1	
SITAVIG	T3		PA; QL (15 EA per 90 days); AG (Min 16 Years)
<i>valacyclovir hcl oral tablet 1 gm</i>		T1	QL (4 EA per 1 day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1	QL (2 EA per 1 Day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		T1	
*Influenza Agents***			
<i>rimantadine hcl</i>		T3	
*Misc. Antivirals***			
LAGEVRIO	T2		PA; AI (Max 80 capsules per 1 year); QL (8 EA per 1 day)
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		T1	AI (Limited to 5 day supply); QL (2 Capsules per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1	QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3		QL (0.67 EA per 1 day)
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol</i>		T1	
<i>labetalol hcl oral</i>		T1	
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral</i>		T1	
<i>atenolol oral</i>		T1	
<i>betaxolol hcl oral tablet 10 mg</i>		T1	AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>betaxolol hcl oral tablet 20 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>bisoprolol fumarate oral</i>		T1	
KAPSPARGO SPRINKLE	T3		ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); QL (1 EA per 1 day); AG (Min 6 Years)
<i>metoprolol succinate er</i>		T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		T1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		T3	
<i>nebivolol hcl</i>		T2	

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Drug Name	Brand	Generic	Additional Information
*Beta Blockers Non-Selective***			
HEMANGEOL	T3		AG (Max 2 Years)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1	
<i>pindolol</i>		T1	
<i>propranolol hcl er</i>		T1	
<i>propranolol hcl oral solution</i>		T2	
<i>propranolol hcl oral tablet</i>		T1	
SORINE (Sotalol HCl)	T1	T1	
<i>sotalol hcl (af)</i>		T1	
<i>timolol maleate oral</i>		T2	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	T1	T1	
<i>amlodipine besylate oral</i>		T1	
CARTIA XT (dilTIAZem HCl ER Coated Beads)	T1	T1	
CONJUPRI	T3		ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate); QL (1 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		T1	
<i>diltiazem hcl oral</i>		T1	
<i>dilt-xr</i>		T1	
<i>felodipine er</i>		T2	
<i>isradipine</i>		T1	
<i>levamlodipine maleate</i>		T2	QL (1 EA per 1 day)
<i>nicardipine hcl oral</i>		T1	
<i>nifedipine er osmotic release</i>		T1	
<i>nifedipine oral</i>		T1	
<i>nimodipine oral</i>		T1	AI (Max #756 Mail Order)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT (Diltiazem HCl ER Beads)	T1	T1	
TIADYLT ER (dilTIAZem HCl ER Beads)	T1	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg</i>		T3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>		T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T1	
<i>verapamil hcl oral</i>		T1	

Drug Name	Brand	Generic	Additional Information
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Verapamil HCl ER) 200 MG	T1	T1	
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (Digoxin)	T1	T1	
DIGOX (Digoxin)	T1	T1	
<i>digoxin oral solution</i>		T1	
<i>digoxin oral tablet 62.5 mcg</i>		T3	
Cardiovascular Agents - Misc.			
*Cardiac Myosin Inhibitors***			
CAMZYOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cardiovascular SglT2 Inhibitors**			
INPEFA ORAL TABLET 200 MG	T3		ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); QL (1 EA per 1 day); AG (Min 18 Years)
INPEFA ORAL TABLET 400 MG	T3		ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); QL (1 tablet per 1 day); AG (Min 18 Years)
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
ENTRESTO	T3		ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol); QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
ORENITRAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 1	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 2	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENITRAM MONTH 3	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
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	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYVASO STARTER	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENTAVIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 Day); AG (Min 18 Years)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
LETAIRIS (<i>Ambrisentan</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 18 Years)
OPSUMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRACLEER ORAL TABLET (<i>Bosentan</i>)	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)

Drug Name	Brand	Generic	Additional Information
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ADCIRCA (<i>Tadalafil (PAH)</i>)	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 (<i>Tadalafil (PAH)</i>)	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)
<i>sildenafil citrate oral suspension reconstituted</i>		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)
<i>sildenafil citrate oral tablet 20 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
TADLIQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
UPTRAVI TITRATION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 Lifetime); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
CIALIS ORAL TABLET 2.5 MG, 5 MG	T3		ST (Step Therapy required: BOTH of the following for 3 months in the last 18 months - tadalafil AND a benign prostatic hyperplasia (BPH) medication to include alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, or dutasteride-tamsulosin (generic for Jalyn)); QL (1 EA per 1 day); AG (Min 18 Years)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		T1	QL (1 EA per 1 day); AG (Min 18 Years)
*Sinus Node Inhibitors**			
CORLANOR	T3		PA
*Transthyretin Stabilizers***			
VYNDAMAX	SP		PA; SP
VYNDAQEL	SP		PA; SP
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO	T3		PA; QL (1 EA per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil oral capsule</i>		T1	
<i>cefadroxil oral suspension reconstituted</i>		T1	
<i>cefadroxil oral tablet</i>		T3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	
<i>cephalexin oral suspension reconstituted</i>		T1	
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er</i>		T3	
<i>cefaclor oral capsule</i>		T2	AI (one fill per month); QL (3 EA per 10 days)
<i>cefaclor oral suspension reconstituted</i>		T3	
<i>cefprozil</i>		T3	
<i>cefuroxime axetil oral tablet</i>		T1	
*Cephalosporins - 3Rd Generation***			
<i>cefdinir oral capsule</i>		T1	
<i>cefdinir oral suspension reconstituted</i>		T3	
<i>cefixime oral suspension reconstituted</i>		T1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>		T1	
<i>cefpodoxime proxetil oral tablet</i>		T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		
SUPRAX ORAL TABLET CHEWABLE	T3		

Drug Name	Brand	Generic	Additional Information
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		T3	
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		T3	
*Bulk Chemicals - Va's***			
<i>vancomycin hcl</i>		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 (<i>Viorele</i>)	\$0	\$0	F; QL (28 EA per 30 Days)
LO LOESTRIN FE	\$0		F; QL (1.34 EA per 1 day)
PIMTREA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (28 EA per 30 days)
SIMLIYA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (28 EA per 30 days)
VOLNEA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (28 EA per 30 days)
*Combination Contraceptives - Oral***			
AFIRMELLE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
ALTAVERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
APRI (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUBRA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUBRA EQ (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AUROVELA FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AVIANE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
AYUNA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
BALZIVA (<i>Briellyn</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
CHARLOTTE 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	T3	T3	F; QL (1.34 EA per 1 day)
CHATEAL (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
CHATEAL EQ (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
CRYSSELLE-28	\$0		F; QL (1.34 EA per 1 day)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
CYRED EQ (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
DASETTA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
DELYLA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>drosipren-eth estrad-levomefol</i>		T3	F; QL (1.34 EA per 1 day)
ELINEST	\$0		F; QL (1.34 EA per 1 day)
EMOQUETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	F; QL (1.34 EA per 1 day)
ESTARYLLA (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
FALMINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
FEMYNOR (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
FINZALA (<i>Norethin Ace-Eth Estrad-FE</i>)	T3	T3	F; QL (1.34 EA per 1 day)
HAILEY 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
HAILEY FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
ISIBLOOM (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
JASMIEL (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	F; QL (1.34 EA per 1 day)
JULEBER (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
JUNEL FE 24	\$0		F; QL (1.34 EA per 1 day)
KAITLIB FE (<i>Norethin-Eth Estradiol-Fe</i>)	T3	T3	F; QL (1.34 EA per 1 day)
KALLIGA	\$0		F; QL (1.34 EA per 1 Day)
KELNOR 1/35 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
KELNOR 1/50 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LARISSIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LAYOLIS FE (<i>Norethin-Eth Estradiol-Fe</i>)	T3	T3	F; QL (1.34 EA per 1 day)
LESSINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN 1/20 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LOESTRIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	F; QL (1.34 EA per 1 day)
LOW-OGESTREL	\$0		F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
LO-ZUMANDIMINE	T1		F; QL (1.34 EA per 1 Day)
LUTERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
<i>marlissa</i>		\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
MILI (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
MONO-LINYAH (<i>Norgestimate-Eth Estradiol</i>)	\$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) (<i>Alyacen 1/35</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
NIKKI (<i>Drospirenone-Ethinyl Estradiol</i>)	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) (<i>Alyacen 1/35</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORTREL 1/35 (28) (<i>Alyacen 1/35</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
NYLIA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
NYMYO (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
OCELLA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
ORSYTHIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
PHILITH (<i>Brielllyn</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
PIRMELLA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
PORTIA-28 (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
RECLIPSEN (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
SAFYRAL (<i>Drospiren-Eth Estrad-Levomefol</i>)	T3	T3	F; QL (1.34 EA per 1 day)
SOLIA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
SPRINTEC 28 (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
SRONYX (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
SYEDA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$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 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TARINA FE 1/20 EQ (<i>Norethin Ace-Eth Estrad-FE</i>)	\$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 (<i>Drospiren-Eth Estrad-Levomefol</i>)	T3	T3	F; QL (1.34 EA per 1 day)
VESTURA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1	T1	F; QL (1.34 EA per 1 day)
VIENVA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
VYFEMLA (<i>Brielllyn</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
VYLIBRA (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
WERA	\$0		F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
WYMZYA FE (Norethin-Eth Estradiol-Fe)	\$0	\$0	F; QL (1.34 EA per 1 day)
ZOVIA 1/35 (28) (Ethinodiol Diac-Eth Estradiol)	\$0	\$0	F; QL (1.34 EA per 1 day)
ZUMANDIMINE	\$0		F; QL (1.34 EA per 1 Day)
*Combination Contraceptives - Transdermal***			
XULANE (Norelgestromin-Eth Estradiol)	\$0	\$0	F; QL (3 EA per 30 days)
ZAFEMY (Norelgestromin-Eth Estradiol)	\$0	\$0	F; QL (3 EA per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG (Etonogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1 EA per 30 days)
ENILLORING (Etonogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1 EA per 30 days)
HALOETTE (Etonogestrel-Ethinyl Estradiol)	\$0	\$0	F; QL (1 EA per 30 days)
NUVARING (Etonogestrel-Ethinyl Estradiol)	T3	\$0	F; QL (1 EA per 30 days)
*Continuous Contraceptives - Oral***			
AMETHYST (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
DOLISHALE (Levonorgestrel-Ethinyl Estrad)	\$0	\$0	F; QL (1.34 EA per 1 day)
*Emergency Contraceptives***			
AFTERA (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
AFTERPILL (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
CURAE (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
ECONTRA EZ (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
ECONTRA ONE-STEP (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
ELLA	T3		F; QL (3 EA per 30 Days)
MY CHOICE (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
MY WAY (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
NEW DAY (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
OPCICON ONE-STEP (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
OPTION 2 (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
PLAN B ONE-STEP (Levonorgestrel)	T3	\$0	F; QL (3 EA per 30 days)
REACT (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
TAKE ACTION (Levonorgestrel)	\$0	\$0	F; QL (3 EA per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA	\$0		F; QL (91 EA per 90 days)
ASHLYNA (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 days)
CAMRESE	\$0		F; QL (91 EA per 90 days)
CAMRESE LO (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 Days)
DAYSEE	\$0		F; QL (91 EA per 90 days)
FAYOSIM (Levonorgest-Eth Est & Eth Est)	T1	T1	F; QL (91 EA per 91 days)
ICLEVIA	\$0		F; QL (91 EA per 90 days)
INTROVALE (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 days)
JAIMIESS (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 days)
JOLESSA (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 days)
LOJAIMIESS	\$0		F; QL (91 EA per 90 days)
QUARTETTE (Levonorgest-Eth Est & Eth Est)	T3	T1	F; QL (91 EA per 91 days)

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Drug Name	Brand	Generic	Additional Information
RIVELSA (Levonorgest-Eth Est & Eth Est)	T1	T1	F; QL (91 EA per 91 days)
SETLAKIN	\$0		F; QL (91 EA per 90 days)
SIMPESSE (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	F; QL (91 EA per 90 days)
*Four Phase Contraceptives - Oral***			
NATAZIA	T3		F; QL (28 EA per 30 Days)
*Progestin Contraceptives - Injectable***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3		F; QL (1 ML per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (medroxyPROGESTERone Acetate)	T3	\$0	F; QL (1 ML per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		F; QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension		\$0	F; QL (1 ML per 90 Days)
*Progestin Contraceptives - Oral***			
CAMILA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
DEBLITANE (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
ERRIN (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
HEATHER (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
INCASSIA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
JENCYCLA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
LYLEQ (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
LYZA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORA-BE (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORLYDA (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
NORLYROC (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
SHAROBEL (Norethindrone)	\$0	\$0	F; QL (1.34 EA per 1 day)
SLYND	T3		ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (1.34 EA per 1 day)
*Triphasic Contraceptives - Oral***			
ARANELLE	\$0		F; QL (1.34 EA per 1 day)
CAZIAN	\$0		F; QL (1.34 EA per 1 day)
DASETTA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
ENPRESSE-28 (Levonorg-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
LEENA	\$0		F; QL (1.34 EA per 1 day)
LEVONEST (Levonorg-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)
norethindron-ethinyl estrad-fe		\$0	F; QL (28 EA per 30 days)
NORTREL 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
NYLIA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
PIRMELLA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	F; QL (1.34 EA per 1 day)
TILIA FE	\$0		F; QL (28 EA per 30 Days)
TRI FEMYNOR (Norgestim-Eth Estrad Triphasic)	\$0	\$0	F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
TRI-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LEGEST FE	\$0		F; QL (28 EA per 30 Days)
TRI-LINYAH (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-MARZIA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-MILI (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-MILI (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRINESSA (28) (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-NYMYO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRIVORA (28) (<i>Levonorg-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-VYLIBRA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	F; QL (1.34 EA per 1 day)
TRI-VYLIBRA LO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$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)
<i>budesonide oral</i>		T3	
DEXAMETHASONE INTENSOL	T1		
<i>dexamethasone oral elixir</i>		T1	
<i>dexamethasone oral solution</i>		T1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>		T1	
<i>dexamethasone oral tablet 2 mg</i>		T3	
EMFLAZA (<i>Deflazacort</i>)	T3	T3	PA; AG (Min 5 Years)
<i>hydrocortisone oral</i>		T1	
MEDROL ORAL TABLET 2 MG	T3		
<i>methylprednisolone oral tablet</i>		T1	
ORTIKOS	T3		ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); QL (1 EA per 1 day); AG (Min 8 Years)
<i>prednisolone oral solution</i>		T3	
<i>prednisolone oral syrup 15 mg/5ml</i>		T2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>		T3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>		T1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T2	
PREDNISONE INTENSOL	T2		

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Drug Name	Brand	Generic	Additional Information
<i>prednisone oral</i>		T1	
SOLU-CORTEF	T3		
TARPEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	
*Antitussive - Opioid***			
<i>hydrocodone bit-homatrop mbr oral solution</i>		T1	AI (Max 10 day supply and 1 fill per month); QL (150 ML per 10 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>		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)
<i>hydromet oral solution</i>		T1	AI (Max 10 day supply and 1 fill per month); QL (150 ML per 10 days)
*Antitussive-Expectorant***			
<i>g tussin ac</i>		T2	QL (240 ML per 10 days)
<i>guaiaatussin ac</i>		T2	QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T2	QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T2	QL (240 ML per 10 days)
<i>virtussin a/c</i>		T2	QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	T3		AI (Max #180 Mail Order); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs); QL (2 EA per 1 Day)
<i>promethazine vc</i>		T1	QL (150 ML per 10 days)
<i>promethazine-phenylephrine</i>		T1	QL (150 ML per 10 days)
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1	
*Misc. Respiratory Inhalants***			
<i>sodium chloride inhalation nebulization solution 0.9 %, 7 %</i>		T1	
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %</i>		T1	
<i>acetylcysteine inhalation solution 20 %</i>		T2	

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Drug Name	Brand	Generic	Additional Information
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup</i>		T1	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM ORAL SYRUP (<i>Pseudoeph-Bromphen-DM</i>) 2-30-10 MG/5ML	T1	T1	
*Opioid Antitussive-Antihistamine***			
<i>hydrocod polst-cpm polst er oral suspension extended release</i>		T2	AI (Limited to 1 fill per month); QL (120 ML per 7 days)
<i>promethazine-codeine oral syrup</i>		T1	AI (one fill per month); QL (150 ML per 10 days)
*Opioid Antitussive-Decongestant-Antihistamine***			
M-END PE	T1		
<i>promethazine vclcodeine</i>		T1	AI (one fill per month); QL (150 ML per 10 days)
<i>promethazine-phenyleph-codeine</i>		T1	AI (one fill per month); QL (150 ML per 10 days)
Dermatologicals			
*Acne Antibiotics***			
AMZEEQ	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); QL (1 GM per 1 day); AG (Min 9 Years)
CLINDACIN (<i>Clindamycin Phosphate</i>)	T1	T1	QL (50 GM per 30 days)
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	T1	T1	
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1	T1	
<i>clindamycin phosphate external gel</i>		T1	
<i>clindamycin phosphate external lotion</i>		T1	
<i>clindamycin phosphate external solution</i>		T1	
<i>dapsone external gel 5 %</i>		T3	PA
<i>ery</i>		T3	
<i>erythromycin external gel</i>		T3	
<i>erythromycin external solution</i>		T1	
<i>sulfacetamide sodium (acne)</i>		T1	
*Acne Combinations***			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		T3	
*Acne Products***			
ACCUTANE (<i>ISOTretinoin</i>)	T3	T3	

Drug Name	Brand	Generic	Additional Information
AKLIEF	T3		AI (Limited to 30 day supply); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); QL (1.5 GM per 1 day); AG (Min 9 Years)
ALTRENO	T3		QL (1.5 GM per 1 day)
AMNESTEEM (ISOtretinoin)	T3	T3	
<i>bpo external gel 4 %</i>		T3	
CLARAVIS (ISOtretinoin)	T3	T3	
MYORISAN (ISOtretinoin)	T3	T3	
<i>tretinoin external cream</i>		T1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>		T1	
<i>tretinoin external gel 0.05 %</i>		T3	
<i>tretinoin microsphere external gel 0.04 %</i>		T1	
<i>tretinoin microsphere pump external gel 0.04 %</i>		T1	
WINLEVI	T3		AI (Limited to 30 day supply); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); QL (2 GM per 1 day); AG (Min 12 Years)
ZENATANE (ISOtretinoin)	T3	T3	
*Agents For External Genital And Perianal Warts***			
VEREGEN	T3		QL (1 GM per 1 day)
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***			
LITFULO	SP		PA; SP; AI (30 day supply max)
*Antibiotics - Topical***			
ALTABAX	T3		QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T2	
<i>mupirocin external</i>		T1	
XEPI	T3		ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); QL (30 GM per 1 month); AG (Min 2 Years)
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone</i>		T1	
<i>nystatin-triamcinolone external cream</i>		T1	
<i>nystatin-triamcinolone external ointment</i>		T3	
*Antifungals - Topical***			
<i>ciclopirox external gel</i>		T2	
<i>ciclopirox external shampoo</i>		T1	
<i>ciclopirox external solution</i>		T2	
<i>ciclopirox olamine external</i>		T1	
KLAYESTA (Nystatin)	T1	T1	

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Drug Name	Brand	Generic	Additional Information
MENTAX	T3		
<i>naftifine hcl external cream 1 %</i>		T1	
<i>naftifine hcl external cream 2 %</i>		T3	
NYAMYC (Nystatin)	T1	T1	
<i>nystatin external</i>		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)
<i>fluorouracil external cream 5 %</i>		T1	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fluorouracil external solution</i>		T1	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TOLAK	T2		AI (40MG per month); QL (40 MG per 30 days)
*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***			
<i>diclofenac sodium external gel 3 %</i>		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)

Drug Name	Brand	Generic	Additional Information
*Antipruritics - Topical***			
PRUDOXIN (<i>Doxepin HCl</i>)	T3	T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)
ZONALON (<i>Doxepin HCl</i>)	T3	T3	ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate); QL (30 GM per 30 days)
*Antipsoriatics - Systemic***			
<i>acitretin</i>		T3	
BIMZELX	SP		PA; AI (30 day supply max)
COSENTYX (300 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY (300 MG)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COSENTYX UNOREADY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methoxsalen rapid</i>		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)

Drug Name	Brand	Generic	Additional Information
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SOTYKTU	SP		PA; SP; AI (30 day supply max)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antipsoriatics***			
<i>calcipotriene external cream</i>		T1	AI (120GM per month); QL (4 GM per 1 day)
<i>calcipotriene external solution</i>		T1	AI (120ML per month)
CALCITRENE (<i>Calcipotriene</i>)	T1	T1	
<i>tazarotene external cream</i>		T1	QL (30 GM per 30 days)
<i>tazarotene external gel 0.05 %</i>		T3	
<i>tazarotene external gel 0.1 %</i>		T3	AI (30 day supply max); QL (1 GM per 1 day)
TAZORAC EXTERNAL CREAM 0.05 %	T3		
VECTICAL (<i>Calcitriol</i>)	T3	T3	AI (Max #300 Mail Order); QL (100 GM per 30 Days)
VTAMA	T3		PA
ZORYVE EXTERNAL CREAM	T3		PA
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T2	
ZORYVE EXTERNAL FOAM	T3		PA
*Antiviral Topical Combinations***			
XERESE	T3		
*Antivirals - Topical***			
<i>acyclovir external</i>		T3	
<i>penciclovir</i>		T3	

Drug Name	Brand	Generic	Additional Information
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
CIBINQO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OPZELURA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 GM per 1 day)
*Atopic Dermatitis - Monoclonal Antibodies***			
ADBRY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DUPIXENT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Burn Products***			
SSD (<i>Silver sulfADIAZINE</i>)	T1	T1	
SULFAMYLON EXTERNAL CREAM	T3		
THERMAZENE (<i>Silver sulfADIAZINE</i>)	T1	T1	
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1	
<i>alclometasone dipropionate</i>		T1	
<i>amcinonide</i>		T3	
<i>betamethasone dipropionate aug external cream</i>		T1	
<i>betamethasone dipropionate aug external gel</i>		T3	
<i>betamethasone dipropionate aug external lotion</i>		T1	
<i>betamethasone dipropionate aug external ointment</i>		T1	
<i>betamethasone dipropionate external</i>		T1	
<i>betamethasone valerate external</i>		T1	
<i>clobetasol propionate e</i>		T1	
<i>clobetasol propionate emulsion</i>		T3	AI (1x 100gm can per month); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>clobetasol propionate external cream</i>		T1	
<i>clobetasol propionate external foam</i>		T1	
<i>clobetasol propionate external gel</i>		T1	
<i>clobetasol propionate external liquid</i>		T1	
<i>clobetasol propionate external lotion</i>		T3	
<i>clobetasol propionate external ointment</i>		T1	
<i>clobetasol propionate external solution</i>		T1	

Drug Name	Brand	Generic	Additional Information
<i>clocortolone pivalate</i>		T3	AI (30 day supply max); QL (1.5 GM per 1 day)
CLODAN EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>)	T3	T3	
CORDRAN EXTERNAL TAPE	T3		ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (0.034 EA per 1 day)
<i>desonide external cream</i>		T1	
<i>desonide external gel</i>		T3	QL (60 GM per 30 days)
<i>desonide external lotion</i>		T3	
<i>desonide external ointment</i>		T1	
<i>desoximetasone external cream 0.05 %</i>		T1	
<i>desoximetasone external cream 0.25 %</i>		T2	
<i>desoximetasone external gel</i>		T2	
<i>desoximetasone external ointment 0.25 %</i>		T2	
<i>diflorasone diacetate external</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)
<i>fluocinolone acetonide body</i>		T2	
<i>fluocinolone acetonide external</i>		T2	
<i>fluocinolone acetonide scalp</i>		T2	
<i>fluocinonide external cream 0.05 %</i>		T1	
<i>fluocinonide external cream 0.1 %</i>		T1	QL (4 GM per 1 day)
<i>fluocinonide external gel</i>		T1	
<i>fluocinonide external ointment</i>		T1	
<i>fluocinonide external solution</i>		T1	
<i>flurandrenolide external cream</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external lotion</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 ML per 30 days)
<i>flurandrenolide external ointment</i>		T3	QL (2 GM per 1 day)
<i>fluticasone propionate external cream</i>		T1	
<i>fluticasone propionate external lotion</i>		T3	
<i>fluticasone propionate external ointment</i>		T1	

Drug Name	Brand	Generic	Additional Information
<i>halcinonide</i>		T3	ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)
<i>halobetasol propionate external cream</i>		T1	QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1	QL (1 GM per 1 day)
<i>hydrocortisone butyrate external cream</i>		T3	AI (Limited to 1 fill per month); QL (15 GM per 10 days)
<i>hydrocortisone butyrate external ointment</i>		T1	
<i>hydrocortisone butyrate external solution</i>		T3	
<i>hydrocortisone external cream 2.5 %</i>		T1	
<i>hydrocortisone external lotion 2.5 %</i>		T1	
<i>hydrocortisone external ointment 2.5 %</i>		T1	
<i>hydrocortisone valerate</i>		T1	
<i>mometasone furoate external</i>		T1	
<i>triamcinolone acetonide external aerosol solution</i>		T1	
<i>triamcinolone acetonide external cream</i>		T1	
<i>triamcinolone acetonide external lotion</i>		T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1	
*Enzymes - Topical***			
SANTYL	T3		
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1	
<i>econazole nitrate external</i>		T1	
EXELDERM	T3		
JUBLIA	T3		PA; QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketoconazole external cream</i>		T1	
<i>ketoconazole external shampoo 2 %</i>		T1	
<i>oxiconazole nitrate</i>		T1	AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 Dayss)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		T1	
*Keratolytic/Antimitotic/Vesicant Agents***			
CONDYLOX EXTERNAL GEL	T3		PA
<i>podofilox external gel</i>		T3	
<i>podofilox external solution</i>		T1	
*Macrolide Immunosuppressants - Topical***			
ELIDEL	T3		PA; AI (Max 2 refills in 6 months); QL (30 GM per 1 month); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
HYFTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pimecrolimus</i>		T3	AI (Max 2 refills in 6 months); QL (30 GM per 1 Month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		PA; QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; QL (60 GM per 30 days); AG (Min 16 Years)
<i>tacrolimus external ointment 0.03 %</i>		T1	QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T1	QL (60 GM per 30 days); AG (Min 16 Years)
*Microtubule Inhibitors - Topical***			
KLISYRI	T1		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara))
*Oxaborole-Related Antifungals - Topical***			
KERYDIN (<i>Tavaborole</i>)	T3	T3	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T3		PA; QL (2 GM per 1 day); AG (Min 2 Years)
*Rosacea Agents***			
<i>azelaic acid external</i>		T2	QL (50 GM per 30 days)
<i>ivermectin external cream</i>		T3	AI (Limited to 1 fill per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%); QL (45 GM per 10 days)
MIRVASO (<i>Brimonidine Tartrate</i>)	T3	T3	PA
RHOFADE	T3		PA; QL (30 GM per 30 days)
ROSADAN EXTERNAL CREAM (<i>metronIDAZOLE</i>)	T1	T1	
ROSADAN EXTERNAL GEL (<i>MetroNIDAZOLE</i>)	T1	T1	
ZILXI	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); QL (30 GM per 30 days); AG (Min 18 Years)
*Scabicides & Pediculicides***			
CROTAN	T3		PA
<i>ivermectin external lotion</i>		T3	PA; QL (117 GM per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>lindane external shampoo</i>		T3	
<i>malathion external</i>		T1	AI (1x 59ml bottle per month)
NATROBA (<i>Spinosad</i>)	T3	T3	PA
OVIDE	T3		PA; AI (1x 59ml bottle per month)
<i>permethrin external cream</i>		T1	
*Seborrheic Keratosis Products**			
ESKATA	MB		
*Steroid-Local Anesthetic Combinations***			
CORTANE-B EXTERNAL	T3		
EPIFOAM	T2		
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3		
*Tar Products***			
SCYTERA	T3		
*Topical Anesthetic Combinations***			
ITCH-X EXTERNAL SOLUTION	T3		
*Topical Selective Retinoid X Receptor Agonists***			
<i>bexarotene external</i>		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***			
<i>calcipotriene-betameth diprop external ointment</i>		T3	QL (60 GM per 30 days); AG (Min 16 Years)
<i>calcipotriene-betameth diprop external suspension</i>		T3	QL (2 GM per 1 day); AG (Min 18 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	T3		PA; AI (30 day supply max)
Diagnostic Products			
*Diagnostic Drugs***			
METOPIRONE	SP		PA
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCU-CHEK GUIDE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ACCU-CHEK SMARTVIEW (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ACCUTREND GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVANCE INTUITION TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVANCE MICRO-DRAW TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE REDI-CODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ADVOCATE TEST	T3		ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 test strips per 30 days)
AGAMATRIX AMP TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX KEYNOTE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE 3 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE 4 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
ASSURE II (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE II CHECK (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PLATINUM (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PRISM MULTI TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
ASSURE PRO TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
BIOTEL CARE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>blood glucose test strips 333</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
BLULINK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CARESENS N GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CARETOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
CHEMSTRIP K	T1		AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
CLEVER CHEK AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

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

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

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

Drug Name	Brand	Generic	Additional Information
FIFTY50 GLUCOSE TEST 2.0 (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA 6 CONNECT IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA 6 CONNECT/GTEL TEST	T3		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 (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D15G BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA D40/G31 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA G20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA G30/PREM V10 GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GD20 TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)

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

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

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

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

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

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

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

Drug Name	Brand	Generic	Additional Information
<i>true focus blood glucose strip</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
UNISTRIP1 GENERIC (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
<i>verasens blood glucose test</i>		T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (200 EA per 30 days)
Digestive Aids			
*Digestive Enzymes***			
CREON	T2		PA; QL (12 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T3		PA; QL (12 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT	T3		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	T3		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	T3		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)

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Drug Name	Brand	Generic	Additional Information
VIOKACE	T3		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	T2		PA; QL (12 capsules per 1 day)
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		T3	
<i>acetazolamide oral</i>		T1	
<i>dichlorphenamide</i>		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)
<i>methazolamide oral</i>		T2	
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)
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		
<i>amiloride-hydrochlorothiazide</i>		T1	
<i>spironolactone-hctz</i>		T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1	
<i>triamterene-hctz oral tablet</i>		T1	
*Loop Diuretics***			
<i>bumetanide oral</i>		T1	
<i>ethacrynic acid oral</i>		T1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1	
<i>furosemide oral tablet</i>		T1	
<i>toremide oral</i>		T1	
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		T3	
DYRENIUM (Triamterene)	T3	T3	
<i>spironolactone oral tablet</i>		T1	
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1	
DIURIL	T2		
<i>hydrochlorothiazide oral</i>		T1	

Drug Name	Brand	Generic	Additional Information
<i>indapamide oral</i>		T1	
<i>metolazone</i>		T1	
THALITONE	T2		
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 35 mg</i>		T1	AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 70 mg</i>		T1	AI (Max #12 Mail Order); QL (0.143 EA per 1 day)
<i>ibandronate sodium oral</i>		T2	AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<i>risedronate sodium oral tablet 150 mg</i>		T1	AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	AI (Max #12 Mail Order); QL (4 EA per 30 days)
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; QL (5 EA per 1 Day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; QL (4 EA per 1 Day)
*Calcitonins***			
<i>calcitonin (salmon) injection</i>		T3	
<i>calcitonin (salmon) nasal</i>		T2	AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
*Carnitine Replenisher - Agents***			
<i>levocarnitine oral solution</i>		T3	
<i>levocarnitine oral tablet</i>		T3	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
XPHOZAH	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Corticotropin***			
ACTHAR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CORTROPHIN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Cortisol Synthesis Inhibitors***			
ISTURISA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day 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***			
<i>cabergoline</i>		T3	
*Fabry Disease - Agents***			
GALAFOLD	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
*Gaa Deficiency Treatment - Agents***			
OPFOLDA	T3		PA
*Gnrh/Lhrh Antagonists***			
ORLISSA	T3		PA
*Growth Hormone Receptor Antagonists***			
SOMAVERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SV	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Growth Hormones***			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HUMATROPE INJECTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NGENLA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
NUTROPIN AQ NUSPIN 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)
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)
ZORBIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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

Drug Name	Brand	Generic	Additional Information
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); N (30 day supply max. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 30 days)
LUPRON DEPOT-PED (3-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (84 to 90 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 inj per 90 days)
LUPRON DEPOT-PED (6-MONTH)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); N (172 to 180 day supply. FDA approved only for Central Precocious Puberty (CPP).); QL (1 EA per 180 days)
SYNAREL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Natriuretic Peptides***			
VOXZOGO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA	T3		PA; QL (1 EA per 1 day)
*Ovulation Stimulants-Synthetic***			
CLOMID (<i>clomiPHENE Citrate</i>)	T3	T3	PA; AI (Quantity limit of 1 per day, up to a 5 day supply, with a fill limit of 1 fill per 30 days); F; QL (1 EA per 1 day)
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Teriparatide (Recombinant)</i>) 600 MCG/2.4ML	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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

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

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Drug Name	Brand	Generic	Additional Information
<i>desmopressin acetate injection</i>		T3	
<i>desmopressin acetate oral tablet 0.1 mg</i>		T3	AI (Max #270 Mail Order); QL (8 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T3	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>desmopressin acetate spray</i>		T3	
NOCDURNA	T3		PA
STIMATE	T3		
Estrogens			
*Estrogen & Progestin***			
AMABELZ	T1		F
COMBIPATCH	T3		F
FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG	T2	T2	AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY (Estradiol-Norethindrone Acet)	T3	T3	AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T2		AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T2		AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
*Estrogen-Progestin-Gnrh Antagonist****			
MYFEMBREE	T3		PA; QL (1 EA per 1 day)
*Estrogens***			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	T1	QL (2 EA per 1 Week)
DEPO-ESTRADIOL	T3		
DOTTI (Estradiol)	T1	T1	QL (2 EA per 1 Week)
<i>estradiol oral</i>		T1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>		T1	AI (Max #12 Mail Order); F; QL (0.145 mg per 1 day)
<i>estradiol transdermal patch weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>		T1	AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>		T1	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR	T1	T1	QL (2 EA per 1 Week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3		
MENOSTAR	T3		AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
PREMARIN ORAL	T2		

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

Drug Name	Brand	Generic	Additional Information
*Gastrointestinal Chloride Channel Activators***			
<i>lubiprostone</i>		T2	QL (2 EA per 1 day); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1	
<i>metoclopramide hcl oral tablet</i>		T1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		T3	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2		QL (1 EA per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T2		QL (1 EA per 1 day); AG (Min 6 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T3		PA; QL (2 EA per 1 day); AG (Min 18 Years)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***			
BYLVAY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BYLVAY (PELLETS)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LIVMARLI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Inflammatory Bowel Agents***			
<i>balsalazide disodium</i>		T1	
DIPENTUM	T3		AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>mesalamine er oral capsule extended release</i>		T3	
<i>mesalamine er oral capsule extended release 24 hour</i>		T3	QL (4 EA per 1 day)
<i>mesalamine oral capsule delayed release</i>		T2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T3	QL (4 EA per 1 Day); AG (Min 18 Years)
<i>mesalamine oral tablet delayed release 800 mg</i>		T3	QL (6 EA per 1 day)
<i>mesalamine rectal enema</i>		T3	QL (60 ML per 1 day)
<i>mesalamine rectal suppository</i>		T3	QL (1 EA per 1 Day)
<i>mesalamine-cleanser</i>		T3	

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

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Drug Name	Brand	Generic	Additional Information
<i>sevelamer hcl oral tablet 800 mg</i>		T1	QL (17.5 EA per 1 day)
VELPHORO	T3		PA
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***			
VELSIPITY	SP		PA; AI (30 day supply max)
*Tryptophan Hydroxylase Inhibitors***			
XERMELO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA (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
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
<i>dutasteride oral</i>		T1	AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
CARDURA XL	T3		
<i>silodosin</i>		T3	
<i>tamsulosin hcl</i>		T1	
*Citrates***			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>		T2	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>		T3	
*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)

Drug Name	Brand	Generic	Additional Information
*Genitourinary Irrigants***			
ARGYLE STERILE SALINE (<i>Sodium Chloride</i>)	T1	T1	
CURITY STERILE SALINE (<i>Sodium Chloride</i>)	T1	T1	
RENACIDIN	T1		
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***			
FILSPARI	SP		PA; SP; AI (30 day supply max)
*Interstitial Cystitis Agents***			
ELMIRON	T3		QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl</i>		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 (<i>Tiopronin</i>)	T3	T3	PA
THIOLA EC	T3		PA
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid</i>		T1	
*Gout Agents***			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T1	
<i>colchicine oral tablet</i>		T3	
<i>febuxostat</i>		T3	ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); QL (1 EA per 1 Day); AG (Min 18 Years)
GLOPERBA	T3		QL (150 ML per 1 month); AG (Min 18 Years)
ULORIC	T3		ST (Step Therapy required: both of the following for 3 months each in the last 12 months - allopurinol 100mg or 300mg tab AND febuxostat 40mg or 80mg tab); QL (1 EA per 1 day); AG (Min 18 Years)
*Uricosurics***			
<i>probenecid oral</i>		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)

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

Drug Name	Brand	Generic	Additional Information
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
TAKHZYRO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Plasma Kallikrein Inhibitors***			
KALBITOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORLADEYO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T2	
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T2		QL (1 EA per 1 day); AG (Min 16 Years)
*Pyruvate Kinase Activators***			
PYRUKYND	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PYRUKYND TAPER PACK	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Quinazoline Agents***			
<i>anagrelide hcl</i>		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***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>prasugrel hcl</i>		T1	QL (1 EA per 1 day); AG (Min 16 Years)

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

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

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Drug Name	Brand	Generic	Additional Information
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 10 day supply max); QL (0.5 ML per 1 day)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 10 day supply max); QL (0.8 ML per 1 day)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; SP; AI (30 day supply max)
*Iron W/ Folic Acid***			
FOLIVANE-F	T2		
INTEGRA F	T2		
*Iron***			
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		\$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***			
<i>aminocaproic acid oral solution</i>		T2	
<i>tranexamic acid oral</i>		T1	F
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
<i>phenobarbital oral tablet</i>		T1	
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		T1	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		T3	AI (Max fill of one hypnotic per month.); QL (1 EA per 1 day); AG (Min 18 Years)

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

Drug Name	Brand	Generic	Additional Information
HETLIOZ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ramelteon		T3	QL (1 EA per 1 day); AG (Min 18 Years)
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-G (PEG-3350/Electrolytes)	\$0	\$0	
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml		T3	
peg-3350/electrolytes/ascorbat		T3	
peg-kcl-nacl-nasulf-na asc-c		T3	
*Laxatives - Miscellaneous***			
constulose		T1	
lactulose oral solution		T1	
*Saline Laxative Mixtures***			
OSMOPREP	T3		QL (1.34 EA per 1 day)
Local Anesthetics-Parenteral			
*Local Anesthetics - Amides***			
XARACOLL	MB		
Macrolides			
*Azithromycin***			
azithromycin oral packet		T1	
azithromycin oral suspension reconstituted		T1	
azithromycin oral tablet 250 mg, 500 mg		T1	
azithromycin oral tablet 600 mg		T2	
*Clarithromycin***			
clarithromycin er		T2	
clarithromycin oral suspension reconstituted		T3	QL (10 ML per 1 day)
clarithromycin oral tablet 250 mg		T1	
clarithromycin oral tablet 500 mg		T1	QL (3 EA per 1 day)
*Erythromycins***			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate)	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
erythromycin base oral capsule delayed release particles		T3	
erythromycin base oral tablet		T3	
erythromycin ethylsuccinate oral suspension reconstituted		T1	

Drug Name	Brand	Generic	Additional Information
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED	T3		PA
DIFICID ORAL TABLET	T3		PA; QL (4 EA per 1 day)
Medical Devices And Supplies			
*Cervical Caps***			
FEMCAP	\$0		AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
*Condoms - Female***			
FC2 FEMALE CONDOM	\$0		AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
*Condoms - Male***			
<i>aimsco lubricated</i>		\$0	F
<i>condoms</i>		\$0	F
DUREX EXTRA SENSITIVE THIN (<i>Maxx</i>)	\$0	\$0	F
DUREX REALFEEL	\$0		F
FANTASY LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F
KAMELEON LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
<i>kimono</i>		\$0	F
KIMONO COLORS (<i>Maxx</i>)	\$0	\$0	F
KIMONO MAXX-LARGE FLARE (<i>Maxx</i>)	\$0	\$0	F
<i>kimono micro thin plus</i>		\$0	F
<i>kimono plus</i>		\$0	F
<i>kimono ps</i>		\$0	F
<i>kimono ps plus</i>		\$0	F
<i>kimono sensation</i>		\$0	F
<i>kimono sensation plus</i>		\$0	F
KIMONO SPECIAL (<i>Maxx</i>)	\$0	\$0	F
K-Y ME & YOU EXTRA LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
K-Y ME & YOU INTENSE (<i>Maxx</i>)	\$0	\$0	F
<i>maxx plus</i>		\$0	F
REALITY LATEX CONDOMS (<i>Maxx</i>)	\$0	\$0	F
REALITY LATEX/ULTRA TEXTURED (<i>Maxx</i>)	\$0	\$0	F
REALITY LATEX/ULTRA THIN (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX COLOR CONDOMS + LUBE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUB/RIBBED/STUDED (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE EX ST (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE XL (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED EX LARGE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED EXTRA ST (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX LUBRICATED/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F

Drug Name	Brand	Generic	Additional Information
TRUSTEX NATURAL CONDOMS + LUBE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX NON-LUBRICATED (<i>Kimono Micro Thin</i>)	\$0	\$0	F
TRUSTEX RIA LUB/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX RIA LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
TRUSTEX RIA NON-LUBRICATED (<i>Kimono Micro Thin</i>)	\$0	\$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>Maxx</i>)	\$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 (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance lite lancets 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance special lancets 17g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>acti-lance universal 23g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>advanced mobile lancet</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

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

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

Drug Name	Brand	Generic	Additional Information
DEXCOM G6 RECEIVER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G6 SENSOR	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DEXCOM G6 TRANSMITTER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G7 SENSOR	T2		PA; AI (Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DIATHRIVE LANCET ULTRA THIN 30 (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DIATHRIVE LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DROPLET LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DROPLET PERSONAL LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>drug mart lancets thin 26g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART ON-THE-GO LANCET 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
DRUG MART UNILET LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>easy comfort lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>easy comfort lancets twist top</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
EASY TOUCH LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EASY TOUCH SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 21G (<i>ZevRx Twist Top Lancets 30G</i>)	T1	T1	QL (200 EA per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>ZevRx Twist Top Lancets 30G</i>)	T1	T1	QL (200 EA per 30 days)
<i>eql color lancets 21g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>eql color lancets micro 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>eql super thin lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>eql thin lancets 26g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCET MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
E-Z JECT LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
E-Z JECT LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
EZ-LETS LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FINE 30 (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FINGERSTIX LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FORA LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FREESTYLE LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 lifetime)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE 3 SENSOR	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE READER	T2		PA; AI (Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE UNISTICK II LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTEEL NOZZLES (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
GENTLE-LET GP LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTLE-LET LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GENTLE-LET PLATFORMS (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
<i>global inject ease lancets 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>global inject ease lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
GLUCOCOM LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GLUCOCOM LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
GLUCOCOM LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>gnp lancets 21g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>gnp lancets thin 26g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>gnp sterile lancets 28g</i>		T1	QL (200 EA per 30 days)
<i>gnp sterile lancets 30g</i>		T1	QL (200 EA per 30 days)
<i>gnp sterile lancets 33g</i>		T1	QL (200 EA per 30 days)
GOJJI STERILE LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense color lancets 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 26g univ</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 30g univ</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>goodsense lancets 33g univ</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>h-e-b incontrol lancets 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>h-e-b incontrol lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>h-e-b incontrol lancets 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
HY-VEE LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>hy-vee thin lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
IN TOUCH STERILE LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kinney lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kinney thin lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
KROGER HEALTHPRO LANCET 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets 21g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets micro thin 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets super thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets thin 26g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>kroger lancets ultrathin 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets micro thin 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets super thin 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lancets ultra thin 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
LIBERTY MEDICAL LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>lite touch lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
LITETOUCH LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>live better lancet super thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>longs lancets standard</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>longs lancets thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>longs lancets ultra thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>medichoice safety lancet</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>medichoice safety lancet extra</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)

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

Drug Name	Brand	Generic	Additional Information
<i>mpd safety lancet 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
NOVA SAFETY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
NOVA SUREFLEX LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PERFECT LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PERFECT LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PHARMACIST CHOICE LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PHARMACY COUNTER LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>pip lancets 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>pip lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
PRECISION THINS GP LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>preferred plus lancets colored</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>preferred plus lancets thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>pro comfort lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>pro comfort lancets 31g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>pro comfort safety lancets 30g</i>		T1	QL (200 EA per 30 days)
PRODIGY LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PRODIGY SAFETY LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
PSS SELECT GP LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
PSS SELECT PLATFORMS (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
PSS SELECT SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>pure comfort lancets 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>px lancets microthin 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>px lancets ultra thin 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>qc lancets super thin 30g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>qc lancets ultra thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>qc unilet lancets 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>qc unilet lancets micro thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
RA E-ZJECT LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
READYLANCE SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>reality lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>reality trigger lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
RELION LANCETS MICRO-THIN 33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RELION LANCETS THIN 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
SAFE-T-LANCE (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SAFE-T-LANCE PLUS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>safety lancet 30g/pressure act</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
SAFETY LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SAFETY LANCETS 21G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SAFETY LANCETS 23G (<i>ZevRx Twist Top Lancets 30G</i>)	T1	T1	QL (200 EA per 30 days)
<i>safety lancets 28g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>saps health plus lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>saps health twist top lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>saps twist top lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>sapscore twist top lancets</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>sb lancets thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>sb lancets ultra thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
SINGLE-LET (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>sm lancets 33g</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE COLOR LANCETS 33G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE STANDARD LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMART SENSE THIN LANCETS 26G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SMARTEST LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SOLUS V2 LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
SOLUS V2 TWIST LANCETS 30G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
STERILANCE PA (<i>Lancet Transporter Case</i>)	T1	T1	QL (200 EA per 30 days)
STERILANCE TL (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)

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

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

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

Drug Name	Brand	Generic	Additional Information
VERIFINE UNIVERSAL LANCETS 28G (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (<i>ZevRx Twist Top Lancets 30G</i>)	T1	T1	QL (200 EA per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (<i>ZevRx Twist Top Lancets 30G</i>)	T1	T1	QL (200 EA per 30 days)
VIVAGUARD LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
VIVAGUARD LANCETS 30G	T1		QL (200 lancets per 30 days)
WALGREENS LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>walgreens lancets micro thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
<i>walgreens lancets super thin</i>		T1	AI (30 day supply max); QL (200 EA per 30 days)
WALGREENS THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>)	T1	T1	AI (30 day supply max); QL (200 EA per 30 days)
*Insulin Administration Supplies***			
OMNIPOD 5 G6 INTRO (GEN 5)	T3		PA
OMNIPOD 5 G6 PODS (GEN 5)	T3		PA; AI (30 day supply max. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T3		PA
OMNIPOD 5 G7 PODS (GEN 5)	T3		PA; AI (30 day supply max. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	T3		PA; AI (30 day supply max. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)
OMNIPOD DASH PODS (GEN 4)	T3		PA; AI (30 day supply max. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
*Needles & Syringes***			
1st tier unifine pentips 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)
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)
<i>aqinject pen needle 31g x 5 mm</i>		T1	QL (200 EA per 30 days)
<i>aqinject pen needle 32g x 4 mm</i>		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 EA 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)
<i>aum insulin safety pen needle</i>		T1	QL (200 EA per 30 days)
<i>aum mini insulin pen needle 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>aum pen needle 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>aum pen needle 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>		T1	QL (200 EA per 30 days)
AUM READYGARD DUO PEN NEEDLE (Insupen Pen Needles)	T1	T1	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
AUM SAFETY PEN NEEDLE (<i>Raya Sure Pen Needle</i>)	T1	T1	QL (200 EA per 30 days)
<i>aurora pen needles</i>		T1	QL (200 EA per 30 days)
BD AUTOSHIELD DUO (<i>Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 27G X 1/2" 1 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe</i>) 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 (<i>Insulin Syringe-Needle U-100</i>)	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 (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML	T1	T1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kmart Valu Insulin Syringe 29G</i>) 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 (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.5 ML	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE MICRO U/F (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
BD PEN NEEDLE MINI U/F (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>Insupen Pen Needles</i>)	T1	T1	QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>Insupen Pen Needles</i>)	T1	T1	QL (200 pen needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
BD PEN NEEDLE SHORT U/F (<i>Pen Needles 5/16"</i>)	T1	T1	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>TechLITE Insulin Syringe</i>)	T1	T1	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>TechLITE Insulin Syringe</i>)	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
CAREFINE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
CAREFINE PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>careone insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1	QL (200 EA per 30 days)
<i>careone unifine pentips plus 32g x 4 mm</i>		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 (<i>AQ Insulin Syringe</i>) 30G X 5/16" 0.5 ML	T1	T1	QL (200 EA per 30 days)
CARETOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
CARETOUCH PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
CARETOUCH PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	QL (200 EA per 30 days)
CARETOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
CLICKFINE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>Insulin Syringe</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>AQ Insulin Syringe</i>) 30G X 5/16" 0.5 ML	T1	T1	QL (200 EA per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1	T1	QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
COMFORT EZ PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	QL (200 EA per 30 days)
COMFORT EZ PEN NEEDLES (<i>Easy Comfort Pen Needles</i>) 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 (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Raya Sure Pen Needle</i>) 31G X 4 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	QL (200 EA per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
DIATHRIVE PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
DROPLET INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1	T1	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
DROPLET INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
DROPLET INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1	T1	QL (200 EA per 30 days)
DROPLET MICRON	T1		QL (200 EA per 30 days)
DROPLET PEN NEEDLES 29G X 10MM	T1		QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
DROPLET PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	QL (200 EA per 30 days)
DROPLET PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1	T1	QL (200 EA per 30 days)
<i>dropsafe safety pen needles</i>		T1	QL (200 EA per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>drug mart unifine pentips 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>drug mart unifine pentips plus</i>		T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 syringes per 30 days)
<i>easy comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1	QL (200 EA per 30 days)
<i>easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1	QL (200 EA per 30 days)
<i>easy comfort pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>easy glide pen needles</i>		T1	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1	T1	QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 1 ML	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>Insulin Syringe</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe</i>) 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 (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Pen Needles</i>) 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 (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
EASY TOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
EASY TOUCH PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1	T1	QL (200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES	T1		QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1	T1	QL (200 EA per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 1 ML	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Pen Needles</i>) 30G X 5 MM	T1	T1	QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
EMBRACE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM , 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
EMBRACE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>eql insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
FIFTY50 PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>global ease inject pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>global easy glide insulin syr</i>		T1	QL (200 EA per 30 days)
<i>global easy glide pen needles</i>		T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 syringes per 30 days)
<i>global insulin syringes</i>		T1	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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)
<i>gnp clickfine pen needles</i>		T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>gnp insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i>gnp insulin syringes</i>		T1	QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>		T1	QL (200 EA per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>		T1	QL (200 EA per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>		T1	QL (200 EA per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>		T1	QL (200 EA per 30 days)
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 6 mm</i>		T1	QL (200 EA per 30 days)
<i>gnp ulticare pen needles 32g x 4 mm</i>		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)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>		T1	QL (200 EA per 30 days)
<i>goodsense clickfine pen needle</i>		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)
<i>healthwise insulin syrlneedle 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</i>		T1	QL (200 EA per 30 days)
<i>healthwise insulin syrlneedle 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>		T1	QL (200 pen needles per 30 days)
<i>healthwise short pen needles</i>		T1	QL (200 EA per 30 days)
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>h-e-b incontrol pen needles 32g x 4 mm</i>		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)

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Drug Name	Brand	Generic	Additional Information
HM ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
INSUPEN SENSITIVE (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
INSUPEN ULTRAFIN (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1	T1	QL (200 EA per 30 days)
INSUPEN ULTRAFIN (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
INSUPEN ULTRAFIN (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
<i>kinray insulin syringe</i>		T1	QL (200 EA per 30 days)
<i>kmart valu insulin syringe 29g</i>		T1	QL (200 EA per 30 days)
<i>kmart valu insulin syringe 30g</i>		T1	QL (200 EA per 30 days)
<i>croger 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</i>		T1	QL (200 EA per 30 days)
<i>croger insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>croger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 33g x 4 mm</i>		T1	QL (200 EA per 30 days)
<i>croger pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>leader insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
LEADER UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>Insulin Syringe</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
LITETOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
LITETOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>		T1	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML	T1	T1	QL (200 EA per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
MARATHON MEDICAL PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>Meijer Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>Insulin Syringe</i>)	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" (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
<i>medic insulin syringe 30g x 5/16" 0.3 ml</i>		T1	QL (200 EA per 30 days)
<i>medic insulin syringe 30g x 5/16" 0.5 ml</i>		T1	QL (200 syringes per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>		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)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>mm insulin syringe/needle 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		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)
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)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		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)

Drug Name	Brand	Generic	Additional Information
NOVOFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1	T1	QL (200 pen needles per 30 days)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
PENTIPS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>pip pen needles 31g x 5mm</i>		T1	QL (200 EA per 30 days)
<i>pip pen needles 32g x 4mm</i>		T1	QL (200 pen needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML	T1	T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>preferred plus insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>preferred plus unifine pentips 29g x 12mm</i>		T1	QL (200 EA per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1	T1	QL (200 EA per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 6 mm</i>		T1	QL (200 EA per 30 days)
<i>pro comfort pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
<i>pure comfort pen needle 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>pure comfort pen needle 32g x 5 mm , 32g x 6 mm</i>		T1	QL (200 EA per 30 days)
<i>px extra short pen needles</i>		T1	QL (200 EA per 30 days)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>		T1	QL (200 syringes per 30 days)
<i>px mini pen needles</i>		T1	QL (200 EA per 30 days)
<i>px pen needle</i>		T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>px shortlength pen needles</i>		T1	QL (200 EA per 30 days)
<i>qc pen needles</i>		T1	QL (200 EA per 30 days)
<i>qc unifine pentips</i>		T1	QL (200 pen needles per 30 days)
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>		T1	QL (200 EA per 30 days)
<i>ra insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>ra pen needles</i>		T1	QL (200 EA per 30 days)
<i>reality insulin syringe</i>		T1	QL (200 EA per 30 days)
RELION INSULIN SYRINGE (Insulin Syringe) 29G X 1/2" 0.5 ML	T1	T1	QL (200 EA per 30 days)
RELION INSULIN SYRINGE (TechLITE Insulin Syringe) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1	T1	QL (200 EA per 30 days)
RELION INSULIN SYRINGE (Insulin Syringe-Needle U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1	T1	QL (200 EA per 30 days)
RELION MINI PEN NEEDLES (Meijer Pen Needles)	T1	T1	QL (200 EA per 30 days)
RELION PEN NEEDLES (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)
<i>safety pen needles 30g x 5 mm</i>		T1	QL (200 EA per 30 days)
<i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 31g x 5/16" 1 ml</i>		T1	QL (200 EA per 30 days)
<i>sb insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		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)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>sure comfort insulin syringe 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>sure comfort pen needles 31g x 6 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>sure comfort pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml</i>		T1	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES 29G X 10MM	T1		QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TECHLITE PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
TECHLITE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
TECHLITE PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1	T1	QL (200 EA per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1	T1	QL (200 pen needles per 30 days)
<i>today's health pen needles</i>		T1	QL (200 EA per 30 days)
<i>today's health short pen needle</i>		T1	QL (200 EA per 30 days)
<i>topcare clickfine pen needles</i>		T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>topcare ultra comfort ins syr 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>		T1	QL (200 syringes per 30 days)
<i>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</i>		T1	QL (200 syringes per 30 days)
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	QL (200 EA per 30 days)
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm</i>		T1	QL (200 EA per 30 days)
<i>true comfort pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>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</i>		T1	QL (200 syringes per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>true comfort pro pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>Insulin Syringe</i>) 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	Additional Information
TRUEPLUS INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	T1	T1	QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>Insulin Syringe</i>)	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT	T1		
ULTICARE INSULIN SYRINGE (<i>Insulin Syringe</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
ULTICARE INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
ULTICARE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML	T1	T1	QL (200 syringes per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM , 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
ULTILET PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
ULTILET PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>		T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>Sure Comfort Insulin Syringe</i>)	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>Insulin Syringe</i>) 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 (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML	T1	T1	QL (200 EA per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insupen Pen Needles</i>)	T1	T1	QL (200 pen needles per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i>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</i>		T1	QL (200 syringes per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>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</i>		T1	QL (200 EA per 30 days)
<i>ultracare pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Insulin Syringe</i>) 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 (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>Pen Needles 5/16"</i>)	T1	T1	QL (200 EA per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Pen Needles</i>) 30G X 5 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
UNIFINE PENTIPS (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Pen Needles</i>) 30G X 5 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>) 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 (<i>Pen Needles</i>) 30G X 5 MM	T1	T1	QL (200 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
UNIFINE SAFECONTROL PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>value health insulin syringe</i>		T1	QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Insulin Syringe</i>) 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 (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.5 ML	T1	T1	QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 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 (<i>Kroger Pen Needles</i>) 29G X 12MM	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
VERIFINE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	QL (200 EA per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1	T1	QL (200 pen needles per 30 days)
<i>vp insulin syringe</i>		T1	QL (200 EA per 30 days)
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>wegmans unifine pentips plus 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)
<i>zevrx insulin syringe</i>		T1	QL (200 syringes per 30 days)
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1	QL (200 EA per 30 days)
<i>zevrx pen needles 32g x 4 mm</i>		T1	QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER HOLDING CHAMBER <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER MINI CHAMBER <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER MV <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLS FLOVU MTHPIECE <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU INTERM <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
AEROVENT PLUS <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
CLEVER CHOICE HOLDING CHAMBER <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/LG MASK <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/MED MASK <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
COMPACT SPACE CHAMBER/SM MASK <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
EASIVENT <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
EASIVENT MASK LARGE <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
EASIVENT MASK MEDIUM <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
EASIVENT MASK SMALL <i>(ProChamber VHC)</i>	T1	T1	QL (2 EA per 1 year)
<i>eq space chamber anti-static</i>		T1	

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Drug Name	Brand	Generic	Additional Information
<i>eq space chamber anti-static l</i>		T1	
<i>eq space chamber anti-static m</i>		T1	
<i>eq space chamber anti-static s</i>		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 - Monoclonal Antibodies***			
AIMOVIG	SP		PA; AI (30 day supply max)
AJOVY	SP		PA; AI (30 day supply max); QL (0.05 ML per 1 day)
EMGALITY	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
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***			
<i>ergotamine-caffeine</i>		T3	
MIGERGOT	T3		
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		T3	PA
ERGOMAR	T3		AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL (Dihydroergotamine Mesylate)	T3	T3	PA; QL (0.54 ML per 1 day)
TRUDHESA	T3		PA
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate</i>		T3	QL (25 EA per 30 days)
<i>eletriptan hydrobromide</i>		T1	QL (0.9 EA per 1 day)
<i>frovatriptan succinate</i>		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)
<i>naratriptan hcl oral tablet 1 mg</i>		T1	QL (5 EA per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1	QL (2 EA per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1	QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1	QL (6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1	QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1	QL (6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1	QL (6 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T1	QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T1	QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1	QL (20 tabs per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1	QL (10 ML per 30 days)
TOSYMRA	T3		QL (30 EA per 30 days)
<i>zolmitriptan nasal</i>		T3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T1	AI (Max 10 day supply and 1 fill per month); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1	AI (Max 10 day supply and 1 fill per month); QL (4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		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 (<i>Sodium Fluoride</i>)	\$0	\$0	AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet chewable</i>		\$0	AG (Max 6 Years)
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T2		
*Potassium***			
KLOR-CON 10 (<i>Potassium Chloride ER</i>)	T1	T1	
KLOR-CON M10 (<i>Potassium Chloride Crys ER</i>)	T1	T1	
KLOR-CON M15 (<i>Potassium Chloride ER</i>)	T1	T1	
KLOR-CON M20 (<i>Potassium Chloride Crys ER</i>)	T1	T1	
KLOR-CON ORAL PACKET (<i>Potassium Chloride</i>) 20 MEQ	T1	T1	
KLOR-CON ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride ER</i>)	T1	T1	
<i>potassium chloride er oral capsule extended release</i>		T1	
<i>potassium chloride er oral tablet extended release 20 meq</i>		T3	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		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)
*Antileptics***			
THALOMID	T1		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
*Chelating Agents***			
CUVRIOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>penicillamine oral tablet</i>		T3	
SYPRINE (Trientine HCl)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>trientine hcl oral capsule 500 mg</i>		SP	PA; SP; AI (30 day supply max)
*Cyclosporine Analogs***			
<i>cyclosporine oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL CAPSULE (cycloSPORINE Modified) 100 MG, 25 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL SOLUTION (CycloSPORINE Modified)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LUPKYNIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEORAL (cycloSPORINE Modified)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Farnesyltransferase Inhibitors***			
ZOKINVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Immunomodulators For Myelodysplastic Syndromes***			
<i>lenalidomide</i>		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)

Drug Name	Brand	Generic	Additional Information
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***			
<i>mycophenolate mofetil oral</i>		T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		T1	QL (6 EA per 1 day)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		T1	QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		T1	QL (4 tablets per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	T3		
ENVARUS XR	T3		PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>		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 (<i>Tacrolimus</i>)	T3	T1	
<i>sirolimus oral solution</i>		T3	
<i>sirolimus oral tablet</i>		T1	
*Monoclonal Antibodies***			
ENSPRYNG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***			
VIJOICE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Potassium Removing Agents***			
LOKELMA	T3		PA
<i>sodium polystyrene sulfonate oral powder</i>		T1	
SPS	T1		
VELTASSA	T3		PA
*Purine Analogs***			
<i>azathioprine oral tablet 50 mg</i>		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)

Drug Name	Brand	Generic	Additional Information
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous hcl</i>		T1	AI (Limited to 1 fill per month); QL (100 ML per 10 days)
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat troche</i>		T1	
<i>nystatin mouth/throat</i>		T1	
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL	T3		
*Antiseptics - Mouth/Throat***			
PERIOGARD (<i>Chlorhexidine Gluconate</i>)	T1	T1	
*Fluoride Dental Products***			
NAFRINSE DAILY/NEUTRAL	\$0		AG (Max 6 Years)
NAFRINSE WEEKLY	\$0		AG (Max 6 Years)
*Periodontal Anti-Infectives***			
ARESTIN	T3		PA
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>pilocarpine hcl oral</i>		T1	
*Steroids - Mouth/Throat/Dental***			
KOURZEQ (<i>Triamcinolone Acetonide</i>)	T1	T1	
ORALONE (<i>Triamcinolone Acetonide</i>)	T1	T1	
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T1	
<i>carisoprodol oral tablet 350 mg</i>		T1	AI (Max #84 per 21 days); QL (84 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		T1	QL (4 EA per 1 day); AG (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T2	
<i>metaxalone oral tablet 800 mg</i>		T2	AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		T1	
<i>orphenadrine citrate er</i>		T1	
<i>tizanidine hcl oral capsule 2 mg</i>		T1	QL (18 EA per 1 day)
<i>tizanidine hcl oral capsule 4 mg, 6 mg</i>		T1	QL (9 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		T1	QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		T1	QL (9 EA per 1 day)
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
*Muscle Relaxant Combinations***			
<i>carisoprodol-aspirin-codeine</i>		T3	AI (Quantity limit of 2 per day, up to a 10 day supply, with a fill limit of 1 fill per 30 days); QL (2 EA per 1 day)
*Retinoic Acid Receptor Gamma Selective Agonists***			
SOHONOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Nasal Agents - Systemic And Topical			
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %</i>		T1	AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T1	AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
*Nasal Antihistamines***			
<i>olopatadine hcl nasal</i>		T1	QL (1.02 GM per 1 day); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	T3		AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T1	AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	T3		AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
Neuromuscular Agents			
*Als Agent Combinations***			
RELYVRIO	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Als Agents - Miscellaneous***			
RADICAVA ORS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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)
*Benzothiazoles***			
EXSERVAN	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>riluzole</i>		T1	

Drug Name	Brand	Generic	Additional Information
*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***			
<i>atracurium besylate intravenous solution 50 mg/5ml</i>		MB	
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***			
DAYBUE	SP		PA; SP; AI (30 day supply max)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T3		
*Artificial Tear Inserts***			
LACRISERT	T3		
*Beta-Blockers - Ophthalmic Combinations***			
<i>brimonidine tartrate-timolol</i>		T2	
<i>dorzolamide hcl-timolol mal</i>		T1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>		T1	PA
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	T3		
<i>carteolol hcl</i>		T1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	
<i>timolol maleate ophthalmic solution</i>		T1	
TIMOPTIC-XE (<i>Timolol Maleate</i>)	T3	T3	
*Cholinergic Agonists***			
TYRVAYA	T3		PA; QL (0.28 ML per 1 day)
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION (<i>Phenylephrine HCl</i>) 10 %, 2.5 %	T1	T1	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1	
HOMATROPAIRE	T1		
ISOPTO ATROPINE (<i>Atropine Sulfate</i>)	T2	T2	
<i>tropicamide ophthalmic</i>		T3	

Drug Name	Brand	Generic	Additional Information
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA	T3		PA
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	T1		
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	
VUITY	T3		ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); QL (0.09 ML per 1 day); AG (Min 18 Years)
*Ophthalmic Antiallergic***			
ALOCRIL	T3		
ALOMIDE	T3		
<i>azelastine hcl ophthalmic</i>		T2	AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
<i>bepotastine besilate</i>		T3	QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T2	
<i>epinastine hcl</i>		T2	
LASTACFT	T3		PA; AI (Max #9ml Mail Order); QL (3 ML per 30 days); AG (Min 2 Years)
ZERVIAE	T3		QL (1 EA per 1 day)
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic</i>		T3	
BESIVANCE	T3		
CILOXAN OPHTHALMIC OINTMENT	T3		
<i>ciprofloxacin hcl ophthalmic</i>		T1	
<i>erythromycin ophthalmic</i>		T1	
<i>gatifloxacin ophthalmic</i>		T1	
GENTAK OPHTHALMIC OINTMENT	T3		
<i>gentamicin sulfate ophthalmic solution</i>		T1	
<i>levofloxacin ophthalmic solution 0.5 %</i>		T2	
<i>moxifloxacin hcl (2x day)</i>		T3	
<i>moxifloxacin hcl ophthalmic solution</i>		T1	
<i>ofloxacin ophthalmic</i>		T1	
*Ophthalmic Antifungal***			
NATACYN	T3		
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T3	
NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)	T1	T1	
POLYCIN (AK-Poly-Bac)	T1	T1	

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Drug Name	Brand	Generic	Additional Information
<i>polymyxin b-trimethoprim</i>		T1	
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T3	
ZIRGAN	T2		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide</i>		T3	
<i>dorzolamide hcl ophthalmic</i>		T1	
*Ophthalmic Ectoparasiticide**			
XDEMVY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); N (41 day supply min / 42 day supply max); QL (0.239 ML per 1 day)
*Ophthalmic Immunomodulators***			
CEQUA	T3		PA; QL (2 EA per 1 day)
<i>cyclosporine ophthalmic</i>		T3	QL (2 EA per 1 day)
VERKAZIA	T3		PA
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic</i>		T1	
<i>tetracaine hcl ophthalmic</i>		T1	
*Ophthalmic Nerve Growth Factors***			
OXERVATE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T2	
<i>diclofenac sodium ophthalmic</i>		T1	
<i>flurbiprofen sodium</i>		T1	
<i>ketorolac tromethamine ophthalmic</i>		T1	
NEVANAC	T3		AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	T3		PA
*Ophthalmic Selective Alpha Adrenergic Agonists***			
<i>apraclonidine hcl</i>		T3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>		T2	QL (2 bottles per 1 Month)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		T1	
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1	
BLEPHAMIDE S.O.P.	T3		

Drug Name	Brand	Generic	Additional Information
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T3	
PRED-G	T3		
PRED-G S.O.P.	T3		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T3	
TOBRADEX OPHTHALMIC OINTMENT	T2		
TOBRADEX ST	T2		
<i>tobramycin-dexamethasone</i>		T1	
*Ophthalmic Steroids***			
ALREX	T3		
<i>dexamethasone sodium phosphate ophthalmic difluprednate</i>		T3	
FLAREX	T3		
<i>fluorometholone ophthalmic</i>		T1	
FML	T3		
FML FORTE	T3		
INVELTYS	T3		
LOTEMAX OPHTHALMIC GEL (<i>Loteprednol Etabonate</i>)	T3	T3	
LOTEMAX OPHTHALMIC OINTMENT	T3		
LOTEMAX SM	T3		
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>		T3	
MAXIDEX	T3		
PRED FORTE (<i>prednisolONE Acetate</i>)	T1	T1	
PRED MILD	T3		
<i>prednisolone acetate p-f</i>		T1	
<i>prednisolone sodium phosphate ophthalmic</i>		T3	
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	
<i>sulfacetamide sodium ophthalmic solution</i>		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)

Drug Name	Brand	Generic	Additional Information
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic</i>		T2	AI (1 x 5ml bottle per month); QL (0.17 ML per 1 day)
<i>latanoprost ophthalmic</i>		T1	AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2		ST (Step Therapy through 60 days trial of bimatoprost 0.03% in the last 6 months)
<i>tafluprost (pf)</i>		T3	
<i>travoprost (bak free)</i>		T2	
VYZULTA	T3		ST (Step Therapy required: through 60 days trial of either latanoprost (generic Xalatan) OR bimatoprost 0.03% in the last 6 months); QL (0.1 ML per 1 day); AG (Min 17 Years)
XELPROS	T3		
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1	
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		T3	
<i>ofloxacin otic</i>		T1	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	T2		
<i>ciprofloxacin-dexamethasone</i>		T2	QL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	
<i>neomycin-polymyxin-hc otic suspension</i>		T1	
OTOVEL (Ciprofloxacin-Fluocinolone PF)	T3	T3	
*Otic Steroids***			
ACETASOL HC (Hydrocortisone-Acetic Acid)	T3	T2	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	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)

Drug Name	Brand	Generic	Additional Information
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***			
<i>amoxicillin oral capsule</i>		T1	
<i>amoxicillin oral suspension reconstituted</i>		T1	
<i>amoxicillin oral tablet</i>		T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1	
<i>ampicillin oral capsule 500 mg</i>		T1	
*Natural Penicillins***			
<i>penicillin v potassium</i>		T1	
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		T3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		T1	
<i>amoxicillin-pot clavulanate oral tablet</i>		T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		T3	
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		T1	
Progestins			
*Progestins***			
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T2	
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>		T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T1	AI (Max #450ml Mail Order); QL (150 ML per 30 days)
<i>norethindrone acetate oral</i>		T1	F
<i>progesterone intramuscular</i>		T3	F
PROMETRIUM	T1		F
Psychotherapeutic And Neurological Agents - Misc.			
*Agents For Opioid Withdrawal***			
LUCEMYRA	T3		PA; QL (224 EA per 14 days)
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		T1	QL (6 EA per 1 day)
<i>disulfiram oral</i>		T1	

Drug Name	Brand	Generic	Additional Information
*Anti-Cataplectic Agents***			
LUMRYZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years and Max 65 Years)
XYREM (Sodium Oxybate)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
*Anti-Cataplectic Combinations***			
XYWAV	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
TEGSEDI	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
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		T2	
*Cholinomimetics - Ache Inhibitors***			
donepezil hcl oral tablet 10 mg, 5 mg		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
donepezil hcl oral tablet 23 mg		T1	
donepezil hcl oral tablet dispersible		T1	
galantamine hydrobromide er		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
galantamine hydrobromide oral solution		T3	
galantamine hydrobromide oral tablet 12 mg, 8 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
galantamine hydrobromide oral tablet 4 mg		T1	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
rivastigmine		T2	AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1	AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
*Fibromyalgia Agent - Snris***			
SAVELLA	T3		

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

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

Drug Name	Brand	Generic	Additional Information
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
BAFIERTAM	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dimethyl fumarate oral</i>		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)
<i>dimethyl fumarate starter pack oral</i>		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)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>		SP	QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 day); AG (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	SP		PA; QL (2 EA per 1 day); AG (Min 18 Years)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
AMPYRA (<i>Dalfampridine ER</i>)	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 (<i>Glatiramer Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
GLATOPA (<i>Glatiramer Acetate</i>)	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***			
<i>memantine hcl er</i>		T2	
<i>memantine hcl oral solution 2 mg/ml</i>		T1	AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T1	AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>		T1	
<i>memantine hcl oral tablet 5 mg</i>		T1	AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T2	
*Pseudobulbar Affect Agent Combinations***			
NUDEXTA	T3		PA
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		T1	PA
<i>pimozide</i>		T2	
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	T3		F; QL (1 EA per 1 day); AG (Min 18 Years)
*Smoking Deterrents***			
<i>apo-varenicline</i>		\$0	QL (2 EA per 1 day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		\$0	QL (2 EA per 1 Day); AG (Min 18 Years)
<i>cvs nicotine</i>		\$0	AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine step 3</i>		\$0	AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ft nicotine</i>		\$0	AG (Min 18 Years)
<i>ft nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		\$0	AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>goodsense nicotine</i>		\$0	AG (Min 18 Years)
HABITROL (Nicotine)	\$0	\$0	AG (Min 18 Years)
<i>hm nicotine</i>		\$0	AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
KLS QUIT2 (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
KLS QUIT4 (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>nicotine</i>		\$0	AG (Min 18 Years)
<i>nicotine mini</i>		\$0	AG (Min 18 Years)
<i>nicotine polacrilex mini</i>		\$0	AG (Min 18 Years)
<i>nicotine step 1</i>		\$0	AG (Min 18 Years)
<i>nicotine step 2</i>		\$0	AG (Min 18 Years)
<i>nicotine step 3</i>		\$0	AG (Min 18 Years)
NICOTROL	\$0		AG (Min 18 Years)
NICOTROL NS	\$0		QL (4 ML per 1 Day); AG (Min 18 Years)
<i>px stop smoking aid</i>		\$0	AG (Min 18 Years)
<i>qc nicotine transdermal system</i>		\$0	AG (Min 18 Years)
<i>ra mini nicotine</i>		\$0	AG (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>		\$0	AG (Min 18 Years)
<i>ra nicotine mouth/throat</i>		\$0	AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>sm nicotine</i>		\$0	AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>varenicline tartrate (starter)</i>		\$0	QL (2 tabs per 1 day); AG (Min 18 Years)
<i>varenicline tartrate oral tablet</i>		\$0	QL (2 EA per 1 day); AG (Min 18 Years)
<i>varenicline tartrate(continue)</i>		\$0	QL (2 tablets per 1 day); AG (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.25 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILENYA ORAL CAPSULE (Fingolimod HCl) 0.5 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 EA per 1 day); AG (Min 10 Years)

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Drug Name	Brand	Generic	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 7-DAY STARTER PACK	SP		PA; SP; AI (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	SP		PA; AI (30 day supply max)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	SP		PA; SP; AI (30 day supply max)
*Thienbenzodiazepines & Opioid Antagonists***			
LYBALVI	T3		PA
*Thienbenzodiazepines & Ssris***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		T3	AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KALYDECO ORAL TABLET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 EA per 1 Day); AG (Min 6 Years)
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	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 (<i>Pirfenidone</i>)	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 (<i>Pirfenidone</i>) 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	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)
<i>pirfenidone oral tablet 534 mg</i>		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***			
<i>sulfadiazine oral</i>		T3	
Tetracyclines			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	T3		PA
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		T3	
<i>doxycycline hyclate oral capsule</i>		T1	
<i>doxycycline hyclate oral tablet 100 mg</i>		T2	
<i>doxycycline hyclate oral tablet 20 mg</i>		T2	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T2	QL (2 EA per 1 Day)
<i>doxycycline monohydrate oral capsule 50 mg</i>		T2	
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1	
<i>doxycycline monohydrate oral tablet 100 mg</i>		T2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		T1	
<i>minocycline hcl oral capsule</i>		T1	
<i>minocycline hcl oral tablet</i>		T3	
MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG	T1	T1	
SEYSARA	T3		PA
<i>tetracycline hcl oral capsule</i>		T1	
VIBRAMYCIN ORAL SYRUP	T3		
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1	
<i>propylthiouracil oral</i>		T1	
*Thyroid Hormones***			
ADTHYZA ORAL TABLET (Thyroid) 120 MG	T1	T1	
ADTHYZA ORAL TABLET (Niva Thyroid) 30 MG, 90 MG	T1	T1	

Drug Name	Brand	Generic	Additional Information
ARMOUR THYROID ORAL TABLET (<i>Thyroid</i>) 120 MG, 15 MG, 60 MG	T1	T1	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	T3		
ARMOUR THYROID ORAL TABLET (<i>Niva Thyroid</i>) 30 MG, 90 MG	T1	T1	
ERMEZA	T3		
EUTHYROX (<i>Levothyroxine Sodium</i>)	T1	T1	
LEVO-T (<i>Levothyroxine Sodium</i>)	T1	T1	
LEVOXYL (<i>Levothyroxine Sodium</i>)	T1	T1	
<i>liothyronine sodium oral</i>		T1	
<i>niva thyroid</i>		T1	
NP THYROID (<i>Niva Thyroid</i>)	T1	T1	
SYNTHROID (<i>Levothyroxine Sodium</i>)	T2	T1	
TIROSINT (<i>Levothyroxine Sodium</i>)	T3	T3	
UNITHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	
UNITHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 150 MCG	T2	T1	
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0		AI (3 doses (1.5ml) per year)
<i>diphtheria-tetanus toxoids dt</i>		\$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***			
<i>chlordiazepoxide-clidinium</i>		T1	
*Antispasmodics***			
<i>dicyclomine hcl intramuscular</i>		T3	
<i>dicyclomine hcl oral</i>		T1	

Drug Name	Brand	Generic	Additional Information
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	
<i>famotidine oral suspension reconstituted</i>		T1	
<i>nizatidine oral capsule 150 mg</i>		T3	AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		T3	AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Misc. Anti-Ulcer***			
<i>sucralfate oral suspension</i>		T2	
<i>sucralfate oral tablet</i>		T1	
*Proton Pump Inhibitors***			
<i>dexlansoprazole</i>		T3	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		T1	QL (4 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>		T1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	T2		
FIRST-OMEPRAZOLE	T2		
<i>lansoprazole oral capsule delayed release</i>		T1	
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		T3	QL (1 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>		T3	
<i>omeprazole oral capsule delayed release</i>		T1	
OMEPRAZOLE+SYRSPEND SF ALKA	T2		
<i>pantoprazole sodium oral tablet delayed release</i>		T1	
<i>rabeprazole sodium oral tablet delayed release</i>		T1	
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		T1	
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1	AI (Max #1080 Mail Order); QL (8 EA per 1 day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T1	QL (4 EA per 1 day)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
TALICIA	T3		ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); QL (12 EA per 1 day); AG (Min 18 Years)
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral</i>		T1	QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		T2	QL (1 EA per 1 day); AG (Min 18 Years)
<i>fesoterodine fumarate er</i>		T3	PA; QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T1	
<i>oxybutynin chloride oral solution</i>		T3	
<i>oxybutynin chloride oral syrup</i>		T1	
<i>oxybutynin chloride oral tablet 5 mg</i>		T1	
<i>solifenacin succinate</i>		T1	QL (1 EA per 1 Day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1	
<i>tolterodine tartrate er</i>		T1	QL (1 EA per 1 day)
TOVIAZ	T3		PA; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>trospium chloride</i>		T1	
<i>trospium chloride er</i>		T1	AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
GEMTESA	T3		PA
MYRBETRIQ	T2		
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		T1	
Vaccines			
*Bacterial Vaccines***			
ACTHIB	\$0		
BEXSERO	\$0		AI (2 doses (1ml) per year); AG (Min 10 Years)
HIBERIX INJECTION	\$0		
MENVEO	\$0		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0		
PENBRAYA	\$0		AG (Min 10 Years and Max 25 Years)
PNEUMOVAX 23	\$0		AI (2 doses (1ml) per year)
PREVNAR 13	\$0		QL (0.5 ML per 1 Lifetime)
PREVNAR 20	\$0		QL (0.5 ML per 1 Lifetime)
TRUMENBA	\$0		AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)

Drug Name	Brand	Generic	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		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (3ml) per year); AG (Min 18 Years)
*Viral Vaccines***			
ABRYSVO	\$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
AREXVY	\$0		QL (1 dose per 1 lifetime); AG (Min 60 Years)
COMIRNATY	\$0		AG (Min 12 Years)
DENGVAXIA	\$0		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
FLUAD QUADRIVALENT	\$0		QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK QUADRIVALENT	\$0		QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX QUADRIVALENT	\$0		QL (1 ML per 274 days); AG (Min 6 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		QL (0.5 ML per 274 days); AG (Min 6 Years)
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)

Drug Name	Brand	Generic	Additional Information
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)
IXCHIQ	\$0		
IXIARO	\$0		
<i>janssen covid-19 vaccine</i>		\$0	
<i>moderna covid-19 bival 6m-5y</i>		\$0	
<i>moderna covid-19 bival booster</i>		\$0	
<i>moderna covid-19 bivalent</i>		\$0	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>		\$0	
MODERNA COVID-19 VAC 6M-11Y	\$0		QL (2 doses per 1 year); AG (Min 6 Months and Max 11 Years)
<i>moderna covid-19 vacc 6m-5y</i>		\$0	
<i>novavax covid-19 vaccine</i>		\$0	QL (2 doses per 1 year); AG (Min 12 Years)
<i>pfizer covid-19 bival 6mo-4yr</i>		\$0	
<i>pfizer covid-19 vac bival 5-11</i>		\$0	
<i>pfizer covid-19 vac bivalent</i>		\$0	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>		\$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)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>		\$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>		\$0	QL (3 Doses per 1 Year); AG (Min 6 Months and Max 4 Years)
<i>pfizer-biontech covid-19 vacc</i>		\$0	
PREHEVBRIO	\$0		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
<i>sanofi covid-19 vac (booster)</i>		\$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	
<i>stamaril</i>		\$0	
TICOVAC	\$0		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime)

Drug Name	Brand	Generic	Additional Information
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime)
VARIVAX	\$0		AI (2 doses per year); QL (2 EA per 1 Year)
YF-VAX SUBCUTANEOUS INJECTABLE	\$0		
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	T3		F
<i>terconazole vaginal cream</i>		T2	F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	\$0		AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE	\$0		AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	\$0		AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE	\$0		F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0		AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		
*Vaginal Anti-Infectives***			
CLEOCIN VAGINAL SUPPOSITORY	T3		AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<i>clindamycin phosphate vaginal</i>		T1	AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
<i>metronidazole vaginal</i>		T2	F; QL (70 GM per 30 Days)
*Vaginal Estrogens***			
<i>estradiol vaginal cream</i>		T1	F
FEMRING VAGINAL RING 0.05 MG/24HR	T3		AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T3		AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	T2		F
YUVAFEM (<i>Estradiol</i>)	T3	T3	F
*Vaginal Progestins***			
CRINONE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F
ENDOMETRIN	T3		PA; F

Drug Name	Brand	Generic	Additional Information
Vasopressors			
*Anaphylaxis Therapy Agents***			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		T2	AI (Non Mylan pens are non formulary. Limit of 1 refill of 2 pens in one month); QL (2 EA per 2 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
NORTHERA ORAL CAPSULE (Droxidopa) 100 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 EA per 1 day); AG (Min 18 Years)
NORTHERA ORAL CAPSULE (Droxidopa) 200 MG, 300 MG	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (6 EA per 1 day); AG (Min 18 Years)
*Vasopressors***			
<i>epinephrine pf injection solution</i>		T2	
<i>midodrine hcl</i>		T3	
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T3		
*Vitamin D***			
BABY DDROPS ORAL LIQUID (Baby Super Daily D3) 10 MCG /0.028ML	\$0	\$0	AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG/0.03ML	\$0		AG (Min 65 Years)
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>		\$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)
<i>cvs d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>d 1000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d 10000</i>		\$0	AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	AG (Min 65 Years)
<i>d 5000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d-1000</i>		\$0	AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	AG (Min 65 Years)
<i>d2000 ultra strength</i>		\$0	AG (Min 65 Years)
<i>d3 2000</i>		\$0	AG (Min 65 Years)
<i>d3 5000</i>		\$0	AG (Min 65 Years)
<i>d3 adult</i>		\$0	AG (Min 65 Years)
<i>d3 baby drops</i>		\$0	AG (Min 65 Years)
<i>d3 extra strength</i>		\$0	AG (Min 65 Years)

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

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Drug Name	Brand	Generic	Additional Information
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)
<i>natural vitamin d-3</i>		\$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)
<i>qc vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>ra vitamin d-3</i>		\$0	AG (Min 65 Years)
REPLESTA	\$0		AG (Min 65 Years)
REPLESTA NX	\$0		AG (Min 65 Years)
<i>sm vitamin d</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>		\$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)
<i>true vitamin d3</i>		\$0	AG (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$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)
<i>vitamin d (cholecalciferol) oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>		T3	
<i>vitamin d high potency</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral liquid 10 mcg/ml</i>		\$0	AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>vitamin d3 adult gummies</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 fast dissolve</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies adult</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	\$0		AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
<i>vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg, 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral tablet</i>		\$0	
<i>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)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 sublingual</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 ultra strength</i>		\$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***			
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		<i>aminocaproic acid</i>

<i>aminophylline anhydrous</i>	43	ASMANEX (60 METERED DOSES)	42	AUBRA EQ	100
<i>amitriptyline hcl</i>	50	ASMANEX HFA	43	AUGTYRO	76
AMJEVITA	16	<i>aspirin adult low dose</i>	22	<i>aum insulin safety pen needle</i>	170
<i>amlodipine besy-benazepril hcl</i>	64	<i>aspirin adult low strength</i>	22	<i>aum mini insulin pen needle</i>	170
<i>amlodipine besylate</i>	95	<i>aspirin childrens</i>	22	<i>aum pen needle</i>	170
<i>amlodipine besylate-valsartan</i>	65	<i>aspirin ec</i>	22	AUM READYGARD DUO PEN NEEDLE	170
<i>amlodipine-olmesartan</i>	65	<i>aspirin ec low dose</i>	22	AUM SAFETY PEN NEEDLE	171
AMNESTEEM	108	<i>aspirin ec low strength</i>	22	<i>aurora lancet super thin 30g</i>	154
<i>amoxapine</i>	50	<i>aspirin low dose</i>	22	<i>aurora lancet thin 23g</i>	154
<i>amoxicillin</i>	202	<i>aspirin low strength</i>	22	<i>aurora pen needles</i>	171
<i>amoxicillin-pot clavulanate</i>	202	<i>aspirin regimen</i>	22	AUROVELA 1.5/30	100
<i>amoxicillin-pot clavulanate er</i>	202	<i>aspirin-dipyridamole er</i>	146	AUROVELA 1/20	100
<i>amphetamine sulfate</i>	12	ASPIR-LOW	22	AUROVELA 24 FE	100
<i>amphetamine-dextroamphet er</i>	12	ASSURE 3 TEST	117	AUROVELA FE 1.5/30	100
<i>amphetamine-dextroamphetamine</i> ..	12	ASSURE 4 TEST	117	AUROVELA FE 1/20	100
<i>ampicillin</i>	202	<i>assure comfort lancets 28g</i>	154	AUSTEDO	204
AMPYRA	206	ASSURE HAEMOLANCE PLUS HIGH	154	AUSTEDO XR	204
AMZEEQ	107	ASSURE HAEMOLANCE PLUS LOW	154	AUSTEDO XR PATIENT TITRATION	204
<i>anagrelide hcl</i>	146	ASSURE HAEMOLANCE PLUS MICRO	154	AUTOLET PLATFORMS	154
<i>anastrozole</i>	78	ASSURE HAEMOLANCE PLUS NORMAL	154	AVIANE	100
ANDRODERM	35	ASSURE HAEMOLANCE PLUS PED	154	AVONEX PEN	205
ANORO ELLIPTA	39	ASSURE ID DUO PRO PEN NEEDLES	170	AVONEX PREFILLED	205
ANZEMET	59	ASSURE ID INSULIN SAFETY SYR	170	AYUNA	100
APIDRA	52	ASSURE ID PRO PEN NEEDLES	170	AYVAKIT	76
APIDRA SOLOSTAR	52	ASSURE ID SAFETY PEN NEEDLES	170	<i>azathioprine</i>	194
APOKYN	84	ASSURE II	118	<i>azelaic acid</i>	115
<i>apo-varenicline</i>	207	ASSURE II CHECK	118	<i>azelastine hcl</i>	198
<i>apraclonidine hcl</i>	199	ASSURE LANCE LANCETS	154	<i>azithromycin</i>	151
<i>aprepitant</i>	60	ASSURE LANCE LANCETS 21G	154	AZSTARYS	13
APRI	100	ASSURE LANCE PLUS SAFETY 25G	154	AZURETTE	100
APTENSIO XR	13	ASSURE LANCE PLUS SAFETY 30G	154	BABY DDROPS	218
APTIOM	44, 45	ASSURE LANCE SAFETY LANCET 28G	154	<i>baby vitamin d3</i>	218
APTIVUS	90	ASSURE PLATINUM	118	<i>bacitracin</i>	198
<i>aqinject pen needle</i>	170	ASSURE PRISM MULTI TEST	118	<i>bacitracin-polymyxin b</i>	198
AQUALANCE LANCETS 30G	154	ASSURE PRO TEST	118	<i>bacitra-neomycin-polymyxin-hc</i>	199
ARANELLE	104	ASTAGRAF XL	194	<i>baclofen</i>	195
ARESTIN	195	<i>atazanavir sulfate</i>	90	BAFIERTAM	206
AREXVY	215	<i>atenolol</i>	94	<i>balsalazide disodium</i>	141
<i>arformoterol tartrate</i>	40	<i>atenolol-chlorthalidone</i>	66	BALVERSA	73
ARGYLE STERILE SALINE	144	<i>atomoxetine hcl</i>	12	BALZIVA	100
ARIKAYCE	15	<i>atorvastatin calcium</i>	63	BANZEL	45
ARIMIDEX	78	<i>atovaquone</i>	67	BAQSIMI ONE PACK	51
<i>aripiprazole</i>	88	<i>atovaquone-proguanil hcl</i>	68	BAQSIMI TWO PACK	51
ARISTADA	88	<i>atracurium besylate</i>	197	BARACLUDGE	92
ARISTADA INITIO	88	ATRIPLA	89	BASAGLAR KWIKPEN	52
<i>armodafinil</i>	13	ATROVENT HFA	41	BASAGLAR TEMPO PEN	52
ARMONAIR DIGIHALER	42	AUBAGIO	204	BAXDELA	140
ARMOUR THYROID	212	AUBRA	100	BAYER ADVANCED ASPIRIN REG ST	22
ARNUITY ELLIPTA	42			BAYER ASPIRIN	22
AROMASIN	78			BAYER ASPIRIN EC LOW DOSE	22
ASCOMP-CODEINE	26			BAYER LOW DOSE	22
<i>asenapine maleate</i>	87			BD AUTOSHIELD DUO	171
ASHLYNA	103			BD INSULIN SYR ULTRAFINE II	171
ASMANEX (120 METERED DOSES)	42			BD INSULIN SYRINGE	171
ASMANEX (14 METERED DOSES)	42			BD INSULIN SYRINGE HALF-UNIT	171
ASMANEX (30 METERED DOSES)	42				

BD INSULIN SYRINGE		<i>blood glucose test strips 333</i>	118	CAPRELSA	75
MICROFINE	171	BLULINK GLUCOSE TEST	118	<i>captopril</i>	65
BD INSULIN SYRINGE U/F	171	BONJESTA	60	CARAC	109
BD INSULIN SYRINGE U/F		BOOSTRIX	212	CARBAGLU	135
1/2UNIT	171	BOSULIF	71	<i>carbamazepine</i>	45
BD INSULIN SYRINGE U-500	171	<i>bpo</i>	108	CARBATROL	45
BD INSULIN SYRINGE		BRAFTOVI	72	<i>carbidopa</i>	84
ULTRAFINE	171	BREO ELLIPTA	39	<i>carbidopa-levodopa</i>	84
BD MICROTAINER LANCETS	154	BREXAFEMME	60	<i>carbidopa-levodopa er</i>	84
BD PEN NEEDLE MICRO U/F	171	BREYNA	39	<i>carbidopa-levodopa-entacapone</i>	84
BD PEN NEEDLE MINI U/F	172	BREZTRI AEROSPHERE	39	<i>carbinoxamine maleate</i>	61
BD PEN NEEDLE NANO 2ND		BRILINTA	145	CARDURA XL	143
GEN	172	<i>brimonidine tartrate</i>	199	CAREFINE PEN NEEDLES	172
BD PEN NEEDLE NANO U/F	172	<i>brimonidine tartrate-timolol</i>	197	CAREONE BLOOD GLUCOSE	
BD PEN NEEDLE ORIGINAL U/F	172	<i>brinzolamide</i>	199	TEST	118
BD PEN NEEDLE SHORT U/F	172	BRIVIACT	45	<i>careone insulin syringe</i>	172
BD SAFETYGLIDE INSULIN		BROMFED DM	107	CAREONE LANCET SUPER THIN	
SYRINGE	172	<i>bromfenac sodium (once-daily)</i>	199	30G	154
BD VEO INSULIN SYR U/F		<i>bromocriptine mesylate</i>	84	<i>careone lancet thin 23g</i>	154
1/2UNIT	172	BRONCHITOL	210	<i>careone unifine pentips plus</i>	172
BD VEO INSULIN SYRINGE U/F	172	BRUKINSA	72	CARESENS LANCETS	154
BECONASE AQ	196	<i>budesonide</i>	43, 105	CARESENS LANCETS 30G	154
BELBUCA	34	<i>bumetanide</i>	131	CARESENS N GLUCOSE TEST	118
<i>belladonna</i>	100	<i>buprenorphine hcl</i>	34	CARETOUCH INSULIN SYRINGE	172
BELSOMRA	150	<i>buprenorphine hcl-naloxone hcl</i>	34	CARETOUCH PEN NEEDLES	
<i>benazepril hcl</i>	65	<i>bupropion hcl</i>	48	.....	172, 173
<i>benazepril-hydrochlorothiazide</i>	64	<i>bupropion hcl er (smoking det)</i>	207	CARETOUCH SAFETY LANCETS	
BENLYSTA	192	<i>bupropion hcl er (sr)</i>	48	.....	154
<i>benzhydrocodone-acetaminophen</i>	33	<i>bupropion hcl er (xl)</i>	48	CARETOUCH SAFETY LANCETS	
<i>benznidazole</i>	35	<i>buspirone hcl</i>	36	26G	154
<i>benzonatate</i>	106	<i>butalbital-acetaminophen</i>	21	CARETOUCH TEST	118
<i>benztropine mesylate</i>	84	<i>butalbital-apap-caff-cod</i>	26	CARETOUCH TWIST LANCETS	
<i>bepotastine besilate</i>	198	<i>butalbital-apap-caffeine</i>	22	28G	155
BERINERT	145	<i>butalbital-asa-caffeine</i>	22	CARETOUCH TWIST LANCETS	
BESIVANCE	198	<i>butorphanol tartrate</i>	34	30G	155
BESREMI	77	BUTRANS	34	CARETOUCH TWIST LANCETS	
<i>betaine</i>	135	BYDUREON BCISE	55	33G	155
<i>betamethasone dipropionate</i>	112	BYETTA 10 MCG PEN	55	CARETOUCH TWIST MC	
<i>betamethasone dipropionate aug</i>	112	BYETTA 5 MCG PEN	55	LANCETS 30G	155
<i>betamethasone valerate</i>	112	BYLVAY	141	<i>carisoprodol</i>	195
BETASERON	205	BYLVAY (PELLETS)	141	<i>carisoprodol-aspirin-codeine</i>	196
<i>betaxolol hcl</i>	94	<i>cabergoline</i>	133	<i>carteolol hcl</i>	197
<i>bethanechol chloride</i>	214	CABLIVI	144	CARTIA XT	95
BETHKIS	15	CABOMETYX	75	<i>carvedilol</i>	94
BETOPTIC-S	197	<i>calcipotriene</i>	111	CASODEX	69
BEVESPI AEROSPHERE	39	<i>calcipotriene-betameth diprop</i>	116	CATAPRES-TTS-1	66
<i>bexarotene</i>	116	<i>calcitonin (salmon)</i>	132	CATAPRES-TTS-2	66
BEXSERO	214	CALCITRENE	111	CATAPRES-TTS-3	66
BIKTARVY	89	<i>calcitriol</i>	135	CAYA	153
<i>bimatoprost</i>	201	<i>calcium acetate (phos binder)</i>	142	CAYSTON	67
BIMZELX	110	<i>calcium carbonate antacid</i>	35	CAZANT	104
BIO-D-MULSION	218	CALQUENCE	72	<i>cefaclor</i>	99
BIO-D-MULSION FORTE	218	CAMCEVI	79	<i>cefaclor er</i>	99
BIOTEL CARE TEST STRIPS	118	CAMILA	104	<i>cefadroxil</i>	99
<i>bisoprolol fumarate</i>	94	CAMRESE	103	<i>cefdinir</i>	99
<i>bisoprolol-hydrochlorothiazide</i>	66	CAMRESE LO	103	<i>cefixime</i>	99
BLEPHAMIDE S.O.P.	199	CAMZYOS	96	<i>cefepodoxime proxetil</i>	99
BLISOVI 24 FE	100	<i>candesartan cilexetil</i>	65	<i>cefprozil</i>	99
BLISOVI FE 1.5/30	100	<i>candesartan cilexetil-hctz</i>	65	<i>cefuroxime axetil</i>	99
BLISOVI FE 1/20	100	CAPLYTA	85	<i>celecoxib</i>	19

<i>cephalexin</i>	99	CLEVER CHOICE LANCETS 28G	155	COMFORT TOUCH LANCETS	
CEQUA	199	CLEVER CHOICE MICRO TEST ..	119	31G	155
CERDELGA	147	CLEVER CHOICE NO CODING	119	COMFORT TOUCH PLUS	
<i>cetirizine hcl</i>	61	CLEVER CHOICE TALK SYSTEM		LANCETS 28G	155
<i>cevimeline hcl</i>	195	.....	119	COMFORT TOUCH PLUS	
CHARLOTTE 24 FE	100	CLICKFINE PEN NEEDLES	173	LANCETS 30G	155
CHATEAL	100	<i>clickfine pen needles</i>	173	COMIRNATY	215
CHATEAL EQ	100	CLINDACIN	107	COMPACT SPACE CHAMBER	189
CHEMET	58	CLINDACIN ETZ	107	COMPACT SPACE	
CHEMSTRIP K	118	CLINDACIN-P	107	CHAMBER/LG MASK	189
CHENODAL	140	<i>clindamycin hcl</i>	67	COMPACT SPACE	
<i>childrens aspirin</i>	22	<i>clindamycin palmitate hcl</i>	67	CHAMBER/MED MASK	189
<i>chlordiazepoxide hcl</i>	37	<i>clindamycin phos-benzoyl perox</i>	107	COMPACT SPACE	
<i>chlordiazepoxide-amitriptyline</i>	203	<i>clindamycin phosphate</i>	107, 217	CHAMBER/SM MASK	189
<i>chlordiazepoxide-clidinium</i>	212	<i>clobazam</i>	44	COMPLERA	89
<i>chloroquine phosphate</i>	68	<i>clobetasol propionate</i>	112	<i>condoms</i>	152
<i>chlorpromazine hcl</i>	87	<i>clobetasol propionate e</i>	112	CONDYLOX	114
<i>chlorthalidone</i>	131	<i>clobetasol propionate emulsion</i>	112	CONJUPRI	95
<i>chlorzoxazone</i>	195	<i>clocortolone pivalate</i>	113	<i>constulose</i>	151
CHOLBAM	140	CLODAN	113	CONTOUR NEXT TEST	119
<i>cholestyramine</i>	62	CLOMID	136	CONTOUR TEST	119
CIALIS	99	<i>clomipramine hcl</i>	50	COOL BLOOD GLUCOSE TEST	
CIBINQO	112	<i>clonazepam</i>	44	STRIPS	119
<i>ciclopirox</i>	108	<i>clonidine hcl</i>	66	COPAXONE	206
<i>ciclopirox olamine</i>	108	<i>clonidine hcl er</i>	12	COPIKTRA	82
<i>cilostazol</i>	145	<i>clopidogrel bisulfate</i>	146	CORDRAN	113
CILOXAN	198	<i>clorazepate dipotassium</i>	37	CORLANOR	99
CIMDUO	89	<i>clotrimazole</i>	114, 195	CORTANE-B	116
<i>cimetidine</i>	213	<i>clotrimazole-betamethasone</i>	108	CORTROPHIN	132
<i>cimetidine hcl</i>	213	<i>clozapine</i>	87	COSENTYX	110
CIMZIA	143	COAGUCHEK LANCETS	155	COSENTYX (300 MG DOSE)	110
CIMZIA (2 SYRINGE)	143	COARTEM	68	COSENTYX SENSOREADY (300	
CIMZIA STARTER KIT	143	<i>codeine sulfate</i>	27, 28	MG)	110
<i>cinacalcet hcl</i>	132	<i>colchicine</i>	144	COSENTYX SENSOREADY PEN	110
CINRYZE	145	<i>colchicine-probenecid</i>	144	COSENTYX UNOREADY	110
CIPRO HC	201	<i>colesevelam hcl</i>	62	COTELLIC	74
<i>ciprofloxacin hcl</i>	140, 198, 201	<i>colestipol hcl</i>	62	COXANTO	20
<i>ciprofloxacin-dexamethasone</i>	201	COMBIPATCH	139	CREON	130
<i>citalopram hydrobromide</i>	48	COMBIVENT RESPIMAT	39	CRESEMBA	61
CLARAVIS	108	COMETRIQ (100 MG DAILY		CRINONE	217
CLARINEX-D 12 HOUR	106	DOSE)	75	<i>cromolyn sodium</i>	40, 140, 198
<i>clarithromycin</i>	151	COMETRIQ (140 MG DAILY		CROTAN	115
<i>clarithromycin er</i>	151	DOSE)	75	CRYSSELLE-28	100
CLEANLET LANCETS 28G	155	COMETRIQ (60 MG DAILY DOSE)	75	CURAE	103
<i>clemastine fumarate</i>	61	COMFORT ASSIST INSULIN		CURITY STERILE SALINE	144
CLEOCIN	217	SYRINGE	173	CUVRIOR	193
CLEVER CHEK AUTO-CODE		<i>comfort assured lancets 28g</i>	155	CVS ADVANCED GLUCOSE	
TEST	118	<i>comfort assured lancets 33g</i>	155	TEST	119
CLEVER CHEK AUTO-CODE		COMFORT EZ INSULIN SYRINGE		<i>cvs aspirin</i>	23
VOICE	119	.....	173	<i>cvs aspirin adult low dose</i>	22
CLEVER CHEK LANCETS	155	COMFORT EZ MICRO PEN		<i>cvs aspirin adult low strength</i>	22
CLEVER CHEK TEST	119	NEEDLES	173	<i>cvs aspirin ec</i>	22, 23
CLEVER CHOICE AUTO-CODE		COMFORT EZ PEN NEEDLES		<i>cvs aspirin low dose</i>	23
TEST	119	.....	173, 174	<i>cvs aspirin low strength</i>	23
CLEVER CHOICE COMFORT EZ		COMFORT EZ PRO PEN		<i>cvs d3</i>	218
.....	155, 173	NEEDLES	174	<i>cvs genuine aspirin</i>	23
CLEVER CHOICE HOLDING		COMFORT EZ SHORT PEN		<i>cvs glucose meter test strips</i>	119
CHAMBER	189	NEEDLES	174	<i>cvs lancets 21g</i>	155
CLEVER CHOICE LANCETS 21G	155	COMFORT TOUCH INSULIN PEN		<i>cvs lancets micro thin 33g</i>	155
CLEVER CHOICE LANCETS 23G	155	NEED	174	<i>cvs lancets original</i>	155

<i>cvs lancets thin 26g</i>	155	DAURISMO	74	DIBENZYLINE	65
<i>cvs lancets ultra thin 30g</i>	155	DAYBUE	197	<i>dichlorphenamide</i>	131
<i>cvs lancets ultra-thin 30g</i>	155	DAYSEE	103	DICLEGIS	60
<i>cvs nicotine</i>	207	DAYTRANA	13	<i>diclofenac potassium</i>	20
<i>cvs nicotine polacrilex</i>	207	DAYVIGO	150	<i>diclofenac sodium</i>	20, 109, 199
<i>cvs ultra thin lancets</i>	155	D-CARE BLOOD GLUCOSE	119	<i>diclofenac sodium er</i>	20
<i>cvs vitamin d3</i>	218	DDROPS BOOSTER	219	<i>diclofenac-misoprostol</i>	20
<i>cyanocobalamin</i>	147	DEBACTEROL	195	<i>dicloxacillin sodium</i>	202
<i>cyclobenzaprine hcl</i>	195	DEBLITANE	104	<i>dicyclomine hcl</i>	212
<i>cyclopentolate hcl</i>	197	DECARA	219	DIFICID	152
<i>cyclophosphamide</i>	82	<i>deferasirox granules</i>	59	<i>diflorasone diacetate</i>	113
<i>cycloserine</i>	68	DELSTRIGO	89	<i>diflunisal</i>	23
CYCLOSET	52	<i>delta d3</i>	219	<i>difluprednate</i>	200
<i>cyclosporine</i>	193, 199	DELYLA	100	DIGITEK	96
CYLTEZO (2 PEN)	16	<i>demeclocycline hcl</i>	211	DIGOX	96
CYLTEZO (2 SYRINGE)	16	DEMSEER	65	<i>digoxin</i>	96
CYLTEZO-CD/UC/HS STARTER	16	DENGVAXIA	215	<i>dihydroergotamine mesylate</i>	191
CYLTEZO-PSORIASIS/UV		DEPO-ESTRADIOL	139	DILANTIN	47
STARTER	16	DEPO-PROVERA	104	<i>diltiazem hcl</i>	95
<i>cyproheptadine hcl</i>	61	DEPO-SUBQ PROVERA 104	104	<i>diltiazem hcl er</i>	95
CYRED	100	DESCOVY	89	<i>dilt-xr</i>	95
CYRED EQ	100	<i>desipramine hcl</i>	50	<i>dimethyl fumarate</i>	206
CYSTADROPS	200	<i>desloratadine</i>	61	<i>dimethyl fumarate starter pack</i>	206
CYSTAGON	143	<i>desmopressin ace spray refrig</i>	138	DIPENTUM	141
CYSTARAN	200	<i>desmopressin acetate</i>	139	<i>diphenhydramine hcl</i>	61
<i>d 1000</i>	218	<i>desmopressin acetate spray</i>	139	<i>diphenoxylate-atropine</i>	58
<i>d 10000</i>	218	<i>desonide</i>	113	<i>diphtheria-tetanus toxoids dt</i>	212
<i>d 400</i>	218	<i>desoximetasone</i>	113	<i>dipyridamole</i>	146
<i>d 5000</i>	218	<i>desvenlafaxine er</i>	49	<i>disopyramide phosphate</i>	37
<i>d-1000</i>	218	<i>desvenlafaxine succinate er</i>	50	<i>disulfiram</i>	202
<i>d-1000 extra strength</i>	218	DEX4	51	DIURIL	131
<i>d2000 ultra strength</i>	218	<i>dexamethasone</i>	105	<i>divalproex sodium</i>	47
<i>d3</i>	219	DEXAMETHASONE INTENSOL ... 105		<i>divalproex sodium er</i>	47
<i>d3 2000</i>	218	<i>dexamethasone sodium phosphate</i>	200	DODEX	147
<i>d3 5000</i>	218	.....	200	<i>dofetilide</i>	38
<i>d3 adult</i>	218	DEXCOM G6 RECEIVER	156	DOLISHALE	103
<i>d3 baby drops</i>	218	DEXCOM G6 SENSOR	156	<i>donepezil hcl</i>	203
<i>d3 extra strength</i>	218	DEXCOM G6 TRANSMITTER	156	DOPTLET	149
<i>d3 high potency</i>	219	DEXCOM G7 RECEIVER	156	<i>dorzolamide hcl</i>	199
<i>d3 kids</i>	219	DEXCOM G7 SENSOR	156	<i>dorzolamide hcl-timolol mal</i>	197
<i>d3 max st</i>	219	<i>dexlansoprazole</i>	213	<i>dorzolamide hcl-timolol mal pf</i>	197
<i>d3 maximum strength</i>	219	<i>dexmethylphenidate hcl</i>	13, 14	DOTTI	139
<i>d3 super strength</i>	219	<i>dexmethylphenidate hcl er</i>	13	DOVATO	89
<i>d3-1000</i>	219	<i>dextroamphetamine sulfate er</i>	12	<i>doxazosin mesylate</i>	66
D3-50	219	DIACOMIT	45	<i>doxepin hcl</i>	50, 150
<i>d-400</i>	219	DIALYVITE VITAMIN D 5000	219	<i>doxercalciferol</i>	135
<i>d-5000</i>	219	DIALYVITE VITAMIN D3 MAX	219	<i>doxycycline hyclate</i>	211
<i>dabigatran etexilate mesylate</i>	44	DIASTAT ACUDIAL	44	<i>doxycycline monohydrate</i>	211
<i>danazol</i>	35	DIASTAT PEDIATRIC	44	DRISDOL	219
<i>dantrolene sodium</i>	195	DIATHRIVE BLOOD GLUCOSE		DRIZALMA SPRINKLE	50
<i>dapagliflozin pro-metformin er</i>	57	TEST	119	<i>dronabinol</i>	60
<i>dapagliflozin propanediol</i>	56	DIATHRIVE GLUCOSE TEST	120	DROPLET INSULIN SYRINGE	
<i>dapsone</i>	67, 107	DIATHRIVE LANCET ULTRA		.....	174, 175
DAPTACEL	212	THIN 30	156	DROPLET LANCETS ULTRA	
DARAPRIM	68	DIATHRIVE LANCETS	156	THIN 30G	156
<i>darifenacin hydrobromide er</i>	214	DIATHRIVE PEN NEEDLE	174	DROPLET MICRON	175
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OPTION 2	103	DOSE)	14	<i>pfizer covid-19 vac-tris 6m-4y</i>	216
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<i>potassium chloride</i>	192	<i>prochlorperazine edisylate</i>	87	PYRUKYND	146
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<i>ra aspirin adult low strength</i>	24	RELION LANCETS THIN 26G	164	<i>rimantadine hcl</i>	94
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<i>ra aspirin ec</i>	24, 25	30G	164	<i>risedronate sodium</i>	132
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<i>ra nicotine</i>	208	RELION ULTRA THIN PLUS		<i>roflumilast</i>	42
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<i>ra pen needles</i>	183	RENACIDIN	144	<i>rosuvastatin calcium</i>	63
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SAVELLA	203	<i>sm aspirin ec low strength</i>	25	STELARA	111
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<i>sb aspirin</i>	25	<i>sm childrens aspirin</i>	25	STIMATE	139
<i>sb aspirin ec</i>	25	<i>sm lancets 33g</i>	165	STIOLTO RESPIMAT	40
<i>sb childrens aspirin</i>	25	<i>sm nicotine</i>	208	STIVARGA	76
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<i>sb lancets thin</i>	165	<i>sm vitamin d</i>	220	STRIBILD	89
<i>sb lancets ultra thin</i>	165	<i>sm vitamin d3</i>	220	STRIVERDI RESPIMAT	41
<i>sb low dose asa ec</i>	25	SMART SENSE COLOR		STROMECTOL	35
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SIMLANDI (2 PEN)	18	<i>sotalol hcl (af)</i>	95	SYMDEKO	210
SIMLIYA	100	SOTYKTU	111	SYMLINPEN 120	50
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