



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona's Prescription Medication  
Formulary for EverydayHealth, TrueHealth and Essential  
Effective 1/1/18

Your prescription medications fall into one of six categories or “tiers.” Each tier has different copay or out of pocket expense. Medications are categorized by tier based on their quality, value and effectiveness—not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs. If you purchase a brand name medication when a generic equivalent is available, you will pay the Level 1 copay plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed.

Six Tier Drug Benefit	Description
<b>Tier 1</b>	<b>Low Cost Share</b>
<b>Tier 2</b>	<b>Moderate Cost Share</b>
<b>Tier 3</b>	<b>Highest Cost Share</b>
<b>Tier 4</b>	<b>Specialty Drugs*</b> Limited to a 30 day supply at the In-Network Specialty or Retail Pharmacy
<b>Tier 5</b>	<b>Certain generic preventive drugs will have a very low or no cost share</b>
<b>Tier 6</b>	<b>Medical Benefit*</b> When covered these medications would apply under medical benefit

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

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

The prescription drug benefit information provided through the use of this Web document is subject to all terms, conditions, limitations and exclusions of your benefit plan, including, but not limited to non-covered services. Please consult your Summary of Benefits for a complete description of your prescription drug benefit and a listing of exclusions and limitations. In the event of a discrepancy between information provided on this Web document and your benefit plan booklet, the terms of the benefit plan booklet will take precedence.

# Additional Information About Your Prescription Benefits

## What if my medications is not found on this formulary document?

### Non-Formulary Exception Process:

- Non-Formulary medications are not covered unless an exception is made. A medication is considered non-formulary if it is not included on this formulary document below. If a provider feels there are no suitable formulary alternatives available, they may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form along with appropriate documentation supporting the request.
- You can find the non-formulary request form, along with other prior authorization request forms, at [azblue.com](http://azblue.com). Click on the "Resource Center" tab, select "Pharmacy" and select the "View resources for QHP Pharmacy Plans". A non-formulary exception request does not guarantee approval. Drugs that are not on the formulary and have specific plan benefit exclusions will not be covered, such as weight loss products.
- Formulary exception requests are reviewed within 72 hours from the time that the complete request has been received via fax or over the phone. 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 if my medication requires Prior Authorization?

### Medications Requiring Prior Authorization:

- Certain medications may be considered formulary however they require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. Medications are noted below if prior authorization is required. This is found in the "Additional Information" section and is noted with "PA" for Prior Authorization.
- A prior authorization request must be submitted and signed by your provider. Request forms are found at [azblue.com](http://azblue.com). Click on the "Resource Center" tab, select "Pharmacy" and select the "View resources for QHP Pharmacy Plans". Forms are listed at the bottom of the page by medication name under "Retail and Mail Order Prescription Drug Precertification Forms". If the medication being requested is not listed under the specific forms section please utilize the general form listed on [azblue.com](http://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 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.

The prescription drug benefit information provided through the use of this Web document is subject to all terms, conditions, limitations and exclusions of your benefit plan, including, but not limited to non-covered services. Please consult your Summary of Benefits for a complete description of your prescription drug benefit and a listing of exclusions and limitations. In the event of a discrepancy between information provided on this Web document and your benefit plan booklet, the terms of the benefit plan booklet will take precedence.

[For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services](#)

<b>Pharmacy Member Services</b>	
Phone Number: (866) 325-1794	Hours of Operation: 24/7

The prescription drug benefit information provided through the use of this Web document is subject to all terms, conditions, limitations and exclusions of your benefit plan, including, but not limited to non-covered services. Please consult your Summary of Benefits for a complete description of your prescription drug benefit and a listing of exclusions and limitations. In the event of a discrepancy between information provided on this Web document and your benefit plan booklet, the terms of the benefit plan booklet will take precedence.

**Blue Cross Blue Shield of Arizona Formulary  
Essential, TrueHealth and EverydayHealth**

**Table of Contents**

*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*	7
*Agents For Narcotic Withdrawal***	9
*Agents For Opioid Withdrawal***	9
*Amebicides*	9
*Aminoglycosides*	9
*Analgesics - Anti-Inflammatory*	9
*Analgesics - Nonnarcotic*	14
*Analgesics - Opioid*	19
*Androgens-Anabolic*	24
*Anorectal Agents*	25
*Antacids*	25
*Anthelmintics*	25
*Antianginal Agents*	25
*Antianxiety Agents*	26
*Antiarrhythmics*	27
*Antiasthmatic And Bronchodilator Agents*	28
*Anticoagulants*	32
*Anticonvulsants*	33
*Antidepressants*	36
*Antidiabetics*	39
*Antidiarrheals*	44
*Antidotes And Specific Antagonists*	44
*Antidotes*	45
*Antiemetics*	46
*Antifungals*	47
*Antihemophilic Products - Monoclonal Antibodies***	48
*Antihistamines*	48
*Antihyperlipidemics*	49
*Antihypertensives*	51
*Anti-Infective Agents - Misc.*	54
*Antimalarials*	55
*Antimyasthenic Agents*	56
*Antimyasthenic/Cholinergic Agents*	56
*Antimycobacterial Agents*	56
*Antineoplastic - Bcl-2 Inhibitors***	57
*Antineoplastics And Adjunctive Therapies*	57
*Antiparkinson Agents*	68
*Antipsychotics/Antimanic Agents*	70
*Antiretrovirals Adjuvants***	72
*Antiseptics & Disinfectants*	72
*Antivirals*	72
*Assorted Classes*	78
*Beta Blockers*	80
*Bile Acid Synthesis Disorder Agents***	81
*Biologicals Misc*	81
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***	81
*Calcium Channel Blockers*	82
*Cardiotonics*	83
*Cardiovascular Agents - Misc.*	83
*Cephalosporins*	85
*Chemicals*	86
*Contraceptives*	86
*Corticosteroids*	96
*Cough/Cold/Allergy*	97
*Cyclin-Dependent Kinases (Cdk) Inhibitors***	98
*Cystic Fibrosis Agent - Combinations***	99

*Dermatologicals*	99
*Diagnostic Products*	109
*Digestive Aids*	109
*Direct-Acting P2y12 Inhibitors***	110
*Diuretics*	110
*Endocrine And Metabolic Agents - Misc.*	111
*Estrogens*	118
*Estrogen-Selective Estrogen Receptor Modulator Comb***	119
*Farnesoid X Receptor (Fxr) Agonists***	119
*Fluoroquinolones*	119
*Gastrointestinal Agents - Misc.*	120
*Genitourinary Agents - Miscellaneous*	122
*Glycopeptides***	123
*Gout Agents*	124
*Hematological Agents - Misc.*	124
*Hematopoietic Agents*	129
*Hemostatics*	132
*Hepatitis C Agent - Combinations***	132
*Hereditary Orotic Aciduria Treatment - Agents**	133
*Hypnotics*	133
*Ibs Agent - Mu-Opioid Receptor Agonists***	134
*Insulin-Incretin Mimetic Combinations***	134
*Interleukin-4 Alpha Antagonists***	134
*Interleukin-5 Antagonists (Igg1 Kappa)***	134
*Interleukin-5 Antagonists (Igg4 Kappa)***	134
*Interleukin-6 (Il-6) Antagonists***	134
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***	135
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***	135
*Laxatives*	135
*Leptin Analogues***	136
*Local Anesthetics-Parenteral*	136
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***	136
*Macrolides*	136
*Medical Devices*	137
*Migraine Products*	150
*Minerals & Electrolytes*	151
*Mixed Allergenic Extracts***	153
*Monobactams***	153
*Mouth/Throat/Dental Agents*	153
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***	155
*Multivitamins*	155
*Musculoskeletal Therapy Agents*	158
*Nasal Agents - Systemic And Topical*	158
*Nepriylsin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***	159
*Neurogenic Orthostatic Hypotension (Noh) - Agents***	159
*Neuromuscular Agents*	159
*Ophthalmic Agents*	160
*Ophthalmic Nerve Growth Factors***	165
*Ophthalmic Rho Kinase Inhibitors***	165
*Orexin Receptor Antagonists***	165
*Otic Agents*	165
*Oxaborole-Related Antifungals - Topical***	165
*Oxytocics*	165
*Passive Immunizing Agents - Combinations***	165
*Passive Immunizing Agents*	166
*Pcsk9 Inhibitors***	167
*Penicillins*	168
*Pharmaceutical Adjuvants*	168
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***	169
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***	169

*Phosphodiesterase 4 (Pde4) Inhibitors***	169
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***	169
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**	169
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***	169
*Potassium Removing Agents***	170
*Progestins*	170
*Protease-Activated Receptor-1 (Par-1) Antagonists***	170
*Psychotherapeutic And Neurological Agents - Misc.*	171
*Pulmonary Fibrosis Agents - Kinase Inhibitors***	177
*Pulmonary Fibrosis Agents***	177
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***	177
*Respiratory Agents - Misc.*	177
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***	178
*Serotonin Modulators***	178
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***	178
*Sinus Node Inhibitors**	178
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***	179
*Spleen Tyrosine Kinase (Syk) Inhibitors***	179
*Sulfonamides*	179
*Tetracyclines*	179
*Thyroid Agents*	180
*Toxoids*	181
*Tryptophan Hydroxylase Inhibitors***	182
*Ulcer Drugs*	182
*Urinary Anti-Infectives*	184
*Urinary Antispasmodics*	184
*Vaccines*	185
*Vaginal Products*	187
*Vasopressors*	188
*Vitamins*	189



**List of Abbreviations**

**\$0:** Zero Cost Share

**MB:** Medical Benefit

**SP:** Specialty Medications

**T1:** Tier 1

**T2:** Tier 2

**T3:** Tier 3

**\$0:** \$0 cost share Prevention Drug

**AI:** Additional Information

**AL:** Age Limit

**CI:** Cost Information

**F:** Female Only

**M:** Male Only

**MO:** Mail Order

**N:** Notes

**PA:** Prior Authorization

**QL:** Quantity Limit

**RM:** Retail & Mail Order

**RO:** Retail

**SP:** Specialty Pharmacy

**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





# Blue Cross Blue Shield of Arizona Formulary

Essential, TrueHealth and EverydayHealth

CURRENT AS OF 1/1/2018

Drug Name	Brand	Generic	Additional Information
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>			
<b>*adhd agent - selective alpha adrenergic agonists***</b>			
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		T3	RM; QL (2 EA per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 6 Years)
<b>*adhd agent - selective norepinephrine reuptake inhibitor***</b>			
<i>atomoxetine hcl oral capsule 10 mg</i>		T3	RM; AI (Max #900 Mail Order); QL (3 EA per 1 day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg</i>		T3	RM; AI (Max #450 Mail Order); QL (2 EA per 1 day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 25 mg</i>		T3	RM; AI (Max #360 Mail Order); QL (2 EA per 1 day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 40 mg, 60 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)
<b>STRATTERA ORAL CAPSULE (Atomoxetine HCl) 100 MG, 80 MG</b>	T3	T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)
<b>*amphetamine mixtures***</b>			
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (2 EA per 1 day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>		T1	RM; QL (3 EA per 1 day); AL (Min 6 Years)
<b>*amphetamines***</b>			
<b>ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML</b>	T3		PA; RM; QL (8 ML per 1 day); AL (Min 6 Years)
<b>ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG</b>	T3		PA; ST; RM
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T1	RM; QL (2 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T1	RM; QL (4 EA per 1 day); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>		T1	RM; QL (60 mg per 1 day)
<b>DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML</b>	T3		PA; RM; QL (8 ML per 1 day); AL (Min 6 Years)
<b>EVEKEO ORAL TABLET (Amphetamine Sulfate) 10 MG, 5 MG</b>	T3	T3	PA; ST; RM
<i>methamphetamine hcl oral tablet 5 mg</i>		T1	RM; QL (3 EA per 1 day); AL (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<b>VYVANSE ORAL CAPSULE 10 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 20 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 30 MG</b>	T2		RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	T2		RM; QL (1 EA per 1 day); AL (Min 6 Years)
<b>ZENZEDI ORAL TABLET (<i>Dextroamphetamine Sulfate</i>) 10 MG, 5 MG</b>	T1	T1	RM; QL (6 EA per 1 day)
<b>*anorexiant non-amphetamine***</b>			
<i>phendimetrazine tartrate oral tablet 35 mg</i>		T3	RM
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		T3	RM
<b>*serotonin 2c receptor agonists***</b>			
<b>BELVIQ ORAL TABLET 10 MG</b>	T3		PA; ST; RM
<b>*stimulants - misc.***</b>			
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	T3		PA; RM
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>		T3	PA; RM
<b>DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR</b>	T3		PA; ST; RM; QL (1 EA per 1 Day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T2	RM; QL (1 EA per 1 day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T2	RM; QL (3 EA per 1 day); AL (Min 6 Years)
<b>FOCALIN ORAL TABLET (<i>Dexmethylphenidate HCl</i>) 10 MG</b>	T3	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 6 Years)
<b>FOCALIN ORAL TABLET (<i>Dexmethylphenidate HCl</i>) 2.5 MG, 5 MG</b>	T3	T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 6 Years)
<b>METADATE ER ORAL TABLET EXTENDED RELEASE (<i>Methylphenidate HCl ER</i>) 20 MG</b>	T2	T2	RM; QL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		T2	RM; QL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		T3	RM; QL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg, 54 mg</i>		T2	RM; QL (1 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>		T2	RM; QL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T2	RM; QL (30 ML per 1 day); AL (Min 6 Years)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T3	RM; QL (60 ML per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>		T2	RM; QL (2 EA per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		T3	RM; QL (2 EA per 1 day); AL (Min 6 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>		T2	RM; QL (1 EA per 1 day); AL (Min 16 Years)
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML</b>	T3		RM; QL (10 ML per 1 day); AL (Min 6 Years)
<b>*Agents For Narcotic Withdrawal***</b>			
<b>*agents for narcotic withdrawal***</b>			
<b>LUCEMYRA ORAL TABLET 0.18 MG</b>	T3		PA; RM; QL (224 EA per 14 days)
<b>*Agents For Opioid Withdrawal***</b>			
<b>*agents for opioid withdrawal***</b>			
<b>LUCEMYRA ORAL TABLET 0.18 MG</b>	T3		PA; RM; QL (224 EA per 14 days)
<b>*Amebicides*</b>			
<b>*amebicides***</b>			
<b>SOLOSEC ORAL PACKET 2 GM</b>	T3		RM; QL (1 EA per 6 Monthss)
<b>*Aminoglycosides*</b>			
<b>*aminoglycosides***</b>			
<b>ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML</b>	SP		PA; RM; AI (Limited Distribution PantheRx)
<b>BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>Tobramycin</i>) 300 MG/5ML</b>	SP	SP	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>neomycin sulfate oral tablet 500 mg</i>		T3	RM
<i>paromomycin sulfate oral capsule 250 mg</i>		T2	RO
<b>TOBI INHALATION NEBULIZATION SOLUTION (<i>Tobramycin</i>) 300 MG/5ML</b>	SP	SP	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TOBI PODHALER INHALATION CAPSULE 28 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*antirheumatic - janus kinase (jak) inhibitors***</b>			
<b>OLUMIANT ORAL TABLET 2 MG</b>	SP		PA; RM
<b>XELJANZ ORAL TABLET 10 MG</b>	SP		PA; RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>XELJANZ ORAL TABLET 5 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antirheumatic antimetabolites***</b>			
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML</b>	T3		PA; RM
<b>RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 27.5 MG/0.55ML, 30 MG/0.6ML, 7.5 MG/0.15ML</b>	T3		RM
<b>RHEUMATREX ORAL TABLET 2.5 MG</b>	T3		RM
<b>*anti-tnf-alpha - monoclonal antibodies***</b>			
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*anti-tnf-alpha - monoclonal antibodies***</b>			
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*cyclooxygenase 2 (cox-2) inhibitors***</b>			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>*gold compounds***</b>			
<b>RIDAURA ORAL CAPSULE 3 MG</b>	T3		RM

Drug Name	Brand	Generic	Additional Information
<b>*interleukin-1 blockers***</b>			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*interleukin-1 receptor antagonist (il-1ra)***</b>			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*interleukin-1beta blockers***</b>			
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED 180 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ILARIS SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*interleukin-6 receptor inhibitors***</b>			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	SP		PA; RM
ACTEMRA INTRAVENOUS SOLUTION 400 MG/20ML, 80 MG/4ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	SP		PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*nonsteroidal anti-inflammatory agent combinations***</b>			
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>		T1	RM
<b>*nonsteroidal anti-inflammatory agents (nsaids)***</b>			
<i>diclofenac potassium oral tablet 50 mg</i>		T1	RM
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		T1	RM
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EC-NAPROSYN ORAL TABLET DELAYED RELEASE (Naproxen DR) 375 MG, 500 MG</b>	T3	T1	RM
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1	RM; QL (3 EA per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1	RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>etodolac oral capsule 300 mg</i>		T1	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>etodolac oral tablet 400 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>etodolac oral tablet 500 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenoprofen calcium oral tablet 600 mg</i>		T3	RM
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>		T1	RM
<i>ibuprofen oral suspension 100 mg/5ml</i>		T1	RM
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	RM
<b>INDOCIN ORAL SUSPENSION 25 MG/5ML</b>	T3		RM
<b>INDOCIN RECTAL SUPPOSITORY 50 MG</b>	T3		RM
<i>indomethacin er oral capsule extended release 75 mg</i>		T3	RM
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1	RM
<i>ketoprofen oral capsule 50 mg, 75 mg</i>		T1	RM
<i>ketorolac tromethamine oral tablet 10 mg</i>		T1	RM; QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg</i>		T2	RM
<i>meclofenamate sodium oral capsule 50 mg</i>		T3	RM
<i>meloxicam oral suspension 7.5 mg/5ml</i>		T2	RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>		T1	RM
<i>naproxen oral suspension 125 mg/5ml</i>		T3	RM
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>		T1	RM
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		T1	RM
<i>oxaprozin oral tablet 600 mg</i>		T1	RM
<i>piroxicam oral capsule 10 mg, 20 mg</i>		T1	RM
<b>PONSTEL ORAL CAPSULE (Mefenamic Acid) 250 MG</b>	T3	T3	RM
<i>sulindac oral tablet 150 mg, 200 mg</i>		T1	RM
<i>tolmetin sodium oral capsule 400 mg</i>		T1	RM
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>		T3	RM
<b>*pyrimidine synthesis inhibitors***</b>			
<b>ARAVA ORAL TABLET (Leflunomide) 10 MG, 20 MG</b>	T1	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)



Drug Name	Brand	Generic	Additional Information
<b>*selective costimulation modulators***</b>			
<b>ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*soluble tumor necrosis factor receptor agents***</b>			
<b>ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ENBREL SUBCUTANEOUS KIT 25 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Analgesics - Nonnarcotic*</b>			
<b>*analgesics-sedatives***</b>			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1	RM
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>		T1	RM
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		T1	RM
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>		T1	RM
<b>CAPACET ORAL CAPSULE (Margesic) 50-325-40 MG</b>	T1	T1	RM
<b>FIORICET ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG</b>	T3	T1	RM; QL (4 EA per 1 day)
<i>marten-tab oral tablet 50-325 mg</i>		T1	RM
<b>PHRENILIN FORTE ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG</b>	T1	T1	RM; QL (4 EA per 1 day)
<i>repan oral tablet 50-325-40 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>*salicylate combinations***</b>			
<b>BUFFERIN LOW DOSE ORAL TABLET 81 MG</b>	\$0		RM; QL (1 EA per 1 day); AL (Min 45 Years)
<b>*salicylates***</b>			
<i>adult aspirin ec low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspir-81 oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin adult low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin childrens oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin ec lo-dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin low dose oral tablet 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin low dose oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>aspirin oral tablet 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ASPIR-LOW ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>BAYER LOW DOSE ORAL TABLET CHEWABLE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>childrens aspirin low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin child oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>cvs aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>cvs childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>diflunisal oral tablet 500 mg</i>		T1	RM
<i>ec-81 aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ECOTRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>ECPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>eq aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>eq aspirin oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>eq childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>eql aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>eql childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>hm aspirin ec low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>hm aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>hm aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>hm aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>kls aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>kp aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>mm aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>NORWICH ASPIRIN ORAL TABLET (Aspirin) 325 MG</b>	\$0	\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>px aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>px aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>qc aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>qc aspirin oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>qc childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin adult low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin childrens oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>ra childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>salsalate oral tablet 500 mg, 750 mg</i>		T1	RM
<i>sb aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>sb aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>sb aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>sb childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>sm aspirin adult low strength oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>sm aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>sm aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>sm childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ST JOSEPH ADULT LOW DOSE ORAL TABLET CHEWABLE 75 MG</b>	\$0		RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ST JOSEPH ADULT ORAL TABLET CHEWABLE 75 MG</b>	\$0		RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<b>ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG</b>	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>tgt aspirin ec oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>tgt aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>tgt aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>tgt aspirin oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>tgt childrens aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>th aspirin low dose oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>th aspirin low dose oral tablet delayed release 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
<i>th aspirin oral tablet 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<i>th enteric aspirin oral tablet delayed release 325 mg</i>		\$0	RM; QL (0.5 EA per 1 Day); AL (Min 45 Years)
<b>*Analgesics - Opioid*</b>			
<b>*codeine combinations***</b>			
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>		T1	RM; QL (13 EA per 1 Day)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>		T1	RM; QL (13 EA per 1 Day)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>		T1	RM; QL (13 EA per 1 Day)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		T1	RM
<b>ASCOMP-CODEINE ORAL CAPSULE (Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</b>	T1	T1	RM; QL (6 EA per 1 Day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1	RM; AI (60 tablets per copay); QL (60 EA per 1 Copay)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>FIORINAL/CODEINE #3 ORAL CAPSULE</b> ( <i>Butalbital-ASA-Caff-Codeine</i> ) <b>50-325-40-30 MG</b>	T3	T1	RM; QL (6 EA per 1 Day)
<b>*dihydrocodeine combinations***</b>			
<i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i>		T3	RM; QL (5 EA per 1 Day)
<b>SYNALGOS-DC ORAL CAPSULE</b> ( <i>Aspirin-Caff-Dihydrocodeine</i> ) <b>356.4-30-16 MG</b>	T3	T3	PA; ST; RM
<b>TREZIX ORAL CAPSULE</b> ( <i>APAP-Caff-Dihydrocodeine</i> ) <b>320.5-30-16 MG</b>	T3	T3	RM
<b>*hydrocodone combinations***</b>			
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		T1	RM
<i>hydrocodone-acetaminophen oral solution 7.5-500 mg/15ml</i>		T3	RM
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>		T1	RM; QL (12 EA per 1 Day)
<i>hydrocodone-acetaminophen oral tablet 10-500 mg, 5-500 mg, 7.5-500 mg</i>		T1	RM; QL (8 EA per 1 Day)
<i>hydrocodone-acetaminophen oral tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>		T1	RM; QL (6 EA per 1 Day)
<i>hydrocodone-acetaminophen oral tablet 7.5-750 mg</i>		T1	RM; QL (5 EA per 1 Day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>		T1	RM; QL (5 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		T1	RM; QL (5 EA per 1 Day)
<b>HYDROGESIC ORAL CAPSULE</b> ( <i>Stagesic</i> ) <b>5-500 MG</b>	T1	T1	RM; QL (8 EA per 1 Day)
<b>IBUDONE ORAL TABLET 10-200 MG</b>	T3		RM; QL (5 EA per 1 Day)
<b>IBUDONE ORAL TABLET</b> ( <i>Hydrocodone-Ibuprofen</i> ) <b>5-200 MG</b>	T1	T1	RM; QL (5 EA per 1 Day)
<b>REPREXAIN ORAL TABLET 10-200 MG</b>	T1		RM; QL (5 EA per 1 Day)
<b>REPREXAIN ORAL TABLET</b> ( <i>Hydrocodone-Ibuprofen</i> ) <b>5-200 MG</b>	T3	T1	RM; QL (5 EA per 1 Day)
<b>VICODIN ES ORAL TABLET</b> ( <i>Hydrocodone-Acetaminophen</i> ) <b>7.5-300 MG</b>	T1	T1	RM; QL (13 EA per 1 Day)
<b>VICODIN HP ORAL TABLET</b> ( <i>Hydrocodone-Acetaminophen</i> ) <b>10-300 MG</b>	T1	T1	RM; QL (13 EA per 1 Day)
<b>VICODIN ORAL TABLET</b> ( <i>Hydrocodone-Acetaminophen</i> ) <b>5-300 MG</b>	T3	T1	RM; QL (13 EA per 1 Day)
<b>XYLON ORAL TABLET 10-200 MG</b>	T1		RM
<b>*opioid agonists***</b>			
<b>ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AL (Min 18 Years)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		PA; ST; RO; AI (90 lollipops per copay); QL (30 EA per 1 Copay); AL (Min 16 Years)
<b>ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG</b>	T3		PA; ST; RM; AI (90 lollipops per copay); QL (30 EA Max Qty Per Fill Retail); AL (Min 16 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>codeine sulfate oral solution 30 mg/5ml</i>		T3	RM
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		T1	RM
<b>DEMEROL ORAL TABLET 100 MG, 50 MG</b>	T3		PA; ST; RM
<b>DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML</b>	T3		PA; ST; RM
<b>DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG</b>	T3		PA; ST; RM
<b>DOLOPHINE ORAL TABLET 10 MG, 5 MG</b>	T3		PA; ST; RM
<b>EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG</b>	T3		RM
<b>EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROmorphone HCl ER) 12 MG, 16 MG, 32 MG, 8 MG</b>	T3	T3	PA; ST; RM; QL (1 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		T3	PA; RO; AI (;); QL (30 EA per 1 Copay); AL (Min 16 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		T3	RM; QL (0.34 EA per 1 day)
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		PA; ST; RO; AI (;); QL (90 EA per 1 Copay); AL (Min 18 Years)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>		T1	RM
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>		T1	RM
<i>hydromorphone hcl rectal suppository 3 mg</i>		T2	RM
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	T2		RM; QL (1 EA per 1 day)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG</b>	T3		RO; AI (30 capsules per copay); QL (30 EA per 1 Copay)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Morphine Sulfate ER) 20 MG, 30 MG, 50 MG, 60 MG, 80 MG</b>	T3	T3	RO; AI (;); QL (1 EA per 1 day)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG</b>	T3		RO; AI (;); QL (1 EA per 1 day)
<b>LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT</b>	T3		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T3	PA; RM; QL (8 EA per 1 day)
<i>meperidine hcl oral solution 50 mg/5ml</i>		T1	RM
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>		T1	RM
<i>meperitab oral tablet 100 mg, 50 mg</i>		T1	RM
<i>methadone hcl injection solution 10 mg/ml</i>		T1	RM
<b>METHADONE HCL INTENSOL ORAL CONCENTRATE (Methadone HCl) 10 MG/ML</b>	T1	T1	PA; RM
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		T3	PA; RM; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		T1	PA; RM



Drug Name	Brand	Generic	Additional Information
<i>methadone hcl solution 10 mg/5ml oral 10 mg/5ml</i>		T1	PA; RM; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 10 mg/5ml oral 10 mg/5ml</i>		T3	PA; RM; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 5 mg/5ml oral 5 mg/5ml</i>		T1	PA; RM; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 5 mg/5ml oral 5 mg/5ml</i>		T3	PA; RM; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<b>METHADOSE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML, 5 MG/0.5ML</b>	T3	T1	PA; RM
<b>METHADOSE ORAL TABLET SOLUBLE (Methadone HCl) 40 MG</b>	T1	T1	PA; RM
<b>METHADOSE SUGAR-FREE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML</b>	T3	T1	PA; RM
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T1	RM
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		T3	RM; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg</i>		T3	RO; AI (;); QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>		T1	RM
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		T1	RM
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		T2	RM
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		T3	RM
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	T3		RO; QL (2 EA per 1 day)
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	T3		RM
<b>ONSOLIS BUCCAL FILM 1200 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		RM
<b>OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG</b>	T3		PA; RM; QL (2 EA per 1 day)
<b>OPANA ORAL TABLET (Oxymorphone HCl) 10 MG, 5 MG</b>	T3	T1	RM
<b>OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG</b>	T3		PA; RM
<i>oxycodone hcl oral capsule 5 mg</i>		T1	RM
<i>oxycodone hcl oral concentrate 100 mg/5ml, 20 mg/ml</i>		T3	RM
<i>oxycodone hcl oral solution 5 mg/5ml</i>		T2	RM
<i>oxycodone hcl oral tablet 10 mg</i>		T2	RM

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg, 5 mg</i>		T1	RM
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OxyCODONE HCl ER) 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	T3	T3	RM; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		T3	PA; RO; AI (:); QL (2 EA per 1 day)
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG</b>	T3		PA; ST; RM
<b>ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG</b>	T3		PA; RM
<b>SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		PA; ST; RO; AI (Limited to 30 day supply); QL (2 EA per 1 day)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		T3	RO; QL (1 EA per 1 day); AL (Min 16 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		T3	RO; QL (1 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		T1	RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<b>XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG</b>	T3		PA; RM; AI (:); QL (2 EA per 1 day)
<b>ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG</b>	T3		RM; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
<b>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG</b>	T3		PA; ST; RM; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
<b>*opioid combinations***</b>			
<b>ENDOCET ORAL TABLET (Oxycodone-Acetaminophen) 10-325 MG, 5-325 MG, 7.5-325 MG</b>	T1	T1	RM; QL (12 EA per 1 Day)
<b>ENDODAN ORAL TABLET 4.8355-325 MG</b>	T1		RM; QL (12 EA per 1 Day)
<i>oxycodone-acetaminophen oral capsule 5-500 mg</i>		T1	RM; QL (8 EA per 1 Day)
<i>oxycodone-acetaminophen oral tablet 10-650 mg</i>		T1	RM; QL (6 EA per 1 Day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T1	RM; QL (12 EA per 1 Day)
<i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i>		T1	RM; QL (8 EA per 1 Day)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>		T1	RM; QL (12 EA per 1 Day)
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>		T1	RM; QL (28 EA per 7 Days)
<b>ROXICET ORAL SOLUTION (Oxycodone-Acetaminophen) 5-325 MG/5ML</b>	T3	T1	RM
<b>ROXICET ORAL TABLET (Oxycodone-Acetaminophen) 5-325 MG</b>	T1	T1	RM; QL (12 EA per 1 Day)
<b>XARTEMIS XR ORAL TABLET EXTENDED RELEASE 7.5-325 MG</b>	T3		PA; RM
<b>*opioid partial agonists***</b>			
<b>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG</b>	T3		PA; ST; RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG</b>	T3		RM
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T3	RM; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T3	RM; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		T1	RM; QL (2 EA per 1 Day)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		T3	RM
<b>BUTRANS TRANSDERMAL PATCH WEEKLY (Buprenorphine) 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR</b>	T3	T1	RM; QL (1 EA per 1 Week); AL (Min 18 Years)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		T3	RM; QL (12 EA per 1 Day)
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>	T3		RM; QL (2 EA per 1 Day)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG</b>	T3		RM; QL (8 EA per 1 Day)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>	T3		RM; QL (6 EA per 1 Day)
<b>SUBOXONE SUBLINGUAL FILM 8-2 MG</b>	T3		RM; QL (3 EA per 1 Day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG</b>	T2		RM; QL (3 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</b>	T2		RM; QL (1 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T2		RM; QL (2 EA per 1 day)
<b>*pentazocine combinations***</b>			
<i>pentazocine-acetaminophen oral tablet 25-650 mg</i>		T3	RM; QL (6 EA per 1 Day)
<b>*tramadol combinations***</b>			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		T1	RM; QL (8 EA per 1 Day)
<b>*Androgens-Anabolic*</b>			
<b>*anabolic steroids***</b>			
<b>ANADROL-50 ORAL TABLET 50 MG</b>	T3		PA; RM
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>		T1	RM
<b>*androgens***</b>			
<b>ANDROXY ORAL TABLET 10 MG</b>	T3		PA; RM
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		T3	RM
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML</b>	T3		PA; RM; M
<i>methitest oral tablet 10 mg</i>		T3	PA; RM
<i>methyltestosterone oral capsule 10 mg</i>		T3	PA; RM
<b>TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)</b>	T3		PA; RM; M
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>		T1	RM; M
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		T1	RM; M
<b>XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML</b>	T3		PA; RM

Drug Name	Brand	Generic	Additional Information
<b>*Anorectal Agents*</b>			
<b>*intrarectal steroids***</b>			
<i>hydrocortisone rectal enema 100 mg/60ml</i>		T1	RM
<b>*nitrate vasodilating agents***</b>			
<b>RECTIV RECTAL OINTMENT 0.4 %</b>	T3		RM
<b>*rectal anesthetic/steroids***</b>			
<b>ANALPRAM-HC RECTAL LOTION 1-2.5 %</b>	T3		RM
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %</i>		T1	RM
<b>LIDAZONE HC RECTAL CREAM (Lidocaine-Hydrocortisone Ace) 3-0.5 %</b>	T1	T1	RM
<b>PROCTOFOAM HC RECTAL FOAM 1-1 %</b>	T3		RM
<b>*rectal steroids***</b>			
<b>ANUSOL-HC RECTAL SUPPOSITORY (Anucort-HC) 25 MG</b>	T1	T1	RM
<i>grx hicort 25 rectal suppository 25 mg</i>		T1	RM
<b>HEMMOREX-HC RECTAL SUPPOSITORY (Anucort-HC) 25 MG</b>	T1	T1	RM
<b>HEMMOREX-HC RECTAL SUPPOSITORY (Hydrocortisone Acetate) 30 MG</b>	T1	T1	RM
<i>hydrocortisone acetate rectal suppository 25 mg</i>		T1	RM
<b>PROCTOSOL HC RECTAL CREAM 2.5 %</b>	T1		RM
<b>PROCTOZONE-HC RECTAL CREAM 2.5 %</b>	T1		RM
<i>rectacort-hc rectal suppository 25 mg</i>		T1	RM
<b>*Antacids*</b>			
<b>*antacids - calcium salts***</b>			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T3	PA; RM
<b>*Anthelmintics*</b>			
<b>*anthelmintics***</b>			
<b>ALBENZA ORAL TABLET (Albendazole) 200 MG</b>	T3	T3	PA; RM
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		T3	PA; RM; AL (Min 2 Years and Max 12 Years)
<i>ivermectin oral tablet 3 mg</i>		T1	RM
<i>praziquantel oral tablet 600 mg</i>		T3	RM
<b>STROMEKTOL ORAL TABLET 3 MG</b>	T3		PA; ST; RM
<b>*Antianginal Agents*</b>			
<b>*antianginals-other***</b>			
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years)
<b>*nitrates***</b>			
<b>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG</b>	T3		RM
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		T3	RM

Drug Name	Brand	Generic	Additional Information
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1	RM
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		T1	RM
<i>isosorbide mononitrate oral tablet 20 mg</i>		T1	RM
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	T2		RM
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>		T1	RM
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>		T3	RM; AI (8.5gm per copay retail or mail.); QL (8.5 GM Max Qty Per Fill Retail)
<b>NITROLINGUAL TRANSLINGUAL SOLUTION (Nitroglycerin) 0.4 MG/SPRAY</b>	T3	T3	RM
<b>NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (Nitroglycerin ER) 2.5 MG, 6.5 MG, 9 MG</b>	T1	T1	RM
<b>*Antianxiety Agents*</b>			
<b>*antianxiety agents - misc.***</b>			
<i>buspirone hcl oral tablet 10 mg</i>		T1	RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>buspirone hcl oral tablet 15 mg</i>		T1	RM; AI (Max #120 Mail Order); QL (4 EA per 1 Day)
<i>buspirone hcl oral tablet 30 mg</i>		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>buspirone hcl oral tablet 5 mg</i>		T1	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T3	RM
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>		T1	RM
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		T1	RM
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		T1	RM
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T2	RM
<i>meprobamate oral tablet 200 mg</i>		T3	RM
<b>VISTARIL ORAL CAPSULE (HydrOXYzine Pamoate) 25 MG, 50 MG</b>	T2	T1	RM
<b>*benzodiazepines***</b>			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 3 mg</i>		T3	RM; QL (3 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>		T3	RM; QL (1 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>		T3	RM; QL (5 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T1	RM; QL (4 EA per 1 day); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>alprazolam oral tablet 1 mg, 2 mg</i>		T1	RM; QL (2 EA per 1 day); AL (Min 18 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		T3	RM; QL (3 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		T3	RM; QL (5 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>		T3	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		T1	RM; QL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		T1	RM; QL (8 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		T1	RM; QL (2 EA per 1 day); AL (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		T1	RM; QL (3 EA per 1 day); AL (Min 9 Years)
<i>diazepam oral solution 1 mg/ml</i>		T3	RM; QL (40 EA per 1 Day)
<i>diazepam oral tablet 10 mg, 5 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		T1	RM; QL (4 EA per 1 day)
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	T1		RM; QL (1 ML per 1 day); AL (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		T1	RM; QL (5 ML per 1 Day)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1	RM; QL (4 EA per 1 day); AL (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T1	RM; QL (5 EA per 1 day); AL (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T3	RM; QL (4 EA per 1 day); AL (Min 6 Years)
<b>*Antiarrhythmics*</b>			
<b>*antiarrhythmics type i-a***</b>			
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>		T1	RM
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG</b>	T3		RM
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		T2	RM
<i>quinidine sulfate er oral tablet extended release 300 mg</i>		T2	RM
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		T1	RM
<b>*antiarrhythmics type i-b***</b>			
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		T3	RM
<b>*antiarrhythmics type i-c***</b>			
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		T1	RM
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>		T3	RM
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>*antiarrhythmics type iii***</b>			
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>MULTAQ ORAL TABLET 400 MG</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years)
<b>PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG</b>	T1	T1	RM
<b>TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-lipoxygenase inhibitors***</b>			
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>		T3	PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 day); AL (Min 12 Years)
<b>ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG</b>	T3		PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 12 Years)
<b>ZYFLO ORAL TABLET 600 MG</b>	T3		PA; RM
<b>*adrenergic combinations***</b>			
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</b>	T2		RM; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AL (Min 3 Years)
<b>AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT</b>	T3		PA; ST; RM; QL (0.04 EA per 1 day); AL (Min 12 Years)
<b>AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT</b>	T3		PA; ST; RM; QL (0.04 EA per 1 day); AL (Min 12 Years)
<b>AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT</b>	T3		PA; ST; RM; QL (0.04 EA per 1 day); AL (Min 12 Years)
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH</b>	T2		RM
<b>BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT</b>	T3		ST; RM
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH</b>	T2		RM
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT</b>	T3		RM; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
<b>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT</b>	T3		PA; RM; AI (Max #39gm Mail Order); QL (13 GM per 30 Days)

Drug Name	Brand	Generic	Additional Information
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1	RM
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		T1	RM; AI (Max #1620ml mail order); QL (540 ML per 30 Days)
<b>SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	T2		RM; AI (Max #3 Inhalers (30.6gm) Mail Order)
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH</b>	T3		PA; ST; RM
<b>*anti-ige monoclonal antibodies***</b>			
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*anti-inflammatory agents***</b>			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		T2	RM
<b>*beta adrenergics***</b>			
<b>ACCUNEB INHALATION NEBULIZATION SOLUTION 0.63 MG/3ML, 1.25 MG/3ML</b>	T3		RM; QL (375 ML per 30 Days); AL (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		T1	RM
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1	RM; AI (Max #15 Mail Order); AL (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	RM; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AL (Max 13 Years)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		T1	RM
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		T1	RM
<b>ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML</b>	T3		RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>		T2	RM; 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	RM; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	RM; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>		T1	RM
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>		T1	RM
<b>PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML</b>	T3		RM; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years)
<b>PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>	T2		RM



Drug Name	Brand	Generic	Additional Information
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>	T2		RM
<b>PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>	T3		ST; RM; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE</b>	T2		RM; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	T3		PA; ST; RM
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		T1	RM
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>	T2		RM
<b>VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 4 MG</b>	T3	T3	RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<b>VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 8 MG</b>	T3	T3	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>XOPENEX HFA INHALATION AEROSOL (Levalbuterol Tartrate) 45 MCG/ACT</b>	T3	T3	ST; RM; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
<b>*bronchodilators - anticholinergics***</b>			
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT</b>	T2		RM; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH</b>	T2		RM
<i>ipratropium bromide inhalation solution 0.02 %</i>		T1	RM
<b>LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML</b>	T3		PA; RM
<b>LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML</b>	T3		PA; RM
<b>SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG</b>	T3		RM
<b>SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT</b>	T3		RM
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	T3		RM; QL (4 GM per 30 days)
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	T3		RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<b>YUPELRI INHALATION SOLUTION 175 MCG/3ML</b>	T3		PA; RM
<b>*leukotriene receptor antagonists***</b>			
<i>montelukast sodium oral packet 4 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet 10 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>montelukast sodium oral tablet chewable 4 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*selective phosphodiesterase 4 (pde4) inhibitors***</b>			
<b>DALIRESP ORAL TABLET 250 MCG, 500 MCG</b>	T3		PA; ST; RM
<b>*steroid inhalants***</b>			
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT</b>	T2		RM; AI (Max #36.6GM Mail Order); QL (12.2 GM per 30 Days)
<b>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	T2		RM; AI (Max #18.3GM Mail Order); QL (6.1 GM per 30 Days)
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>	T2		RM
<b>ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH</b>	T2		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
<b>ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH</b>	T2		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
<b>ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH</b>	T2		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
<b>ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH</b>	T2		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
<b>ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH</b>	T2		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
<b>ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT</b>	T2		RM
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>		T2	RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST</b>	T2		RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<b>FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT</b>	T2		RM; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)
<b>FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT</b>	T2		RM; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)
<b>FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT</b>	T2		RM; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT</b>	T2		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
<b>PULMICORT INHALATION SUSPENSION</b> <i>(Budesonide)</i> 1 MG/2ML	T2	T2	RM; AI (Max #180ml per 90 days); QL (60 ML per 30 days)
<b>QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT</b>	T2		RM; AI (;); QL (1.2 GM per 1 day)
<b>QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT</b>	T2		RM; AI (;); QL (0.6 GM per 1 day)
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT</b>	T2		RM
<b>*xanthines***</b>			
<i>aminophylline anhydrous powder</i>		T3	PA; RM
<b>LUFYLLIN ORAL TABLET 200 MG, 400 MG</b>	T3		RM
<b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG</b>	T2		RM
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>		T1	RM
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		T1	RM
<i>theophylline oral solution 80 mg/15ml</i>		T1	RM
<b>*Anticoagulants*</b>			
<b>*coumarin anticoagulants***</b>			
<b>COUMADIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG</b>	T3		RM
<b>COUMADIN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	T3	T1	RM
<b>JANTOVEN ORAL TABLET (Warfarin Sodium) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	T1	T1	RM
<b>*direct factor xa inhibitors***</b>			
<b>BEVYXXA ORAL CAPSULE 40 MG, 80 MG</b>	T3		PA; RM; QL (1 EA per 1 day); AL (Min 18 Years)
<b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>	T3		RM
<b>ELIQUIS STARTER PACK ORAL TABLET 5 MG</b>	T3		RM
<b>SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG</b>	T3		PA; RM; QL (1 EA per 1 day); AL (Min 18 Years)
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	T2		RM; AI (;)
<b>XARELTO ORAL TABLET 2.5 MG</b>	T2		RM
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 &amp; 20 MG</b>	T2		RM; AI (;)
<b>*heparins and heparinoid-like agents***</b>			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		T1	RM
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		T1	RM
<i>sash kit intravenous kit 10-0.9 unit/ml-%</i>		T3	RM

Drug Name	Brand	Generic	Additional Information
<b>*low molecular weight heparins***</b>			
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T3		RM
LOVENOX INJECTION SOLUTION ( <i>Enoxaparin Sodium</i> ) 300 MG/3ML	T3	T1	RM
LOVENOX SUBCUTANEOUS SOLUTION ( <i>Enoxaparin Sodium</i> ) 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	T3	T1	RM
<b>*synthetic heparinoid-like agents***</b>			
ARIXTRA SUBCUTANEOUS SOLUTION ( <i>Fondaparinux Sodium</i> ) 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	T3	T1	RM
<b>*thrombin inhibitors - selective direct &amp; reversible***</b>			
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	T2		RM
<b>*Anticonvulsants*</b>			
<b>*ampa glutamate receptor antagonists***</b>			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	T2		RM
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>*anticonvulsants - benzodiazepines***</b>			
<i>clobazam oral tablet 10 mg, 20 mg</i>		T3	RM; QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1	RM; QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1	RM; QL (4 EA per 1 day)
DIASTAT ACUDIAL RECTAL GEL ( <i>DiazePAM</i> ) 10 MG, 20 MG	T3	T3	RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	T3		RM; QL (3 EA per 1 day)
<i>diazepam rectal gel 2.5 mg</i>		T3	RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
ONFI ORAL SUSPENSION ( <i>CloBAZam</i> ) 2.5 MG/ML	T3	T3	RM; QL (8 ML per 1 day)
ONFI ORAL TABLET 10 MG, 20 MG	T3		RM; QL (2 EA per 1 Day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	T2		RM; QL (2 EA per 1 Day)
<b>*anticonvulsants - misc.***</b>			
APTiom ORAL TABLET 200 MG, 400 MG	T3		PA; RM; QL (1 EA per 1 day)
APTiom ORAL TABLET 600 MG, 800 MG	T3		PA; RM; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	T3		PA; RM
BANZEL ORAL TABLET 200 MG, 400 MG	T3		PA; RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BRIVIACT ORAL SOLUTION 10 MG/ML</b>	T3		RM; QL (20 ML per 1 day); AL (Min 4 Years)
<b>BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG</b>	T3		RM; QL (2 EA per 1 day); AL (Min 4 Years)
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>		T1	RM
<i>carbamazepine oral suspension 100 mg/5ml</i>		T1	RM
<i>carbamazepine oral tablet chewable 100 mg</i>		T1	RM
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 100 MG, 200 MG, 300 MG</b>	T3	T1	RM
<b>EPIDIOLEX ORAL SOLUTION 100 MG/ML</b>	T3		PA; RM
<b>EPITOL ORAL TABLET (CarBAMazepine) 200 MG</b>	T1	T1	RM
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>		T1	RM
<i>gabapentin oral solution 250 mg/5ml</i>		T1	RM
<i>gabapentin oral tablet 600 mg, 800 mg</i>		T1	RM
<b>LAMICTAL ODT ORAL KIT 25 &amp; 50 &amp; 100 MG, 25 (21)-50 (7) MG, 50 (42)-100(14) MG</b>	T3		RM; AL (Max 6 Years)
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE (LamoTRigine) 100 MG, 200 MG, 25 MG, 50 MG</b>	T3	T1	RM
<b>LAMICTAL ORAL TABLET (LamoTRigine) 100 MG, 150 MG, 200 MG, 25 MG</b>	T3	T1	RM
<b>LAMICTAL ORAL TABLET CHEWABLE 2 MG</b>	T3		RM
<b>LAMICTAL ORAL TABLET CHEWABLE (LamoTRigine) 25 MG, 5 MG</b>	T3	T1	RM
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LamoTRigine ER) 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</b>	T3	T1	RM
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1	RM; QL (6 EA per 1 Day); AL (Min 12 Years)
<i>levetiracetam oral solution 100 mg/ml</i>		T1	RM
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg</i>		T1	RM
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T2		RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years)
<b>LYRICA ORAL SOLUTION 20 MG/ML</b>	T2		RM
<i>oxcarbazepine oral suspension 300 mg/5ml</i>		T1	RM
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>		T1	RM
<b>POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG</b>	T3		PA; RM
<i>primidone oral tablet 250 mg, 50 mg</i>		T1	RM
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</b>	T3		PA; RM
<b>ROWEEPRA ORAL TABLET (LevETIRAcetam) 750 MG</b>	T1	T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	T1		RM; QL (6 EA per 1 day); AL (Min 12 Years)
<b>ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LevETIRAcetam ER) 750 MG</b>	T1	T1	RM; AL (Min 12 Years)
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 100 MG</b>	T2	T1	RM
<b>TOPIRAGEN ORAL TABLET (Topiramate) 100 MG, 200 MG, 25 MG, 50 MG</b>	T1	T1	RM
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		T2	RM
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		T1	RM
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG</b>	T3		PA; RM
<b>VIMPAT ORAL SOLUTION 10 MG/ML</b>	T3		RM
<b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	T3		RM
<b>ZONEGRAN ORAL CAPSULE 100 MG</b>	T3		PA; ST; RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 100 mg</i>		T1	RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		T1	RM
<b>*carbamates***</b>			
<i>felbamate oral suspension 600 mg/5ml</i>		T1	RM
<i>felbamate oral tablet 400 mg, 600 mg</i>		T1	RM
<b>*gaba modulators***</b>			
<b>SABRIL ORAL PACKET (Vigabatrin) 500 MG</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SABRIL ORAL TABLET 500 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		T3	RM
<b>*hydantoins***</b>			
<b>DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended) 100 MG</b>	T3	T1	RM
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T3		RM
<b>PEGANONE ORAL TABLET 250 MG</b>	T3		RM
<b>PHENYTEK ORAL CAPSULE (Phenytoin Sodium Extended) 200 MG, 300 MG</b>	T3	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable 50 mg</i>		T1	RM
<b>*succinimides***</b>			
<b>CELONTIN ORAL CAPSULE 300 MG</b>	T3		RM
<i>ethosuximide oral capsule 250 mg</i>		T2	RM
<i>ethosuximide oral solution 250 mg/5ml</i>		T2	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>*valproic acid***</b>			
DEPAKENE ORAL CAPSULE ( <i>Valproic Acid</i> ) 250 MG	T3	T1	RM
DEPAKENE ORAL SOLUTION ( <i>Valproic Acid</i> ) 250 MG/5ML	T3	T1	RM
DEPAKENE ORAL SYRUP ( <i>Valproic Acid</i> ) 250 MG/5ML	T3	T1	RM
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR ( <i>Divalproex Sodium ER</i> ) 250 MG, 500 MG	T3	T1	RM
DEPAKOTE ORAL TABLET DELAYED RELEASE ( <i>Divalproex Sodium</i> ) 125 MG, 250 MG, 500 MG	T3	T1	RM
DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE ( <i>Divalproex Sodium</i> ) 125 MG	T3	T3	RM
STAVZOR ORAL CAPSULE DELAYED RELEASE 125 MG, 250 MG, 500 MG	T3		PA; RM
<b>*Antidepressants*</b>			
<b>*alpha-2 receptor antagonists (tetracyclics)***</b>			
<i>mirtazapine oral tablet 15 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet 30 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet 45 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>mirtazapine oral tablet 7.5 mg</i>		T1	RM
<i>mirtazapine oral tablet dispersible 15 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON ORAL TABLET 15 MG	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
REMERON ORAL TABLET 30 MG	T3		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON ORAL TABLET 45 MG	T3		PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG	T3		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG	T3		PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*antidepressants - misc.***</b>			
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG</b>	T3		RM
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>		T1	RM
<b>WELLBUTRIN ORAL TABLET 100 MG, 75 MG</b>	T3		PA; ST; RM
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR (BuPROPion HCl ER (SR)) 100 MG, 150 MG, 200 MG</b>	T3	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG</b>	T3		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR (BuPROPion HCl ER (XL)) 300 MG</b>	T3	T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<b>*modified cyclics***</b>			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		T3	RM
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	RM
<i>trazodone hcl oral tablet 300 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T3		RM; QL (1 EA per 1 day); AL (Min 16 Years)
<b>VIIBRYD ORAL KIT 10 &amp; 20 &amp; 40 MG</b>	T3		RM; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AL (Min 12 Years)
<b>VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years)
<b>VIIBRYD STARTER PACK ORAL KIT 10 &amp; 20 MG</b>	T3		RM; QL (1 EA per 1 Lifetime); AL (Min 12 Years)
<b>*monoamine oxidase inhibitors (maois)***</b>			
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AL (Min 16 Years)
<b>MARPLAN ORAL TABLET 10 MG</b>	T3		RM
<b>NARDIL ORAL TABLET 15 MG</b>	T3		PA; ST; RM
<b>PARNATE ORAL TABLET 10 MG</b>	T3		PA; ST; RM
<i>phenelzine sulfate oral tablet 15 mg</i>		T1	RM
<i>tranylcypromine sulfate oral tablet 10 mg</i>		T1	RM
<b>*selective serotonin reuptake inhibitors (ssris)***</b>			
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		T1	RM
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>		T1	RM; AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 40 mg</i>		T1	RM; AI (Max #180 Mail Order)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>		T1	RM
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		T1	RM
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1	RM
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day)

Last revision date: 1/16/19: To search for a drug use control + f



Drug Name	Brand	Generic	Additional Information
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		T2	RM
<b>LEXAPRO ORAL SOLUTION (Escitalopram Oxalate) 5 MG/5ML</b>	T3	T1	RM
<b>LEXAPRO ORAL TABLET (Escitalopram Oxalate) 10 MG</b>	T3	T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<b>LEXAPRO ORAL TABLET (Escitalopram Oxalate) 20 MG, 5 MG</b>	T3	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>LUVOX CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>PAXIL ORAL SUSPENSION 10 MG/5ML</b>	T3		PA; RM
<i>sertraline hcl oral concentrate 20 mg/ml</i>		T1	RM
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
<b>*serotonin-norepinephrine reuptake inhibitors (snris)**</b>			
<i>desvenlafaxine fumarate er oral tablet extended release 24 hour 100 mg, 50 mg</i>		T3	RM; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>		T2	RM; QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1	RM; QL (2 EA per 1 Day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T1	RM; QL (3 EA per 1 Day)
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG</b>	T3		PA; ST; RM
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG</b>	T3		PA; ST; RM
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>		T1	RM
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>		T3	RM
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		T1	RM
<b>**tricyclic agents**</b>			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		T1	RM
<i>amoxapine oral tablet 100 mg</i>		T1	RM
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>		T1	RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		T1	RM
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		T1	RM
<i>doxepin hcl oral concentrate 10 mg/ml</i>		T1	RM
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		T1	RM
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>imipramine pamoate oral capsule 75 mg</i>		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>		T1	RM
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		T1	RM
<b>SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG</b>	T3		RM
<b>TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG</b>	T3		PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>TOFRANIL-PM ORAL CAPSULE 75 MG</b>	T3		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>*Antidiabetics*</b>			
<b>*alpha-glucosidase inhibitors***</b>			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
<b>GLYSET ORAL TABLET 25 MG</b>	T2		RM
<b>*antidiabetic - amylin analogs***</b>			
<b>SYMLIN SUBCUTANEOUS SOLUTION 600 MCG/ML</b>	T2		RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years)
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</b>	T2		RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years)
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML</b>	T2		RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years)
<b>*biguanides***</b>			
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG</b>	T3		ST; RM; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2.5 EA per 1 Day)
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	T3		ST; RM; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (5 EA per 1 Day)
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG</b>	T3		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG</b>	T3		PA; RM; QL (2 EA per 1 day); AL (Min 18 Years)
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	T3		PA; RM; QL (4 EA per 1 day); AL (Min 18 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>		T3	PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 day); AL (Min 18 Years)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>		T3	PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 day); AL (Min 18 Years)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		T1	ST; RM; AI (ST: Generic Glucophage XR for 3 mo.); QL (2.5 EA per 1 Day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		T1	ST; RM; AI (ST: Generic Glucophage XR for 3 mo.); QL (5 EA per 1 Day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1	RM; 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	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		T1	RM
<b>*diabetic other - combinations***</b>			
<b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>	T1		RM
<b>*diabetic other***</b>			
<b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</b>	T2		RM
<b>GLUCAGON EMERGENCY INJECTION KIT 1 MG</b>	T2		RM
<b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>	T3		RM
<b>*dipeptidyl peptidase-4 (dpp-4) inhibitors***</b>			
<i>alogliptin benzoate oral tablet 25 mg, 6.25 mg</i>		T3	RM
<b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>NESINA ORAL TABLET (Alogliptin Benzoate) 12.5 MG</b>	T3	T3	PA; ST; RM
<b>ONGLYZA ORAL TABLET 2.5 MG, 5 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years)
<b>TRADJENTA ORAL TABLET 5 MG</b>	T3		PA; ST; RM
<b>*dipeptidyl peptidase-4 inhibitor-biguanide combinations***</b>			
<b>JANUMET ORAL TABLET 50-1000 MG, 50-500 MG</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG</b>	T2		RM
<b>JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG</b>	T3		RM
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG</b>	T3		RM; QL (1 EA per 1 day); AL (Min 18 Years)
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG</b>	T2		RM
<b>*dopamine receptor agonists - ergot derivatives***</b>			
<b>CYCLOSET ORAL TABLET 0.8 MG</b>	T3		RM

Drug Name	Brand	Generic	Additional Information
<b>*human insulin***</b>			
<b>ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	T3		PA; RM
<b>ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T3		PA; RM; QL (2 ML per 1 day)
<b>AFREZZA INHALATION POWDER 12 UNIT, 4 &amp; 8 &amp; 12 UNIT, 4 (30) &amp; 8 (60) UNIT, 4 (60) &amp; 8 (30) UNIT, 4 (90) &amp; 8 (90) UNIT, 4 UNIT, 8 (60)&amp; 12 (30) UNIT, 8 UNIT</b>	T3		PA; RM; AL (Min 18 Years)
<b>APIDRA INJECTION SOLUTION 100 UNIT/ML</b>	T3		PA; RM; QL (2 ML per 1 day)
<b>APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	T3		PA; RM
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	T3		PA; RM
<b>FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T3		PA; RM; QL (2 ML per 1 day)
<b>HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML</b>	T2		RM
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML</b>	T2		RM
<b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML</b>	T2		RM
<b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>	T2		RM
<b>HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	T3		PA; RM; \$0; QL (2 ML per 1 day)
<b>HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>	T2		RM
<b>HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>	T2		PA; RM; QL (2 ML per 1 day)
<b>HUMULIN R INJECTION SOLUTION 100 UNIT/ML</b>	T2		RM; QL (2 ML per 1 day)
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>	T2		RM; QL (0.67 ML per 1 day)
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML</b>	T2		RM; QL (0.5 ML per 1 day)
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	T2		RM

Drug Name	Brand	Generic	Additional Information
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	T2		RM; AI (:); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3		PA; RM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	T2		PA; RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3		PA; RM; \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3		PA; RM; \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T3		PA; RM; QL (2 ML per 1 day)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T3		PA; RM; QL (2 ML per 1 day)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T3		RM; QL (2 ML per 1 day)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T3		PA; RM; QL (2 ML per 1 day)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	T3		PA; RM; QL (2 ML per 1 day)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	T3		PA; RM; QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T3		PA; RM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T3		PA; RM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T3		PA; RM; QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	T3		PA; RM
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	T3		PA; RM; AI (:); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	T2		RM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	T2		RM
<b>*incretin mimetic agents (glp-1 receptor agonists)***</b>			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	T2		RM
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	T2		RM; AI (Max #12 Mail Order); QL (4 EA per 30 days); AL (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	T2		RM; QL (4 EA per 30 days); AL (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	T2		RM; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AL (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	T2		RM; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AL (Min 18 Years)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE</b>	T3		PA; ST; RM; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
<b>TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG</b>	T3		RM; QL (0.14 MG per 1 day); AL (Min 18 Years)
<b>TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML</b>	T2		RM; QL (1 ea per 1 Week); AL (Min 18 Years)
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML</b>	T2		RM; AI (Max #3 Cartons Mail Order); QL (0.3 ML per 1 day); AL (Min 18 Years)
<b>*meglitinide analogues***</b>			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>PRANDIN ORAL TABLET (Repaglinide) 0.5 MG, 1 MG, 2 MG</b>	T3	T1	RM
<b>*progesterone receptor antagonists***</b>			
<b>KORLYM ORAL TABLET 300 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*sodium-glucose co-transporter 2 (sglt2) inhibitors***</b>			
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	T2		RM; QL (1 EA per 1 day)
<b>INVOKANA ORAL TABLET 100 MG, 300 MG</b>	T2		RM
<b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>	T3		RM
<b>*sulfonylurea-biguanide combinations***</b>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1	RM; 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	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1	RM; 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	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>*sulfonylureas***</b>			
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>		T1	RM
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glimepiride oral tablet 4 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		T1	RM
<i>glipizide oral tablet 10 mg, 5 mg</i>		T1	RM
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		T1	RM
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		T1	RM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<i>tolazamide oral tablet 250 mg, 500 mg</i>		T2	RM
<i>tolbutamide oral tablet 500 mg</i>		T1	RM
<b>*sulfonylurea-thiazolidinedione combinations***</b>			
<b>AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG</b>	T3		RM
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 16 Years)
<b>*thiazolidinedione-biguanide combinations***</b>			
<b>AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>AVANDAMET ORAL TABLET 2-500 MG</b>	T3		RM; AI (Max #360 Mail Order); QL (4 EA per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years)
<b>*thiazolidinediones***</b>			
<b>AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG</b>	T3		RM
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Antidiarrheals*</b>			
<b>*antidiarrheal - chloride channel antagonists***</b>			
<b>FULYZAQ ORAL TABLET DELAYED RELEASE 125 MG</b>	T3		RM
<b>MYTESI ORAL TABLET DELAYED RELEASE 125 MG</b>	T3		RM
<b>*antiperistaltic agents***</b>			
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		T1	RM
<b>LOMOTIL ORAL TABLET (Diphenoxylate-Atropine) 2.5-0.025 MG</b>	T3	T1	RM
<i>loperamide hcl oral capsule 2 mg</i>		T1	RM
<b>MOTOFEN ORAL TABLET 1-0.025 MG</b>	T3		RM
<i>opium oral tincture 10 mg/ml (1%)</i>		T3	ST; RM
<b>*Antidotes And Specific Antagonists*</b>			
<b>*antidotes and specific antagonists***</b>			
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RADIOGARDASE ORAL CAPSULE 0.5 GM</b>	T3		PA; RM

Drug Name	Brand	Generic	Additional Information
<b>*Antidotes*</b>			
<b>*antidotes - chelating agents***</b>			
<b>CHEMET ORAL CAPSULE 100 MG</b>	T3		PA; RM
<b>EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EXJADE ORAL TABLET SOLUBLE 500 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day)
<b>FERRIPROX ORAL SOLUTION 100 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FERRIPROX ORAL TABLET 500 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>JADENU ORAL TABLET 180 MG, 360 MG, 90 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antidotes***</b>			
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DEFERAL INJECTION SOLUTION RECONSTITUTED 2 GM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DEFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RADIOGARDASE ORAL CAPSULE 0.5 GM</b>	T3		PA; RM
<b>*opioid antagonists***</b>			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1	RM
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		T1	RM
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		T1	RM
<i>naltrexone hcl oral tablet 50 mg</i>		T1	RM
<b>NARCAN NASAL LIQUID 4 MG/0.1ML</b>	T3		RM; QL (2 EA per 1 Copay)



Drug Name	Brand	Generic	Additional Information
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antiemetics*</b>			
<b>*5-ht3 receptor antagonists***</b>			
<b>ANZEMET ORAL TABLET 100 MG, 50 MG</b>	T3		RM; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
<i>granisetron hcl oral tablet 1 mg</i>		T1	RM; AI (#6 per copay mail or retail. Max #36.); QL (6 EA per 1 Copay)
<b>GRANISOL ORAL SOLUTION 2 MG/10ML</b>	T1		RM; AI (60ml per copay retail or mail); QL (60 ML per 1 Copay)
<i>ondansetron hcl injection solution 40 mg/20ml</i>		T1	RM
<i>ondansetron hcl oral solution 4 mg/5ml</i>		T1	RM
<i>ondansetron hcl oral tablet 24 mg</i>		T2	RM; AI (Mail Order 1 Tablet per Copay); QL (1 EA per 1 Copay)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1	RM; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		T3	RM; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
<b>SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR</b>	T3		RO; AI (;); QL (1 EA per 1 Copay)
<b>ZUPLENZ ORAL FILM 4 MG, 8 MG</b>	T3		RM; AI (#10 per copay retail or mail); QL (10 EA per 1 Copay)
<b>*antiemetic combinations***</b>			
<b>AKYNZEO ORAL CAPSULE 300-0.5 MG</b>	T3		PA; RM
<b>BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG</b>	T3		PA; RM; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG</b>	T3		PA; ST; RM; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>*antiemetics - anticholinergic***</b>			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T1	RM
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>		T3	RM; QL (0.34 EA per 1 day)
<b>TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML</b>	T3		RM
<b>TIGAN ORAL CAPSULE (Trimethobenzamide HCl) 300 MG</b>	T3	T2	RM
<b>*antiemetics - miscellaneous***</b>			
<b>CESAMET ORAL CAPSULE 1 MG</b>	T3		RM; AI (#30 per copay retail or mail. Max #90); QL (30 EA per 1 Copay); AL (Min 18 Years)
<i>dronabinol oral capsule 10 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>MARINOL ORAL CAPSULE 10 MG</b>	T3		RM; QL (2 EA per 1 Day)
<b>MARINOL ORAL CAPSULE 2.5 MG, 5 MG</b>	T3		RM; QL (3 EA per 1 Day)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>SYNDROS ORAL SOLUTION 5 MG/ML</b>	T3		PA; RM
<b>*substance p/neurokinin 1 (nk1) receptor antagonists***</b>			
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>		T3	RM; AI (;)
<b>CINVANTI INTRAVENOUS EMULSION 130 MG/18ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EMEND ORAL SUSPENSION RECONSTITUTED 125 MG</b>	T3		RM
<b>VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VARUBI ORAL TABLET 90 MG</b>	T3		RO; QL (2 EA per 1 Copay)
<b>*Antifungals*</b>			
<b>*antifungals***</b>			
<b>ANCOBON ORAL CAPSULE (Flucytosine) 250 MG, 500 MG</b>	T3	T3	RM
<b>GRIFULVIN V ORAL TABLET (Griseofulvin Microsize) 500 MG</b>	T3	T1	RM
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		T1	RM
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		T1	RM
<b>GRIS-PEG ORAL TABLET 125 MG, 250 MG</b>	T3		ST; RM
<b>LAMISIL ORAL PACKET 125 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (60 EA per 30 Days)
<b>LAMISIL ORAL PACKET 187.5 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (30 EA per 30 Days)
<b>LAMISIL ORAL TABLET (Terbinafine HCl) 250 MG</b>	T3	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nystatin oral tablet 500000 unit</i>		T1	RM
<b>*imidazoles***</b>			
<i>ketoconazole oral tablet 200 mg</i>		T1	RM
<i>miconazole powder</i>		T3	RM
<b>*triazoles***</b>			
<b>CRESEMBA ORAL CAPSULE 186 MG</b>	T3		PA; RM
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>		T1	RM
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>		T1	RM
<i>itraconazole oral capsule 100 mg</i>		T3	RM
<b>NOXAFIL ORAL SUSPENSION 40 MG/ML</b>	T3		RM
<b>NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG</b>	T3		RM
<b>ONMEL ORAL TABLET 200 MG</b>	T3		RM

Drug Name	Brand	Generic	Additional Information
<b>SPORANOX ORAL SOLUTION (Itraconazole) 10 MG/ML</b>	T3	T3	RM
<b>VFEND ORAL SUSPENSION RECONSTITUTED (Voriconazole) 40 MG/ML</b>	T3	T1	RM
<b>VFEND ORAL TABLET (Voriconazole) 200 MG, 50 MG</b>	T3	T1	RM
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>			
<b>*antihemophilic products - monoclonal antibodies***</b>			
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML</b>	SP		PA; SP
<b>*Antihistamines*</b>			
<b>*antihistamines - alkylamines***</b>			
<i>dexchlorpheniramine maleate oral syrup 2 mg/5ml</i>		T3	RM
<b>RYCLORA ORAL SYRUP 2 MG/5ML</b>	T3		RM; QL (3.93 ML per 1 Day)
<b>*antihistamines - ethanolamines***</b>			
<b>ARBINOXA ORAL SOLUTION 4 MG/5ML</b>	T3		PA; RM
<b>ARBINOXA ORAL TABLET 4 MG</b>	T3		PA; RM
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		T1	RM
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	RM
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>		T2	RM
<i>clemastine fumarate oral tablet 2.68 mg</i>		T3	RM
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		T3	PA; RM
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML</b>	T3		PA; RM; QL (20 ML per 1 day); AL (Min 1 Years)
<b>*antihistamines - non-sedating***</b>			
<i>cetirizine hcl oral solution 1 mg/ml</i>		T1	PA; RM
<i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>		T1	PA; RM
<b>CLARINEX ORAL SYRUP 0.5 MG/ML</b>	T3		PA; ST; RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
<b>CLARINEX ORAL TABLET 5 MG</b>	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>desloratadine oral tablet 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>		T1	RM
<b>*antihistamines - phenothiazines***</b>			
<b>PHENADOZ RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG</b>	T1	T1	RM
<b>PHENERGAN INJECTION SOLUTION (Promethazine HCl) 25 MG/ML, 50 MG/ML</b>	T3	T3	RM
<b>PHENERGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG</b>	T2	T2	RM
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		T1	RM
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>		T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		T1	RM
<b>PROMETHEGAN RECTAL SUPPOSITORY</b> <i>(Promethazine HCl) 12.5 MG, 25 MG</i>	T1	T1	RM
<b>PROMETHEGAN RECTAL SUPPOSITORY</b> <i>(Promethazine HCl) 50 MG</i>	T2	T2	RM
<b>*antihistamines - piperidines***</b>			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		T1	RM
<i>cyproheptadine hcl oral tablet 4 mg</i>		T1	RM
<b>*Antihyperlipidemics*</b>			
<b>*antihyperlipidemics - misc.***</b>			
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>		T1	RM
<b>VASCEPA ORAL CAPSULE 0.5 GM, 1 GM</b>	T3		PA; RM
<b>*bile acid sequestrants***</b>			
<i>cholestyramine oral packet 4 gm</i>		T1	RM
<i>cholestyramine oral powder 4 gm/dose</i>		T1	RM
<i>colesevelam hcl oral tablet 625 mg</i>		T2	RM; QL (6 EA per 1 day)
<i>colestipol hcl oral packet 5 gm</i>		T1	RM
<i>colestipol hcl oral tablet 1 gm</i>		T1	RM
<i>micronized colestipol hcl oral tablet 1 gm</i>		T1	RM
<b>PREVALITE ORAL PACKET</b> <i>(Cholestyramine Light)</i> <b>4 GM</b>	T1	T1	RM
<b>PREVALITE ORAL POWDER</b> <i>(Cholestyramine Light)</i> <b>4 GM/DOSE</b>	T1	T1	RM
<b>WELCHOL ORAL PACKET 3.75 GM</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>*fibrin acid derivatives***</b>			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>		T1	RM
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>fenofibrate oral tablet 54 mg</i>		T1	RM; AI (Max #90 Mail Order)
<i>fenofibrin acid oral capsule delayed release 135 mg, 45 mg</i>		T1	RM; QL (1 EA per 1 Day); AL (Min 18 Years)
<i>fenofibrin acid oral tablet 105 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>FENOGLIDE ORAL TABLET</b> <i>(Fenofibrate)</i> <b>120 MG, 40 MG</b>	T3	T1	RM
<i>gemfibrozil oral tablet 600 mg</i>		T1	RM
<b>LIPOFEN ORAL CAPSULE 150 MG, 50 MG</b>	T3		RM
<b>LOFIBRA ORAL TABLET 160 MG, 54 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>TRICOR ORAL TABLET 145 MG</b>	T3		RM; QL (1 EA per 1 Day)
<b>TRICOR ORAL TABLET</b> <i>(Fenofibrate)</i> <b>48 MG</b>	T3	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>TRIGLIDE ORAL TABLET 160 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG</b>	T3		PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>*hmg coa reductase inhibitors***</b>			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>	T3		PA; ST; RM
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1	RM
<i>lovastatin oral tablet 40 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>pravastatin sodium oral tablet 40 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	RM; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>simvastatin oral tablet 80 mg</i>		T2	PA; RM; 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)
<b>ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG</b>	T3		ST; RM
<b>*intest cholest absorp inhib-hmg coa reductase inhib comb***</b>			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		T1	PA; RM; 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)
<b>VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>VYTORIN ORAL TABLET 10-80 MG</b>	T3		PA; RM; 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)
<b>*intestinal cholesterol absorption inhibitors***</b>			
<i>ezetimibe oral tablet 10 mg</i>		T1	RM; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*microsomal triglyceride transfer protein inhibitors***</b>			
<b>JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*nicotinic acid derivatives***</b>			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T2	RM; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<b>NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG</b>	T3		RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>*Antihypertensives*</b>			
<b>*ace inhibitor &amp; calcium channel blocker combinations***</b>			
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>		T1	RM
<b>TARKA ORAL TABLET EXTENDED RELEASE (Trandolapril-Verapamil HCl ER) 1-240 MG</b>	T3	T3	RM
<b>TARKA ORAL TABLET EXTENDED RELEASE (Trandolapril-Verapamil HCl ER) 2-180 MG, 2-240 MG, 4-240 MG</b>	T3	T1	RM
<b>*ace inhibitors &amp; thiazide/thiazide-like***</b>			
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>		T1	RM
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		T3	RM
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>		T1	RM
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		T3	RM
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		T1	RM
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>		T1	RM
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		T1	RM
<b>*ace inhibitors***</b>			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	RM
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		T1	RM
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>		T1	RM
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		T1	RM
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>		T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		T2	RM
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		T2	RM
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	RM
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		T1	RM
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		T1	RM
<b>*agents for pheochromocytoma***</b>			
<b>DIBENZYLINE ORAL CAPSULE 10 MG</b>	T3		RM
<b>*angiotensin ii receptor antag &amp; ca channel blocker comb***</b>			
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>TWYNSTA ORAL TABLET (Telmisartan-Amlodipine) 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG</b>	T3	T1	RM
<b>*angiotensin ii receptor antag &amp; thiazide/thiazide-like***</b>			
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</b>	T3		RM
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>		T1	RM
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T3	PA; RM; 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>		T3	PA; RM; 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	RM; 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	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*angiotensin ii receptor antagonists***</b>			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>EDARBI ORAL TABLET 40 MG, 80 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<i>eprosartan mesylate oral tablet 600 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>irbesartan oral tablet 300 mg</i>		T1	RM; AI (Max #90 Mail Order)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>MICARDIS ORAL TABLET (Telmisartan) 20 MG, 40 MG, 80 MG</b>	T3	T1	RM
<i>olmesartan medoxomil oral tablet 20 mg</i>		T3	PA; ST; RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T3	PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T3	PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>		T1	RM; QL (2 EA per 1 day)
<b>*angiotensin ii receptor ant-ca channel blocker-thiazides***</b>			
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	RM
<b>*antiadrenergics - centrally acting***</b>			
<b>CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR</b>	T3		RM
<b>CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR</b>	T3		RM
<b>CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR</b>	T3		RM
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		T1	RM
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>		T3	RM
<i>methyl dopa oral tablet 250 mg, 500 mg</i>		T1	RM
<b>TENEX ORAL TABLET (GuanFACINE HCl) 1 MG</b>	T3	T2	RM
<b>TENEX ORAL TABLET (GuanFACINE HCl) 2 MG</b>	T3	T1	RM
<b>*antiadrenergics - peripherally acting***</b>			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>		T1	RM
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		T1	RM
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		T1	RM
<b>*beta blocker &amp; diuretic combinations***</b>			
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>		T1	RM
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		T1	RM
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		T1	RM
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>		T1	RM



Drug Name	Brand	Generic	Additional Information
<b>*direct renin inhibitors &amp; calcium channel blocker comb***</b>			
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	T3		RM
<b>*direct renin inhibitors &amp; thiazide/thiazide-like comb***</b>			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*direct renin inhibitors***</b>			
TEKTURNA ORAL TABLET 150 MG, 300 MG	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>*reserpine***</b>			
<i>reserpine oral tablet 0.1 mg, 0.25 mg</i>		T3	RM
<b>*selective aldosterone receptor antagonists (saras)***</b>			
<i>eplerenone oral tablet 25 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>eplerenone oral tablet 50 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*vasodilators***</b>			
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		T1	RM
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		T1	RM
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*anti-infective agents - misc.***</b>			
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	T3		PA; RM
FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	T3		RM
<i>metronidazole oral tablet 250 mg, 500 mg</i>		T1	RM
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	T3		RM
<i>tinidazole oral tablet 250 mg, 500 mg</i>		T1	RM
<i>trimethoprim oral tablet 100 mg</i>		T1	RM
XIFAXAN ORAL TABLET 200 MG, 550 MG	T3		PA; RM; AI (;)
<b>*anti-infective misc. - combinations***</b>			
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		T1	RM
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>		T1	RM
<b>*antiprotozoal agents***</b>			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	T3		RM
ALINIA ORAL TABLET 500 MG	T3		RM
<i>atovaquone oral suspension 750 mg/5ml</i>		T2	RM

Drug Name	Brand	Generic	Additional Information
<b>*carbapenem combinations***</b>			
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*ketolides***</b>			
KETEK ORAL TABLET 300 MG	T3		RM
<b>*leprostatics***</b>			
dapsone oral tablet 100 mg, 25 mg		T2	RM
<b>*lincosamides***</b>			
CLEOCIN ORAL CAPSULE (Clindamycin HCl) 75 MG	T3	T1	RM
clindamycin hcl oral capsule 150 mg, 300 mg		T1	RM
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml		T3	RM
<b>*oxazolidinones***</b>			
linezolid oral suspension reconstituted 100 mg/5ml		T2	RM
linezolid oral tablet 600 mg		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
SIVEXTRO ORAL TABLET 200 MG	T3		PA; RO
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	T3		PA; RM
ZYVOX ORAL TABLET 600 MG	T3		PA; RM
<b>*polymyxins***</b>			
polymyxin b sulfate injection solution reconstituted 500000 unit		MB	SP
<b>*Antimalarials*</b>			
<b>*antimalarial combinations***</b>			
COARTEM ORAL TABLET 20-120 MG	T3		RM
MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 250-100 MG	T3	T3	RM
MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 62.5-25 MG	T3	T2	RM
<b>*antimalarials***</b>			
ARALEN ORAL TABLET (Chloroquine Phosphate) 500 MG	T3	T1	RM
chloroquine phosphate oral tablet 250 mg		T1	RM
DARAPRIM ORAL TABLET 25 MG	T3		PA; ST; RM
mefloquine hcl oral tablet 250 mg		T3	RM; AI (Max #15 per 90 days); QL (5 EA per 30 Days)
PLAQUENIL ORAL TABLET (Hydroxychloroquine Sulfate) 200 MG	T3	T1	RM
primaquine phosphate oral tablet 26.3 mg		T2	RM
QUALAQUIN ORAL CAPSULE (QuiNINE Sulfate) 324 MG	T2	T1	RM

Drug Name	Brand	Generic	Additional Information
<b>*Antimyasthenic Agents*</b>			
<b>*antimyasthenic agents***</b>			
FIRDAPSE ORAL TABLET 10 MG	T3		PA; RM
<i>guanidine hcl oral tablet 125 mg</i>		T3	RM
MESTINON ORAL SYRUP 60 MG/5ML	T3		RM
MESTINON ORAL TABLET ( <i>Pyridostigmine Bromide</i> ) 60 MG	T3	T1	RM
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	T3		ST; RM
PROSTIGMIN ORAL TABLET 15 MG	T3		RM
<b>*antimyasthenic/cholinergic agents***</b>			
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	MB		SP
ENLON INJECTION SOLUTION 10 MG/ML	MB		SP
FIRDAPSE ORAL TABLET 10 MG	T3		PA; RM
<i>guanidine hcl oral tablet 125 mg</i>		T3	RM
MESTINON ORAL SYRUP 60 MG/5ML	T3		RM
MESTINON ORAL TABLET ( <i>Pyridostigmine Bromide</i> ) 60 MG	T3	T1	RM
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	T3		ST; RM
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>		MB	SP
PROSTIGMIN ORAL TABLET 15 MG	T3		RM
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	MB		SP
<b>*Antimyasthenic/Cholinergic Agents*</b>			
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	MB		SP
ENLON INJECTION SOLUTION 10 MG/ML	MB		SP
FIRDAPSE ORAL TABLET 10 MG	T3		PA; RM
<i>guanidine hcl oral tablet 125 mg</i>		T3	RM
MESTINON ORAL SYRUP 60 MG/5ML	T3		RM
MESTINON ORAL TABLET ( <i>Pyridostigmine Bromide</i> ) 60 MG	T3	T1	RM
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	T3		ST; RM
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>		MB	SP
PROSTIGMIN ORAL TABLET 15 MG	T3		RM
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	MB		SP
<b>*Antimycobacterial Agents*</b>			
<b>*anti tb combinations***</b>			
RIFAMATE ORAL CAPSULE 150-300 MG	T3		RM
RIFATER ORAL TABLET 50-120-300 MG	T3		RM

Drug Name	Brand	Generic	Additional Information
<b>*antimycobacterial agents***</b>			
<i>cycloserine oral capsule 250 mg</i>		T3	RM
<i>ethambutol hcl oral tablet 100 mg</i>		T1	RM
<i>ethambutol hcl oral tablet 400 mg</i>		T2	RM
<i>isoniazid oral syrup 50 mg/5ml</i>		T1	RM
<i>isoniazid oral tablet 100 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>isoniazid oral tablet 300 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>MYAMBUTOL ORAL TABLET 100 MG, 400 MG</b>	T3		PA; ST; RM
<b>PASER ORAL PACKET 4 GM</b>	T3		PA; ST; RM
<b>PRIFTIN ORAL TABLET 150 MG</b>	T2		RM
<i>pyrazinamide oral tablet 500 mg</i>		T2	RM
<i>rifabutin oral capsule 150 mg</i>		T1	RM
<b>RIFADIN ORAL CAPSULE (Rifampin) 150 MG, 300 MG</b>	T3	T1	RM
<b>SIRTURO ORAL TABLET 100 MG</b>	T2		RM
<b>TRECTOR ORAL TABLET 250 MG</b>	T3		RM
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
<b>*antineoplastic - bcl-2 inhibitors***</b>			
<b>VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 &amp; 50 &amp; 100 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*alkylating agents***</b>			
<b>BENDEKA INTRAVENOUS SOLUTION (Bendamustine HCl) 100 MG/4ML</b>	T1	T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HEXALEN ORAL CAPSULE 50 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MYLERAN ORAL TABLET 2 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*androgen biosynthesis inhibitors***</b>			
<b>YONSA ORAL TABLET 125 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZYTIGA ORAL TABLET (Abiraterone Acetate) 250 MG</b>	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZYTIGA ORAL TABLET 500 MG</b>	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antiadrenals***</b>			
<b>LYSODREN ORAL TABLET 500 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antiandrogens***</b>			
<b>CASODEX ORAL TABLET (Bicalutamide) 50 MG</b>	T1	T1	RM
<b>ERLEADA ORAL TABLET 60 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>flutamide oral capsule 125 mg</i>		T1	RM
<b>NILANDRON ORAL TABLET (Nilutamide) 150 MG</b>	T1	T1	RM; M
<b>XTANDI ORAL CAPSULE 40 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antiestrogens***</b>			
<b>FARESTON ORAL TABLET 60 MG</b>	T1		RM; QL (1 EA per 1 Day)
<b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>	T1		RM
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		\$0	RM
<b>*antimetabolites***</b>			
<b>FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML</b>	T1		PA; ST; SP
<i>mercaptopurine oral tablet 50 mg</i>		T1	RM
<i>methotrexate oral tablet 2.5 mg</i>		T1	RM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>		T1	RM
<i>methotrexate sodium injection solution 25 mg/ml</i>		T1	RM
<b>PURIXAN ORAL SUSPENSION 2000 MG/100ML</b>	T1		RM
<b>TABLOID ORAL TABLET 40 MG</b>	T1		RM
<b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>	T1		RM

Drug Name	Brand	Generic	Additional Information
XATMEP ORAL SOLUTION 2.5 MG/ML	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA ORAL TABLET ( <i>Capecitabine</i> ) 150 MG, 500 MG	T1	T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antineoplastic - braf kinase inhibitors***</b>			
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF ORAL TABLET 240 MG	T1		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antineoplastic - hedgehog pathway inhibitors***</b>			
ERIVEDGE ORAL CAPSULE 150 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO ORAL CAPSULE 200 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 18 Years)
<b>*antineoplastic - histone deacetylase inhibitors***</b>			
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOLINZA ORAL CAPSULE 100 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AL (Min 16 Years)
<b>*antineoplastic - immunomodulators***</b>			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antineoplastic - mek inhibitors***</b>			
COTELLIC ORAL TABLET 20 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MEKINIST ORAL TABLET 0.5 MG, 2 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MEKTOVI ORAL TABLET 15 MG</b>	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*antineoplastic - monoclonal antibodies***</b>			
<b>BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>**antineoplastic - mtor kinase inhibitors***</b>			
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antineoplastic - multikinase inhibitors***</b>			
<b>NEXAVAR ORAL TABLET 200 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day); AL (Min 16 Years)
<b>RYDAPT ORAL CAPSULE 25 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>STIVARGA ORAL TABLET 40 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
<b>*antineoplastic - proteasome inhibitors***</b>			
<b>KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG</b>	T1		PA; RM

Drug Name	Brand	Generic	Additional Information
<b>NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antineoplastic - tyrosine kinase inhibitors***</b>			
<b>ALECENSA ORAL CAPSULE 150 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (8 EA per 1 day); AL (Min 18 Years)
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BOSULIF ORAL TABLET 100 MG, 500 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CALQUENCE ORAL CAPSULE 100 MG</b>	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CAPRELSA ORAL TABLET 100 MG, 300 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 1 X 20 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 &amp; 3 X 20 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GLEEVEC ORAL TABLET (<i>Imatinib Mesylate</i>) 100 MG</b>	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>GLEEVEC ORAL TABLET 400 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
<b>ICLUSIG ORAL TABLET 15 MG, 45 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>imatinib mesylate oral tablet 400 mg</i>		T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AL (Min 18 Years)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>IMBRUVICA ORAL TABLET 140 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AL (Min 18 Years)
<b>IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>INLYTA ORAL TABLET 1 MG, 5 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>IRESSA ORAL TABLET 250 MG</b>	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG</b>	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 &amp; 4 MG</b>	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 &amp; 4 (2) MG</b>	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG</b>	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) &amp; 4 MG</b>	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	T1		RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
LORBRENA ORAL TABLET 100 MG, 25 MG	T1		PA; RM
NERLYNX ORAL TABLET 40 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
TAGRISSE ORAL TABLET 40 MG, 80 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYKERB ORAL TABLET 250 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 Day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	T1		PA; RM
VOTRIENT ORAL TABLET 200 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XALKORI ORAL CAPSULE 200 MG, 250 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AL (Min 16 Years)
ZYKADIA ORAL CAPSULE 150 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day); AL (Min 16 Years)
<b>*antineoplastic antibiotics***</b>			
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>		T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*antineoplastic antibody-drug complexes***</b>			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*antineoplastic combinations***</b>			
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	T1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG - UT/13.4ML	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antineoplastics misc.***</b>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HYDREA ORAL CAPSULE ( <i>Hydroxyurea</i> ) 500 MG	T1	T1	RM
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE ORAL CAPSULE 50 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*aromatase inhibitors***</b>			
<i>anastrozole oral tablet 1 mg</i>		T1	RM; F; QL (1 EA per 1 Day)
ARIMIDEX ORAL TABLET 1 MG	T1		RM; F; QL (1 EA per 1 day)
AROMASIN ORAL TABLET ( <i>Exemestane</i> ) 25 MG	T1	T1	RM; F; QL (1 EA per 1 Day)
FEMARA ORAL TABLET ( <i>Letrozole</i> ) 2.5 MG	T1	T1	RM; F; QL (1 EA per 1 Day)
<b>*chemotherapy adjuncts - hyperuricemia agents***</b>			
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*estrogen receptor antagonist***</b>			
<b>FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*estrogens-antineoplastic***</b>			
<b>EMCYT ORAL CAPSULE 140 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*folic acid antagonists rescue agents***</b>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	RM
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		T1	RM
<b>*gonadotropin releasing hormone (gnrh) antagonists***</b>			
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*imidazotetrazines***</b>			
<b>TEMODAR ORAL CAPSULE (<i>Temozolomide</i>) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG</b>	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*janus associated kinase (jak) inhibitors***</b>			
<b>JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*lhrh analogs***</b>			
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AL (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 30 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AL (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 days); AL (Min 18 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ELIGARD SUBCUTANEOUS KIT 7.5 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 30 days); AL (Min 18 Years)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (28 mg per 28 days); AL (Min 18 Years)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 30 days)
<b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 30 days); AL (Min 18 Years)
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (PA required. FDA approved only for endometriosis and fibroids.); QL (1 EA per 90 days)
<b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AL (Min 18 Years)
<b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AL (Min 18 Years)
<b>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 days); AL (Min 18 Years)
<b>TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VANTAS SUBCUTANEOUS KIT 50 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*mitotic inhibitors***</b>			
<i>etoposide oral capsule 50 mg</i>		T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*nitrogen mustards***</b>			
<b>ALKERAN ORAL TABLET 2 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		T1	RM
<b>LEUKERAN ORAL TABLET 2 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*nitrosoureas***</b>			
<b>GLEOSTINE ORAL CAPSULE (<i>Lomustine</i>) 10 MG, 100 MG, 40 MG</b>	T1	T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*progestins-antineoplastic***</b>			
<b>MEGACE ORAL ORAL SUSPENSION (<i>Megestrol Acetate</i>) 40 MG/ML</b>	T1	T1	RM
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>		T1	RM
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		T1	RM
<b>*retinoids***</b>			
<i>tretinoin oral capsule 10 mg</i>		T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*selective retinoid x receptor agonists***</b>			
<i>bexarotene oral capsule 75 mg</i>		T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>TARGRETIN ORAL CAPSULE 75 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*topoisomerase i inhibitors***</b>			
<b>HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*urinary tract protective agents***</b>			
<b>MESNEX ORAL TABLET 400 MG</b>	SP		SP
<b>*Antiparkinson Agents*</b>			
<b>*antiparkinson anticholinergics***</b>			
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1	RM
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>		T3	RM
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		T1	RM
<b>*antiparkinson dopaminergics***</b>			
<i>amantadine hcl oral capsule 100 mg</i>		T1	RM
<i>amantadine hcl oral syrup 50 mg/5ml</i>		T1	RM
<i>bromocriptine mesylate oral capsule 5 mg</i>		T1	RM
<i>bromocriptine mesylate oral tablet 2.5 mg</i>		T1	RM
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG</b>	T3		PA; RM
<b>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG</b>	T3		PA; RM
<b>*antiparkinson monoamine oxidase inhibitors***</b>			
<b>AZILECT ORAL TABLET (<i>Rasagiline Mesylate</i>) 0.5 MG, 1 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>selegiline hcl oral capsule 5 mg</i>		T1	RM
<i>selegiline hcl oral tablet 5 mg</i>		T1	RM
<b>XADAGO ORAL TABLET 100 MG, 50 MG</b>	T3		PA; RM
<b>*central/peripheral comt inhibitors***</b>			
<b>TASMAR ORAL TABLET (<i>Tolcapone</i>) 100 MG</b>	T3	T1	PA; RM
<b>*decarboxylase inhibitors***</b>			
<i>carbidopa oral tablet 25 mg</i>		T1	RM
<b>*levodopa combinations***</b>			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1	RM
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>		T1	RM
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG</b>	T3		PA; RM
<b>STALEVO 100 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 25-100-200 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 125 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 31.25-125-200 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 150 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 37.5-150-200 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 200 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 50-200-200 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 50 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 12.5-50-200 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 75 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 18.75-75-200 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>*nonergoline dopamine receptor agonists***</b>			
<b>APOKYN SUBCUTANEOUS SOLUTION 10 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG</b>	T3		RM; AI (;); QL (1 EA per 1 Day)
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>		T2	RM; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>		T2	RM
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		T1	RM
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR (ROPINIRole HCl ER) 12 MG, 6 MG</b>	T3	T3	RM
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG</b>	T3		RM; QL (8 EA per 1 Day)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG</b>	T3		RM; QL (4 EA per 1 Day)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG</b>	T3		RM; QL (3 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T3	RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T3	RM; AI (Max #540 Mail Order); QL (4 EA per 1 Day)

Last revision date: 1/16/19: To search for a drug use control + f



Drug Name	Brand	Generic	Additional Information
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		T1	RM
<b>*peripheral comt inhibitors***</b>			
<b>COMTAN ORAL TABLET (<i>Entacapone</i>) 200 MG</b>	T3	T1	RM
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*antimanic agents***</b>			
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>		T1	RM
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		T1	RM
<i>lithium carbonate oral tablet 300 mg</i>		T1	RM
<i>lithium oral solution 8 meq/5ml</i>		T1	RM
<b>*antipsychotics - misc.***</b>			
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>	T3		RM
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG</b>	T3		RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG</b>	T3		RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day)
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>	T3		RM; QL (1 EA per 1 Day); AL (Min 10 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*benzisoaxazoles***</b>			
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>FANAPT TITRATION PACK ORAL TABLET 1 &amp; 2 &amp; 4 &amp; 6 MG</b>	T3		RM; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 6 MG</b>	T3		RM; AI (90 tablets per copay); QL (2 EA per 1 Day); AL (Min 12 Years)
<b>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG</b>	T3		RM; AI (90 tablets per copay); QL (1 EA per 1 Day); AL (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T3	RM; AI (90 tablets per copay); QL (2 EA per 1 day); AL (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T3	RM; AI (90 tablets per copay); QL (1 EA per 1 day); AL (Min 12 Years)
<b>RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG</b>	T1		RM
<i>risperidone oral solution 1 mg/ml</i>		T1	RM
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		T1	RM
<b>*butyrophenones***</b>			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		T1	RM
<b>*dibenzodiazepines***</b>			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1	RM; AI (Max #810 Mail Order); QL (9 EA per 1 Day)
<i>clozapine oral tablet 200 mg</i>		T1	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>clozapine oral tablet 50 mg</i>		T1	RM; AI (Max #540 per 90days); QL (6 EA per 1 Day)
<b>*dibenzo-oxepino pyrroles***</b>			
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG</b>	T3		RM; QL (2 EA per 1 Day)
<b>*dibenzothiazepines***</b>			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>		T3	RM; QL (1 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>		T3	RM; QL (2 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>		T1	RM
<i>quetiapine fumarate oral tablet 400 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>quetiapine fumarate oral tablet 50 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUETiapine Fumarate ER) 400 MG</b>	T3	T3	RM; QL (2 EA per 1 day); AL (Min 10 Years)
<b>*dibenzoxazepines***</b>			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		T1	RM
<b>*phenothiazines***</b>			
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		T1	RM
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		T3	RM
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		T3	RM
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		T1	RM
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		T1	RM
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		T2	RM
<i>prochlorperazine rectal suppository 25 mg</i>		T2	RM
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		T1	RM
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		T1	RM
<b>*quinolinone derivatives***</b>			
<b>ABILIFY ORAL SOLUTION 1 MG/ML</b>	T3		RM; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days)
<i>aripiprazole oral solution 1 mg/ml</i>		T1	RM; QL (25 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	T3		PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<b>**thienbenzodiazepines***</b>			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>**thioxanthenes***</b>			
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		T1	RM
<b>*Antiretrovirals Adjuvants***</b>			
<b>*antiretrovirals adjuvants***</b>			
<b>TYBOST ORAL TABLET 150 MG</b>	T3		RM; AI (;)
<b>*Antiseptics &amp; Disinfectants*</b>			
<b>*antiseptics &amp; disinfectants***</b>			
<b>FORMADON EXTERNAL SOLUTION (Formaldehyde) 10 %</b>	T2	T2	RM
<b>*iodine antiseptics***</b>			
<b>IODOSORB EXTERNAL GEL 0.9 %</b>	T3		RM
<b>*Antivirals*</b>			
<b>*antiretroviral combinations***</b>			
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		T1	RM
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>		T1	RM; AI (;); QL (2 EA per 1 day)
<b>ATRIPLA ORAL TABLET 600-200-300 MG</b>	T2		RM; AI (;); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>BIKTARVY ORAL TABLET 50-200-25 MG</b>	T3		RM; QL (1 EA per 1 day)
<b>CIMDUO ORAL TABLET 300-300 MG</b>	T2		RM; QL (1 EA per 1 day)
<b>COMBIVIR ORAL TABLET (Lamivudine-Zidovudine) 150-300 MG</b>	T3	T1	RM; AI (;)
<b>COMPLERA ORAL TABLET 200-25-300 MG</b>	T2		RM; AI (;)
<b>DELSTRIGO ORAL TABLET 100-300-300 MG</b>	T3		PA; ST; RM
<b>DESCOVY ORAL TABLET 200-25 MG</b>	T3		RM; QL (1 EA per 1 day)
<b>EVOTAZ ORAL TABLET 300-150 MG</b>	T3		RM; AI (;)
<b>GENVOYA ORAL TABLET 150-150-200-10 MG</b>	T2		RM; AI (;)
<b>JULUCA ORAL TABLET 50-25 MG</b>	T3		PA; RM
<b>KALETRA ORAL TABLET 100-25 MG, 200-50 MG</b>	T2		RM; AI (;)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>		T2	RM
<b>ODEFSEY ORAL TABLET 200-25-25 MG</b>	T2		RM; AI (;)
<b>PREZCOBIX ORAL TABLET 800-150 MG</b>	T3		RM; AI (;)
<b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>	T2		RM; AI (;)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
SYMFI LO ORAL TABLET 400-300-300 MG	T2		RM; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	T2		RM; QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	T3		PA; RM
TRIUMEQ ORAL TABLET 600-50-300 MG	T3		RM; AI (;); QL (1 EA per 1 day); AL (Min 16 Years)
TRIZIVIR ORAL TABLET 300-150-300 MG	T3		RM; AI (;); QL (2 EA per 1 Day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	T2		RM; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG	T2		RM; AI (;); QL (1 EA per 1 Day)
<b>*antiretrovirals - ccr5 antagonists (entry inhibitor)***</b>			
SELZENTRY ORAL SOLUTION 20 MG/ML	T2		RM
SELZENTRY ORAL TABLET 150 MG, 300 MG	T2		RM; AI (;)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		RM
<b>*antiretrovirals - fusion inhibitors***</b>			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antiretrovirals - integrase inhibitors***</b>			
ISENTRESS HD ORAL TABLET 600 MG	T2		RM
ISENTRESS ORAL PACKET 100 MG	T2		RM; AI (;)
ISENTRESS ORAL TABLET 400 MG	T2		RM; AI (;)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	T2		RM; AI (;)
TIVICAY ORAL TABLET 10 MG, 25 MG	T2		RM
TIVICAY ORAL TABLET 50 MG	T2		RM; AI (;)
VITEKTA ORAL TABLET 150 MG, 85 MG	T2		RM; AI (;)
<b>*antiretrovirals - protease inhibitors***</b>			
APTIVUS ORAL CAPSULE 250 MG	T3		RM; AI (;)
APTIVUS ORAL SOLUTION 100 MG/ML	T3		RM; AI (;)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2		RM; AI (;)
INVIRASE ORAL CAPSULE 200 MG	T2		RM; AI (;)
INVIRASE ORAL TABLET 500 MG	T2		RM; AI (;)
LEXIVA ORAL SUSPENSION 50 MG/ML	T2		RM; AI (;)
NORVIR ORAL CAPSULE 100 MG	T2		RM; AI (;)
NORVIR ORAL PACKET 100 MG	T2		RM
NORVIR ORAL SOLUTION 80 MG/ML	T2		RM; AI (;)
PREZISTA ORAL SUSPENSION 100 MG/ML	T2		RM; AI (;)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2		RM; AI (;)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	T2		RM; AI (;); QL (2 EA per 1 Day)
REYATAZ ORAL CAPSULE 300 MG	T2		RM; AI (;); QL (1 EA per 1 Day)
REYATAZ ORAL PACKET 50 MG	T2		RM; AI (;)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>ritonavir oral tablet 100 mg</i>		T2	RM
<b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>	T2		RM; AI (;)
<b>*antiretrovirals - rti-non-nucleoside analogues***</b>			
<b>EDURANT ORAL TABLET 25 MG</b>	T2		RM; AI (;); QL (1 EA per 1 Day)
<i>efavirenz oral capsule 200 mg</i>		T1	RM; QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>		T1	RM; QL (2 EA per 2 days)
<b>INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG</b>	T2		RM; AI (;)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		T1	RM
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T1	RM; AI (;)
<b>PIFELTRO ORAL TABLET 100 MG</b>	T3		PA; RM
<b>RESCRIPTOR ORAL TABLET 100 MG, 200 MG</b>	T3		RM; AI (;)
<b>VIRAMUNE ORAL SUSPENSION (Nevirapine) 50 MG/5ML</b>	T2	T2	RM; AI (;)
<b>VIRAMUNE ORAL TABLET (Nevirapine) 200 MG</b>	T3	T1	RM; AI (;)
<b>*antiretrovirals - rti-nucleoside analogues-purines***</b>			
<i>abacavir sulfate oral solution 20 mg/ml</i>		T1	RM
<b>VIDEX EC ORAL CAPSULE DELAYED RELEASE (Didanosine) 125 MG, 200 MG, 250 MG, 400 MG</b>	T3	T1	RM; AI (;)
<b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM</b>	T2		RM; AI (;)
<b>ZIAGEN ORAL TABLET (Abacavir Sulfate) 300 MG</b>	T3	T1	RM; AI (;)
<b>*antiretrovirals - rti-nucleoside analogues-pyrimidines***</b>			
<b>EMTRIVA ORAL CAPSULE 200 MG</b>	T2		RM; AI (;); QL (1 EA per 1 Day)
<b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>	T2		RM; AI (;); QL (720 ML per 30 Days)
<b>EPIVIR ORAL SOLUTION (Lamivudine) 10 MG/ML</b>	T3	T1	RM; AI (;)
<b>EPIVIR ORAL TABLET (Lamivudine) 150 MG, 300 MG</b>	T3	T1	RM; AI (;)
<b>*antiretrovirals - rti-nucleoside analogues-thymidines***</b>			
<b>RETROVIR ORAL CAPSULE (Zidovudine) 100 MG</b>	T3	T1	RM; AI (;)
<b>RETROVIR ORAL SYRUP (Zidovudine) 50 MG/5ML</b>	T3	T1	RM; AI (;)
<b>ZERIT ORAL CAPSULE (Stavudine) 15 MG, 20 MG, 30 MG, 40 MG</b>	T3	T1	RM; AI (;)
<b>ZERIT ORAL SOLUTION RECONSTITUTED (Stavudine) 1 MG/ML</b>	T3	T1	RM; AI (;)
<i>zidovudine oral tablet 300 mg</i>		T1	RM; AI (;)
<b>*antiretrovirals - rti-nucleotide analogues***</b>			
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>		T2	RM
<b>VIREAD ORAL POWDER 40 MG/GM</b>	T2		RM; AI (;)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T2		RM; AI (;); QL (1 EA per 1 day)
<b>*cmv agents***</b>			
<b>PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PREVYMIS ORAL TABLET 240 MG, 480 MG</b>	SP		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>VALCYTE ORAL TABLET 450 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>valganciclovir hcl oral tablet 450 mg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
<b>*hepatitis b agents***</b>			
<b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (20 ML per 1 Day); AL (Min 16 Years)
<b>BARACLUDE ORAL TABLET 1 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AL (Min 16 Years)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 16 Years)
<b>EPIVIR HBV ORAL SOLUTION 5 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EPIVIR HBV ORAL TABLET (<i>LamiVUDine</i>) 100 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HEPSERA ORAL TABLET 10 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
TYZEKA ORAL TABLET 600 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AL (Min 16 Years)
VEMLIDY ORAL TABLET 25 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 18 Years)
<b>*hepatitis c agents***</b>			
COPEGUS ORAL TABLET 200 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 18 Years)
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	SP		RM; QL (2 EA per 1 Day)
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	SP		RM; QL (2 EA per 1 Day)
MODERIBA ORAL TABLET ( <i>Ribavirin</i> ) 200 MG	SP	SP	RM
OLYSIO ORAL CAPSULE 150 MG	SP		PA; SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS KIT 180 MCG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REBETOL ORAL CAPSULE 200 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REBETOL ORAL SOLUTION 40 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RIBASPHERE ORAL CAPSULE 200 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RIBASPHERE ORAL TABLET 200 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RIBASPHERE ORAL TABLET 400 MG, 600 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
<b>RIBATAB ORAL TABLET 400 MG</b>	SP		RM; QL (2 EA per 1 day)
<i>ribavirin oral capsule 200 mg</i>		SP	RM
<b>SOVALDI ORAL TABLET 400 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VICTRELIS ORAL CAPSULE 200 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (336 EA per 30 Days); AL (Min 18 Years)
<b>*herpes agents - purine analogues***</b>			
<i>acyclovir oral capsule 200 mg</i>		T1	RM
<i>acyclovir oral suspension 200 mg/5ml</i>		T1	RM
<i>acyclovir oral tablet 400 mg, 800 mg</i>		T1	RM
<b>SITAVIG BUCCAL TABLET 50 MG</b>	T3		PA; RM; AI (Max #15 tablets retail or mail order); AL (Min 16 Years)
<i>valacyclovir hcl oral tablet 1 gm</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1	RM; QL (2 EA per 1 Day)
<b>*herpes agents - thymidine analogues***</b>			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		T1	RM
<b>*influenza agents***</b>			
<b>FLUMADINE ORAL TABLET (Rimantadine HCl) 100 MG</b>	T3	T3	RM



Drug Name	Brand	Generic	Additional Information
<b>*neuraminidase inhibitors***</b>			
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>		T2	RM; QL (10 EA per 1 Copay)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>		T2	RM; QL (180 ML per 1 copay)
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER</b>	T3		RM; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)
<b>*Assorted Classes*</b>			
<b>*antileptotics***</b>			
<b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*b-lymphocyte stimulator (blys)-specific inhibitors***</b>			
<b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*chelating agents***</b>			
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	T2		RM
<b>DEPEN TITRATABS ORAL TABLET 250 MG</b>	T3		RM
<i>trientine hcl oral capsule 250 mg</i>		SP	PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*cyclosporine analogs***</b>			
<i>cyclosporine modified oral capsule 50 mg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GENGRAF ORAL CAPSULE (CycloSPORINE Modified) 100 MG, 25 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GENGRAF ORAL SOLUTION (CycloSPORINE Modified) 100 MG/ML</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>NEORAL ORAL CAPSULE</b> ( <i>CycloSPORINE Modified</i> ) <b>100 MG, 25 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NEORAL ORAL SOLUTION</b> ( <i>CycloSPORINE Modified</i> ) <b>100 MG/ML</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SANDIMMUNE INTRAVENOUS SOLUTION</b> ( <i>CycloSPORINE</i> ) <b>50 MG/ML</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SANDIMMUNE ORAL CAPSULE</b> ( <i>CycloSPORINE</i> ) <b>100 MG, 25 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SANDIMMUNE ORAL SOLUTION 100 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*enzymes***</b>			
<b>XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*immunomodulators for myelodysplastic syndromes***</b>			
<b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>*inosine monophosphate dehydrogenase inhibitors***</b>			
<b>CELLCEPT ORAL CAPSULE</b> ( <i>Mycophenolate Mofetil</i> ) <b>250 MG</b>	T3	T1	RM
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED</b> ( <i>Mycophenolate Mofetil</i> ) <b>200 MG/ML</b>	T3	T1	RM
<b>CELLCEPT ORAL TABLET</b> ( <i>Mycophenolate Mofetil</i> ) <b>500 MG</b>	T3	T1	RM
<b>MYFORTIC ORAL TABLET DELAYED RELEASE</b> ( <i>Mycophenolic Acid</i> ) <b>180 MG</b>	T3	T1	RM; AI (;); QL (6 EA per 1 Day)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE</b> ( <i>Mycophenolic Acid</i> ) <b>360 MG</b>	T3	T1	RM; AI (;); QL (4 EA per 1 Day)
<b>*macrolide immunosuppressants***</b>			
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG</b>	T3		RM
<b>ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG</b>	T3		PA; RM
<b>PROGRAF ORAL CAPSULE</b> ( <i>Tacrolimus</i> ) <b>0.5 MG, 1 MG, 5 MG</b>	T3	T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
RAPAMUNE ORAL SOLUTION 1 MG/ML	T3		RM
RAPAMUNE ORAL TABLET ( <i>Sirolimus</i> ) 0.5 MG, 1 MG, 2 MG	T3	T1	RM
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*potassium removing resins***</b>			
KAYEXALATE ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )	T3	T1	RM
KIONEX ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )	T1	T1	RM
KIONEX ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	T1	T1	RM
LOKELMA ORAL PACKET 10 GM, 5 GM	T3		PA; RM
SPS ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	T1	T1	RM
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	T3		PA; RM
<b>*purine analogs***</b>			
azathioprine oral tablet 50 mg		T1	RM
<b>*selective t-cell costimulation blockers***</b>			
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Beta Blockers*</b>			
<b>*alpha-beta blockers***</b>			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg		T1	RM
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		T1	RM
<b>*beta blockers cardio-selective***</b>			
acebutolol hcl oral capsule 200 mg, 400 mg		T1	RM
atenolol oral tablet 100 mg, 25 mg, 50 mg		T1	RM
betaxolol hcl oral tablet 10 mg		T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
betaxolol hcl oral tablet 20 mg		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
bisoprolol fumarate oral tablet 10 mg, 5 mg		T1	RM
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	T2		RM; AI (;)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	T3		PA; RM
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg		T1	RM
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg		T1	RM
metoprolol tartrate oral tablet 37.5 mg, 75 mg		T3	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>*beta blockers non-selective***</b>			
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	T3		RM; AL (Max 2 Years)
LEVATOL ORAL TABLET 20 MG	T3		RM
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1	RM
<i>pindolol oral tablet 10 mg, 5 mg</i>		T1	RM
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>		T1	RM
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		T2	RM
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		T1	RM
<b>SORINE ORAL TABLET (Sotalol HCl) 120 MG, 160 MG, 240 MG, 80 MG</b>	T1	T1	RM
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>		T1	RM
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		T3	RM
<b>*Bile Acid Synthesis Disorder Agents***</b>			
<b>*bile acid synthesis disorder agents***</b>			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Biologicals Misc*</b>			
<b>*allergenic extracts***</b>			
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	T3		PA; ST; RM
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	T3		PA; ST; RM
<b>*biologicals misc***</b>			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***</b>			
<b>*calcitonin gene-related peptide (cgrp) receptor antag***</b>			
AIMOVIG 140 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.05 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML</b>	SP		PA; RM
<b>*Calcium Channel Blockers*</b>			
<b>*calcium channel blockers***</b>			
<b>AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER) 30 MG, 60 MG</b>	T1	T1	RM
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1	RM
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 120 MG</b>	T1	T1	RM
<b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 180 MG, 240 MG, 300 MG</b>	T1	T1	RM
<i>dilt-cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>		T1	RM
<i>diltiazem hcl cd oral capsule extended release 24 hour 360 mg</i>		T1	RM
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>		T1	RM
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>		T1	RM
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		T1	RM
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		T1	RM
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>		T1	RM
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		T1	RM
<i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>		T1	RM
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		T2	RM
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		T1	RM
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		T1	RM
<b>NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER) 30 MG, 60 MG, 90 MG</b>	T1	T1	RM
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER Osmotic Release) 30 MG, 60 MG</b>	T1	T1	RM
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>		T1	RM
<i>nifedipine oral capsule 10 mg, 20 mg</i>		T1	RM
<i>nimodipine oral capsule 30 mg</i>		T1	RM; AI (Max #756 Mail Order); QL (8.4 EA per 1 Day)
<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	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>	T1	T1	RM
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>		T1	RM
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>		T3	RM
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T1	RM
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		T1	RM
<b>*Cardiotonics*</b>			
<b>*cardiac glycosides***</b>			
<b>DIGITEK ORAL TABLET (Digoxin) 125 MCG, 250 MCG</b>	T1	T1	RM
<b>DIGOX ORAL TABLET (Digoxin) 125 MCG, 250 MCG</b>	T1	T1	RM
<i>digoxin oral solution 0.05 mg/ml</i>		T1	RM
<b>LANOXIN ORAL TABLET (Digoxin) 125 MCG, 250 MCG</b>	T3	T1	RM
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	T3		RM
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*prostaglandin vasodilators***</b>			
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); \$0
<i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>		SP	PA; SP
<b>FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG</b>	SP		PA; SP
<b>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TYVASO INHALATION SOLUTION 0.6 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*pulm hyperten-soluble guanylate cyclase stimulator (sgc)***</b>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	SP		PA; SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years)
<b>*pulmonary hypertension - endothelin receptor antagonists***</b>			
LETAIRIS ORAL TABLET 10 MG, 5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AL (Min 18 Years)
OPSUMIT ORAL TABLET 10 MG	SP		PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*pulmonary hypertension - phosphodiesterase inhibitors***</b>			
ADCIRCA ORAL TABLET 20 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO INTRAVENOUS SOLUTION ( <i>Sildenafil Citrate</i> ) 10 MG/12.5ML	SP	SP	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL TABLET 20 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AL (Min 18 Years)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>sildenafil citrate oral tablet 20 mg</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AL (Min 18 Years)
<b>*selective cgmp phosphodiesterase type 5 inhibitors***</b>			
<b>CIALIS ORAL TABLET (Tadalafil) 2.5 MG, 5 MG</b>	T3	T1	ST; RM; AI (ST: Trial of three of the following for BPH for 3 months in last 18 months: alfuzosin ER tamsulosin silodosin finasteride 5mg dutasteride finasteride+dutasteride (generic for Jaly)); M; QL (1 EA per 1 day); AL (Min 18 Years)
<b>*Cephalosporins*</b>			
<b>*cephalosporins - 1st generation***</b>			
<i>cefadroxil oral capsule 500 mg</i>		T1	RM
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		T1	RM
<i>cefadroxil oral tablet 1 gm</i>		T1	RM
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1	RM
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		T1	RM
<b>*cephalosporins - 2nd generation***</b>			
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		T3	RM
<i>cefaclor oral capsule 250 mg, 500 mg</i>		T2	RM
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>		T3	RM
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		T3	RM
<i>cefprozil oral tablet 250 mg, 500 mg</i>		T3	RM
<b>CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML</b>	T3		RM
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>		T1	RM
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		T1	RM
<b>*cephalosporins - 3rd generation***</b>			
<b>CEDAX ORAL CAPSULE (Ceftibuten) 400 MG</b>	T3	T3	RM
<b>CEDAX ORAL SUSPENSION RECONSTITUTED (Ceftibuten) 180 MG/5ML</b>	T3	T3	RM
<b>CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML</b>	T3		RM
<i>cefdinir oral capsule 300 mg</i>		T1	RM
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		T3	RM
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>		T3	RM
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		T1	RM

Last revision date: 1/16/19: To search for a drug use control + f



Drug Name	Brand	Generic	Additional Information
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>		T3	RM
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%</i>		MB	SP
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED (Cefixime) 100 MG/5ML, 200 MG/5ML</b>	T3	T1	RM
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	T3		RM
<b>SUPRAX ORAL TABLET 400 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG</b>	T3		RM
<b>*Chemicals*</b>			
<b>*bulk chemicals - be's***</b>			
<i>belladonna tincture</i>		T3	RM
<b>*bulk chemicals - en***</b>			
<i>enalapril maleate powder</i>		T3	RM
<b>*bulk chemicals - fl's***</b>			
<i>fluoymesterone powder</i>		T3	PA; RO
<b>*bulk chemicals - va's***</b>			
<i>vancomycin hcl powder</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Contraceptives*</b>			
<b>*biphasic contraceptives - oral***</b>			
<b>AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	\$0		RM; AI (;); F; QL (28 EA per 30 Days)
<b>BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	\$0		RM; F; QL (28 EA per 30 days)
<b>KARIVA ORAL TABLET (Viorele) 0.15-0.02/0.01 MG (21/5)</b>	\$0	\$0	RM; AI (;); F; QL (28 EA per 30 Days)
<b>KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	\$0		RM; F; QL (28 EA per 30 days)
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
<b>NECON 10/11 (28) ORAL TABLET 35 MCG</b>	\$0		RM
<b>PIMTREA ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5)</b>	\$0	\$0	RM; AI (;); F; QL (28 EA per 30 days)
<b>*combination contraceptives - oral***</b>			
<b>ALTAVERA ORAL TABLET (Marlissa) 0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>APRI ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>AUBRA ORAL TABLET 0.1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>AVIANE ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>BALZIVA ORAL TABLET</b> ( <i>Briellyn</i> ) <b>0.4-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>BLISOVI 24 FE ORAL TABLET</b> ( <i>Norethin Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG(24)</b>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>BLISOVI FE 1.5/30 ORAL TABLET</b> <b>1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.25 EA per 1 day)
<b>BREVICON (28) ORAL TABLET</b> <b>0.5-35 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>CHATEAL ORAL TABLET</b> ( <i>Marlissa</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>CRYSSELLE-28 ORAL TABLET</b> <b>0.3-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>CYCLAFEM 1/35 ORAL TABLET</b> ( <i>Alyacen 1/35</i> ) <b>1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>CYRED ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>DASETTA 1/35 ORAL TABLET</b> <b>1-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>DELYLA ORAL TABLET</b> <b>0.1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
<b>ELINEST ORAL TABLET</b> <b>0.3-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>EMOQUETTE ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>ENSKYCE ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>ESTARYLLA ORAL TABLET</b> <b>0.25-35 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>		\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>FALMINA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>FEMCON FE ORAL TABLET CHEWABLE</b> <b>0.4-35 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>FEMYNOR ORAL TABLET 0.25-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>GIANVI ORAL TABLET (Drospirenone-Ethinyl Estradiol) 3-0.02 MG</b>	\$0	\$0	RM; F; \$0; QL (1.25 EA per 1 day)
<b>GILDAGIA ORAL TABLET (Briellyn) 0.4-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>GILDESS 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
<b>GILDESS 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</b>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>HAILEY 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</b>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>ISIBLOOM ORAL TABLET 0.15-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>JULEBER ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>JUNEL FE 24 ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</b>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>KAITLIB FE ORAL TABLET CHEWABLE (Norethin-Eth Estradiol-Fe) 0.8-25 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>KELNOR 1/35 ORAL TABLET 1-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)

Drug Name	Brand	Generic	Additional Information
<b>KELNOR 1/50 ORAL TABLET 1-50 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
<b>KURVELO ORAL TABLET 0.15-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
<b>LARIN 1/20 ORAL TABLET (Norethindrone Acet-Ethinyl Est) 1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
<b>LARIN 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</b>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
<b>LARIN FE 1/20 ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
<b>LARISSIA ORAL TABLET 0.1-20 MG-MCG</b>	\$0		RM; F; QL (1.25 EA per 1 day)
<b>LAYOLIS FE ORAL TABLET CHEWABLE (Norethin-Eth Estradiol-Fe) 0.8-25 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LESSINA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>		\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LEVORA 0.15/30 (28) ORAL TABLET (Marlissa) 0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LILLOW ORAL TABLET 0.15-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LOMEDIA 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</b>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>LORYNA ORAL TABLET (Drospirenone-Ethinyl Estradiol) 3-0.02 MG</b>	\$0	\$0	RM; F; \$0; QL (1.25 EA per 1 day)
<b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>LUTERA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (1.25 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MIBELAS 24 FE ORAL TABLET CHEWABLE</b> <i>(Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)</i>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
<b>MICROGESTIN 24 FE ORAL TABLET</b> <i>(Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG</i>	\$0	\$0	RM; F; QL (28 EA per 30 days)
<b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MODICON (28) ORAL TABLET 0.5-35 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MONO-LINYAH ORAL TABLET</b> <i>(Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</i>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>MONONESSA ORAL TABLET</b> <i>(Norgestimate-Eth Estradiol) 0.25-35 MG-MCG</i>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NECON 1/35 (28) ORAL TABLET</b> <i>(Alyacen 1/35) 1-35 MG-MCG</i>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NIKKI ORAL TABLET</b> <i>(Drospirenone-Ethinyl Estradiol) 3-0.02 MG</i>	\$0	\$0	RM; F; \$0; QL (1.25 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)</i>		\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>		\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NORTREL 1/35 (21) ORAL TABLET</b> <i>(Alyacen 1/35) 1-35 MG-MCG</i>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NORTREL 1/35 (28) ORAL TABLET</b> ( <i>Alyacen 1/35</i> ) <b>1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>OCELLA ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.03 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>OGESTREL ORAL TABLET 0.5-50 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>ORSYTHIA ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>PHILITH ORAL TABLET</b> ( <i>Briellyn</i> ) <b>0.4-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>PORTIA-28 ORAL TABLET</b> ( <i>Marlissa</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>PREVIFEM ORAL TABLET</b> ( <i>Norgestimate-Eth Estradiol</i> ) <b>0.25-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>RECLIPSEN ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>SAFYRAL ORAL TABLET 3-0.03-0.451 MG</b>	T3		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>SOLIA ORAL TABLET</b> ( <i>Desogestrel-Ethinyl Estradiol</i> ) <b>0.15-30 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>SPRINTEC 28 ORAL TABLET</b> ( <i>Norgestimate-Eth Estradiol</i> ) <b>0.25-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>SRONYX ORAL TABLET</b> ( <i>Levonorgestrel-Ethinyl Estrad</i> ) <b>0.1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>SYEDA ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.03 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>TARINA FE 1/20 ORAL TABLET</b> ( <i>Norethin Ace-Eth Estrad-FE</i> ) <b>1-20 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
<b>TYDEMY ORAL TABLET</b> ( <i>Drospiren-Eth Estrad-Levomefol</i> ) <b>3-0.03-0.451 MG</b>	T3	T3	RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>VESTURA ORAL TABLET</b> ( <i>Drospirenone-Ethinyl Estradiol</i> ) <b>3-0.02 MG</b>	\$0	\$0	RM; F; \$0; QL (1.25 EA per 1 day)
<b>VIENVA ORAL TABLET 0.1-20 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)

Drug Name	Brand	Generic	Additional Information
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0		RM; AI (Max #112); F; QL (28 EA per 30 Days)
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
WERA ORAL TABLET 0.5-35 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
ZARAH ORAL TABLET ( <i>Drospirenone-Ethinyl Estradiol</i> ) 3-0.03 MG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>*combination contraceptives - transdermal***</b>			
ORTHO EVRA TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	T3		RM; AI (Max #9 Patches Mail Order); F; QL (3 EA per 30 Days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0		RM; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days)
<b>*combination contraceptives - vaginal***</b>			
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	\$0		RM; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days)
<b>*continuous contraceptives - oral***</b>			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>		\$0	RM; F; \$0; QL (1.25 EA per 1 day)
<b>*emergency contraceptives***</b>			
AFTERA ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
ECONTRA EZ ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
ELLA ORAL TABLET 30 MG	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
MY CHOICE ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order)
MY WAY ORAL TABLET ( <i>Levonorgestrel</i> ) 1.5 MG	\$0	\$0	RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
OPTION 2 ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
PLAN B ONE-STEP ORAL TABLET ( <i>Levonorgestrel</i> ) 1.5 MG	\$0	\$0	RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
PLAN B ORAL TABLET ( <i>Levonorgestrel</i> ) 0.75 MG	\$0	\$0	RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
REACT ORAL TABLET 1.5 MG	\$0		RM; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
TAKE ACTION ORAL TABLET 1.5 MG	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
<b>*extended-cycle contraceptives - oral***</b>			
AMETHIA LO ORAL TABLET ( <i>Levonorgest-Eth Estrad 91-Day</i> ) 0.1-0.02 & 0.01 MG	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0		RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
ASHLYNA ORAL TABLET ( <i>Levonorgest-Eth Estrad 91-Day</i> ) 0.15-0.03 & 0.01 MG	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
CAMRESE LO ORAL TABLET ( <i>Levonorgest-Eth Estrad 91-Day</i> ) 0.1-0.02 & 0.01 MG	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0		RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0		RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
FAYOSIM ORAL TABLET ( <i>Levonorgest-Eth Est &amp; Eth Est</i> ) 42-21-21-7 DAYS	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
INTROVALE ORAL TABLET ( <i>Levonorgest-Eth Estrad 91-Day</i> ) 0.15-0.03 MG	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
JOLESSA ORAL TABLET ( <i>Levonorgest-Eth Estrad 91-Day</i> ) 0.15-0.03 MG	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	\$0		RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
QUASENSE ORAL TABLET ( <i>Levonorgest-Eth Estrad 91-Day</i> ) 0.15-0.03 MG	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
RIVELSA ORAL TABLET ( <i>Levonorgest-Eth Est &amp; Eth Est</i> ) 42-21-21-7 DAYS	\$0	\$0	RM; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0		RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>*four phase contraceptives - oral***</b>			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
<b>*progestin contraceptives - injectable***</b>			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0		RM; F; \$0; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>		\$0	RM; F; \$0; QL (1 ML per 90 Days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>		\$0	RM; F; \$0; QL (1 ML per 90 days)



Drug Name	Brand	Generic	Additional Information
<b>*progestin contraceptives - oral***</b>			
<b>CAMILA ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>DEBLITANE ORAL TABLET 0.35 MG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>ERRIN ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>HEATHER ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>INCASSIA ORAL TABLET 0.35 MG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (1.25 EA per 1 day)
<b>JENCYCLA ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>JOLIVETTE ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>LYZA ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>NORA-BE ORAL TABLET (Norethindrone) 0.35 MG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>NORLYDA ORAL TABLET 0.35 MG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>NORLYROC ORAL TABLET 0.35 MG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
<b>SHAROBEL ORAL TABLET 0.35 MG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
<b>TULANA ORAL TABLET 0.35 MG</b>	\$0		RM; F; \$0; QL (1.25 EA per 1 day)
<b>*triphasic contraceptives - oral***</b>			
<b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
<b>CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>CYCLAFEM 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>DASETTA 7/7/7 ORAL TABLET</b> ( <i>Alyacen 7/7/7</i> ) <b>0.5/0.75/1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>ENPRESSE-28 ORAL TABLET</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
<b>LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
<b>LEVONEST ORAL TABLET</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<i>levonorg-eth estrad triphasic oral tablet</i>		\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
<b>MYZILRA ORAL TABLET</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>NECON 7/7/7 ORAL TABLET</b> ( <i>Alyacen 7/7/7</i> ) <b>0.5/0.75/1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>NORTREL 7/7/7 ORAL TABLET</b> ( <i>Alyacen 7/7/7</i> ) <b>0.5/0.75/1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>PIRMELLA 7/7/7 ORAL TABLET</b> ( <i>Alyacen 7/7/7</i> ) <b>0.5/0.75/1-35 MG-MCG</b>	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
<b>TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>	\$0		RM; F; QL (28 EA per 30 Dayss)
<b>TRI-ESTARYLLA ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-35 MCG</b>	\$0	\$0	RM; F; QL (28 EA per 30 Days)
<b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
<b>TRI-LINYAH ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-35 MCG</b>	\$0	\$0	RM; F; QL (28 EA per 30 Days)
<b>TRI-LO-ESTARYLLA ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-25 MCG</b>	\$0	\$0	RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
<b>TRI-LO-MARZIA ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-25 MCG</b>	\$0	\$0	RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
<b>TRI-LO-SPRINTEC ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-25 MCG</b>	\$0	\$0	RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
<b>TRINESSA (28) ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-35 MCG</b>	\$0	\$0	RM; F; QL (28 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
<b>TRINESSA LO ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-25 MCG</b>	\$0	\$0	RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
<b>TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>	\$0		RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)
<b>TRI-PREVFIFEM ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-35 MCG</b>	\$0	\$0	RM; F; QL (28 EA per 30 Days)
<b>TRI-SPRINTEC ORAL TABLET</b> ( <i>Norgestim-Eth Estrad Triphasic</i> ) <b>0.18/0.215/0.25 MG-35 MCG</b>	\$0	\$0	RM; F; QL (28 EA per 30 Days)
<b>TRIVORA (28) ORAL TABLET</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG</b>	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>*Corticosteroids*</b>			
<b>*glucocorticosteroids***</b>			
<b>BAYCADRON ORAL ELIXIR</b> ( <i>Dexamethasone</i> ) <b>0.5 MG/5ML</b>	T1	T1	RM
<i>budesonide er oral capsule extended release 24 hour 3 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>cortisone acetate oral tablet 25 mg</i>		T2	RM
<b>DELTASONE ORAL TABLET</b> ( <i>PredniSONE</i> ) <b>20 MG</b>	T1	T1	RM
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>	T1		RM
<i>dexamethasone oral solution 0.5 mg/5ml</i>		T1	RM
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>		T1	RM
<i>dexamethasone oral tablet 1 mg, 2 mg</i>		T3	RM
<b>DEXPAK 6 DAY ORAL TABLET 1.5 MG</b>	T3		RM
<b>EMFLAZA ORAL SUSPENSION 22.75 MG/ML</b>	T3		PA; RM; AL (Min 5 Years)
<b>EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG</b>	T3		PA; RM; AL (Min 5 Years)
<b>ENTOCORT EC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 3 MG</b>	T3		RM; QL (3 EA per 1 Day)
<b>FLO-PRED ORAL SUSPENSION 16.7 (15 BASE) MG/5ML</b>	T2		RM
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>		T1	RM
<b>MEDROL ORAL TABLET 2 MG</b>	T3		RM
<i>methylprednisolone (pak) oral tablet 4 mg</i>		T1	RM
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		T1	RM
<b>MILLIPRED ORAL SOLUTION</b> ( <i>PrednisoLONE Sodium Phosphate</i> ) <b>10 MG/5ML</b>	T2	T3	RM
<b>ORAPRED ODT ORAL TABLET DISPERSIBLE</b> ( <i>PrednisoLONE Sodium Phosphate</i> ) <b>10 MG, 15 MG, 30 MG</b>	T3	T2	RM

Drug Name	Brand	Generic	Additional Information
<b>ORAPRED ORAL SOLUTION</b> ( <i>PrednisolONE Sodium Phosphate</i> ) <b>15 MG/5ML</b>	T3	T1	RM
<i>prednisolone oral solution 15 mg/5ml</i>		T3	RM
<i>prednisolone oral syrup 15 mg/5ml</i>		T3	RM
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>		T1	RM
<i>prednisone (pak) oral tablet 10 mg, 5 mg</i>		T1	RM
<b>PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	T2		RM
<i>prednisone oral solution 5 mg/5ml</i>		T1	RM
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		T1	RM
<i>prednisone oral tablet 50 mg</i>		T2	RM
<b>VERIPRED 20 ORAL SOLUTION 20 MG/5ML</b>	T3		RM
<b>*mineralocorticoids***</b>			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		T1	RM
<b>*Cough/Cold/Allergy*</b>			
<b>*antitussive - nonnarcotic***</b>			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	RM
<b>*antitussive - opioid***</b>			
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>		T1	RM
<i>hydromet oral syrup 5-1.5 mg/5ml</i>		T1	RM
<b>TUSSIGON ORAL TABLET</b> ( <i>Hydrocodone-Homatropine</i> ) <b>5-1.5 MG</b>	T1	T1	RM
<b>*antitussive-expectorant***</b>			
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>		T2	RM
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T2	RM
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>		T3	PA; RM
<b>*decongestant &amp; antihistamine***</b>			
<b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>PEDIATEX TD ORAL LIQUID 0.938-10 MG/ML</b>	T3		RM
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>		T1	RM
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>		T1	RM
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>		T1	RM
<b>*decongestant w/ expectorant***</b>			
<i>lusair oral liquid 7.5-200 mg/5ml</i>		T3	RM
<b>*expectorants***</b>			
<i>guaifenesin oral tablet 200 mg</i>		T1	RM
<b>*iodine expectorants***</b>			
<b>SSKI ORAL SOLUTION 1 GM/ML</b>	T2		RM
<b>*misc. respiratory inhalants***</b>			
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION</b> ( <i>Sodium Chloride</i> ) <b>7 %</b>	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		T1	RM
<b>*mucolytics***</b>			
<i>acetylcysteine inhalation solution 10 %</i>		T1	RM
<i>acetylcysteine inhalation solution 20 %</i>		T2	RM
<b>*non-narc antitussive-antihistamine***</b>			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		T1	RM
<b>*non-narc antitussive-decongestant-antihistamine***</b>			
<b>BROMFED DM ORAL SYRUP 30-2-10 MG/5ML</b>	T1		RM
<i>tqg 50pse/3brm/30dm oral syrup 50-3-30 mg/5ml</i>		T3	RM
<b>*opioid antitussive-antihistamine***</b>			
<i>lexuss 210 oral liquid 2-10 mg/5ml</i>		T3	RM; QL (4 ML per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		T1	RM
<b>TUSSIONEX PENNKINETIC ER ORAL LIQUID EXTENDED RELEASE (Hydrocod Polst-CPM Polst ER) 10-8 MG/5ML</b>	T3	T2	RM
<b>VITUZ ORAL SOLUTION 5-4 MG/5ML</b>	T3		RM; QL (120 ML per 30 days)
<b>*opioid antitussive-decongestant-antihistamine***</b>			
<b>M-END PE ORAL LIQUID 3.33-1.33-6.33 MG/5ML</b>	T1		RM
<b>POLY HIST NC ORAL LIQUID 15-1.25-10 MG/5ML</b>	T3		PA; ST; RM
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>		T1	RM
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml</i>		T1	RM
<i>pseudoeph-chlorphen-hydrocod oral solution 60-4-5 mg/5ml</i>		T3	RM
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
<b>*cyclin-dependent kinases (cdk) inhibitors***</b>			
<b>IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG</b>	T1		PA; SP
<b>KISQALI 200 DOSE ORAL TABLET 200 MG</b>	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KISQALI 400 DOSE ORAL TABLET 200 MG</b>	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KISQALI 600 DOSE ORAL TABLET 200 MG</b>	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Cystic Fibrosis Agent - Combinations***</b>			
<b>*cystic fibrosis agent - combinations***</b>			
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AL (Min 6 Years)
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG</b>	SP		PA; SP
<b>*Dermatologicals*</b>			
<b>*acne antibiotics***</b>			
<b>ACZONE EXTERNAL GEL (<i>Dapsone</i>) 5 %</b>	T3	T3	PA; ST; RM
<i>clindamycin phosphate external foam 1 %</i>		T1	RM
<i>clindamycin phosphate external gel 1 %</i>		T1	RM
<i>clindamycin phosphate external lotion 1 %</i>		T1	RM
<i>clindamycin phosphate external solution 1 %</i>		T1	RM
<i>clindamycin phosphate external swab 1 %</i>		T1	RM
<i>ery external pad 2 %</i>		T2	RM
<i>erythromycin external gel 2 %</i>		T3	RM
<i>erythromycin external pad 2 %</i>		T2	RM
<i>erythromycin external solution 2 %</i>		T1	RM
<i>sulfacetamide sodium (acne) external lotion 10 %</i>		T1	RM
<b>*acne combinations***</b>			
<b>AVAR-E EMOLLIENT EXTERNAL CREAM (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %</b>	T3	T3	RM
<b>AVAR-E GREEN EXTERNAL CREAM (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %</b>	T3	T3	RM
<b>PRASCION EXTERNAL EMULSION (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %</b>	T3	T3	RM
<i>ss 10-2 external solution 10-2 %</i>		T3	RM
<i>sss 10-5 external cream 10-5 %</i>		T3	RM
<i>sss 10-5 external foam 10-5 %</i>		T3	RM; AI (60gm (1can) per copay. Max 2 cans retail or 6 cans Mail); QL (60 GM Max Qty Per Fill Retail)
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>		T3	RM
<i>sulfacetamide sodium-sulfur external foam 10-5 %</i>		T3	RM; AI (60gm (1can) per copay. Max 2 cans retail or 6 cans Mail); QL (60 EA Max Qty Per Fill Retail)
<i>sulfacetamide sodium-sulfur external liquid 10-2 %</i>		T3	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %</i>		T1	RM
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		T3	RM
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		T3	RM
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>		T3	RM
<b>*acne products***</b>			
<i>adapalene external cream 0.1 %</i>		T1	RM
<i>adapalene external gel 0.1 %</i>		T2	RM
<b>ALTRENO EXTERNAL LOTION 0.05 %</b>	T3		PA; RM
<b>AMNESTEEM ORAL CAPSULE (ISOTretinoin) 10 MG, 20 MG, 40 MG</b>	T3	T3	RM
<b>BENZEPRO SHORT CONTACT EXTERNAL FOAM (Benzoyl Peroxide) 9.8 %</b>	T3	T3	RM
<i>benzoyl peroxide short contact external foam 9.8 %</i>		T3	RM
<i>bp foam external foam 9.8 %</i>		T3	RM
<i>bpo external gel 4 %</i>		T3	RM
<i>bpo foaming cloths external 3 %</i>		T3	RM
<i>bpo foaming cloths external 6 %</i>		T1	RM
<b>CLARAVIS ORAL CAPSULE (ISOTretinoin) 10 MG, 20 MG, 30 MG, 40 MG</b>	T3	T3	RM
<b>MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T3		PA; RM
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>		T1	RM
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>		T1	RM
<i>tretinoin microsphere external gel 0.04 %</i>		T1	RM
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T3		PA; RM
<b>*agents for external genital and perianal warts***</b>			
<b>VEREGEN EXTERNAL OINTMENT 15 %</b>	T3		RM; QL (30 GM per 1 Copay)
<b>*antibiotic steroid combinations - topical***</b>			
<b>CORTISPORIN EXTERNAL OINTMENT 1 %</b>	T3		RM
<b>*antibiotics - topical***</b>			
<b>ALTABAX EXTERNAL OINTMENT 1 %</b>	T3		RM; QL (1 GM per 1 day)
<b>BACTROBAN EXTERNAL CREAM (Mupirocin Calcium) 2 %</b>	T3	T1	RM
<i>gentamicin sulfate external cream 0.1 %</i>		T2	RM
<i>gentamicin sulfate external ointment 0.1 %</i>		T2	RM
<i>mupirocin external ointment 2 %</i>		T1	RM
<b>XEPI EXTERNAL CREAM 1 %</b>	T3		PA; RM
<b>*antifungals - topical combinations***</b>			
<b>ALA-QUIN EXTERNAL CREAM 3-0.5 %</b>	T3		RM
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		T1	RM
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>DERMAZENE EXTERNAL CREAM</b> ( <i>Hydrocortisone-Iodoquinol</i> ) 1-1 %	T3	T3	RM
<b>LOTRISONE EXTERNAL CREAM</b> 1-0.05 %	T3		ST; RM
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		T3	RM
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		T3	RM
<b>*antifungals - topical***</b>			
<b>CICLODAN EXTERNAL CREAM</b> ( <i>Ciclopirox Olamine</i> ) 0.77 %	T1	T1	RM
<i>ciclopirox external gel 0.77 %</i>		T2	RM
<i>ciclopirox external shampoo 1 %</i>		T1	RM
<i>ciclopirox external solution 8 %</i>		T2	RM
<i>ciclopirox olamine external suspension 0.77 %</i>		T1	RM
<b>MENTAX EXTERNAL CREAM</b> 1 %	T3		RM
<i>naftifine hcl external cream 1 %, 2 %</i>		T1	RM
<b>NAFTIN EXTERNAL GEL</b> 1 %	T3		RM
<b>NYAMYC EXTERNAL POWDER</b> ( <i>Pedi-Dri</i> ) 100000 UNIT/GM	T1	T1	RM
<i>nystatin external cream 100000 unit/gm</i>		T1	RM
<i>nystatin external ointment 100000 unit/gm</i>		T1	RM
<i>nystatin external powder 100000 unit/gm</i>		T1	RM
<b>NYSTOP EXTERNAL POWDER</b> ( <i>Pedi-Dri</i> ) 100000 UNIT/GM	T1	T1	RM
<b>PEDIADERM AF COMPLETE EXTERNAL KIT</b> 100000 UNIT/GM	T3		RM
<b>PENLAC EXTERNAL SOLUTION</b> 8 %	T3		PA; RM
<b>*anti-inflammatory agents - topical***</b>			
<i>diclofenac sodium transdermal gel 1 %</i>		T1	RM; QL (100 GM per 1 copay)
<b>FLECTOR TRANSDERMAL PATCH</b> 1.3 %	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)
<b>PENNSAID TRANSDERMAL SOLUTION</b> ( <i>Diclofenac Sodium</i> ) 1.5 %	T3	T1	RM; AI (#150ml per copay retail or mail order); QL (150 ML per 1 Copay)
<b>*antineoplastic alkylating agents - topical***</b>			
<b>VALCHLOR EXTERNAL GEL</b> 0.016 %	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (60 GM per 1 Copay); AL (Min 18 Years)
<b>*antineoplastic antimetabolites - topical***</b>			
<b>CARAC EXTERNAL CREAM</b> 0.5 %	T1		PA; ST; RM; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 Day)



Drug Name	Brand	Generic	Additional Information
<b>EFUDEX EXTERNAL CREAM 5 %</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FLUOROPLEX EXTERNAL CREAM 1 %</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>fluorouracil external cream 0.5 %</i>		T1	PA; ST; RM; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 day)
<i>fluorouracil external cream 5 %</i>		T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>fluorouracil external solution 2 %, 5 %</i>		T1	RM
<b>TOLAK EXTERNAL CREAM 4 %</b>	T1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*antineoplastic or premalignant lesions - topical misc.***</b>			
<b>PICATO EXTERNAL GEL 0.015 %, 0.05 %</b>	T1		PA; RM
<b>*antineoplastic or premalignant lesions - topical nsaid's***</b>			
<i>diclofenac sodium transdermal gel 3 %</i>		T1	PA; ST; RM; AI (STEP: Both Tolak 4% cream and imiquimod 5% cream); QL (3.34 GM per 1 day)
<b>*antineoplastic retinoids - topical***</b>			
<b>PANRETIN EXTERNAL GEL 0.1 %</b>	T1		PA; RM
<b>*antipruritics - topical***</b>			
<b>PRUDOXIN EXTERNAL CREAM (Doxepin HCl) 5 %</b>	T3	T3	PA; RM
<b>ZONALON EXTERNAL CREAM (Doxepin HCl) 5 %</b>	T3	T3	PA; RM
<b>*antipsoriatics - systemic***</b>			
<b>8-MOP ORAL CAPSULE 10 MG</b>	T3		RM
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>methoxsalen rapid oral capsule 10 mg</i>		T1	RM
<b>SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SORIATANE ORAL CAPSULE (Acitretin) 10 MG, 17.5 MG, 25 MG</b>	T3	T3	RM

Drug Name	Brand	Generic	Additional Information
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*antipsoriatics***</b>			
<i>calcipotriene external solution 0.005 %</i>		T1	RM
<b>CALCITRENE EXTERNAL OINTMENT</b> <i>(Calcipotriene) 0.005 %</i>	T1	T1	RM
<b>DOVONEX EXTERNAL CREAM</b> <i>(Calcipotriene) 0.005 %</i>	T3	T1	RM
<b>DRITHO-CREME HP EXTERNAL CREAM 1 %</b>	T3		RM
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	T3		RM
<b>TAZORAC EXTERNAL CREAM</b> <i>(Tazarotene) 0.1 %</i>	T3	T3	RM
<b>TAZORAC EXTERNAL GEL 0.05 %, 0.1 %</b>	T3		RM
<b>VECTICAL EXTERNAL OINTMENT</b> <i>(Calcitriol) 3 MCG/GM</i>	T3	T3	RM; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
<b>*antiseborrheic combinations***</b>			
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>		T1	RM
<b>*antiseborrheic products***</b>			
<b>OVACE PLUS WASH EXTERNAL GEL</b> <i>(Sulfacetamide Sodium) 10 %</i>	T3	T3	RM
<i>selenium sulfide external lotion 2.5 %</i>		T2	RM
<i>selenium sulfide external shampoo 2.25 %</i>		T1	RM
<i>sodium sulfacetamide external shampoo 10 %</i>		T1	RM
<i>sulfacetamide sodium external liquid 10 %</i>		T3	RM
<b>*antiviral topical combinations***</b>			
<b>XERESE EXTERNAL CREAM 5-1 %</b>	T3		RM
<b>*antivirals - topical***</b>			
<b>DENAVIR EXTERNAL CREAM 1 %</b>	T3		RM
<b>ZOVIRAX EXTERNAL CREAM 5 %</b>	T3		RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ZOVIRAX EXTERNAL OINTMENT</b> ( <i>Acyclovir</i> ) <b>5 %</b>	T3	T3	RM
<b>*burn products***</b>			
<b>SSD EXTERNAL CREAM</b> ( <i>Silver Sulfadiazine</i> ) <b>1 %</b>	T1	T1	RM
<b>SULFAMYLON EXTERNAL CREAM 85 MG/GM</b>	T3		RM
<b>THERMAZENE EXTERNAL CREAM</b> ( <i>Silver Sulfadiazine</i> ) <b>1 %</b>	T1	T1	RM
<b>*cauterizing agents***</b>			
<i>silver nitrate external ointment 10 %</i>		T3	RM
<b>TRI-CHLOR EXTERNAL LIQUID 80 %</b>	T3		RM
<b>*corticosteroids - topical***</b>			
<i>ala-cort external cream 2.5 %</i>		T1	RM
<i>alclometasone dipropionate external cream 0.05 %</i>		T1	RM
<i>alclometasone dipropionate external ointment 0.05 %</i>		T1	RM
<i>amcinonide external cream 0.1 %</i>		T3	RM
<i>amcinonide external lotion 0.1 %</i>		T3	RM
<i>amcinonide external ointment 0.1 %</i>		T3	RM
<i>betamethasone dipropionate aug external cream 0.05 %</i>		T1	RM
<i>betamethasone dipropionate aug external gel 0.05 %</i>		T3	RM
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		T1	RM
<i>betamethasone dipropionate aug external ointment 0.05 %</i>		T1	RM
<i>betamethasone dipropionate external cream 0.05 %</i>		T1	RM
<i>betamethasone dipropionate external lotion 0.05 %</i>		T1	RM
<i>betamethasone dipropionate external ointment 0.05 %</i>		T1	RM
<i>betamethasone valerate external cream 0.1 %</i>		T1	RM
<i>betamethasone valerate external lotion 0.1 %</i>		T1	RM
<i>betamethasone valerate external ointment 0.1 %</i>		T1	RM
<i>clobetasol propionate e external cream 0.05 %</i>		T1	RM
<i>clobetasol propionate external cream 0.05 %</i>		T1	RM
<i>clobetasol propionate external gel 0.05 %</i>		T1	RM
<i>clobetasol propionate external liquid 0.05 %</i>		T1	RM
<i>clobetasol propionate external lotion 0.05 %</i>		T3	RM
<i>clobetasol propionate external solution 0.05 %</i>		T1	RM
<i>clocortolone pivalate external cream 0.1 %</i>		T3	RM
<i>clocortolone pivalate pump external cream 0.1 %</i>		T3	RM
<b>CLODAN EXTERNAL SHAMPOO</b> ( <i>Clobetasol Propionate</i> ) <b>0.05 %</b>	T3	T3	RM
<b>CORDRAN EXTERNAL CREAM 0.05 %</b>	T3		PA; RM
<b>CORDRAN EXTERNAL LOTION</b> ( <i>Flurandrenolide</i> ) <b>0.05 %</b>	T3	T3	RM
<b>DESONATE EXTERNAL GEL 0.05 %</b>	T3		RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>desonide external cream 0.05 %</i>		T1	RM
<i>desonide external lotion 0.05 %</i>		T3	RM
<i>desonide external ointment 0.05 %</i>		T1	RM
<i>desoximetasone external cream 0.05 %</i>		T3	RM
<i>desoximetasone external cream 0.25 %</i>		T2	RM
<i>desoximetasone external gel 0.05 %</i>		T2	RM
<i>desoximetasone external ointment 0.05 %</i>		T3	RM
<i>desoximetasone external ointment 0.25 %</i>		T2	RM
<i>diflorasone diacetate external cream 0.05 %</i>		T3	RM
<i>diflorasone diacetate external ointment 0.05 %</i>		T3	RM
<i>fluocinolone acetonide body external oil 0.01 %</i>		T2	RM
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>		T2	RM
<i>fluocinolone acetonide external ointment 0.025 %</i>		T2	RM
<i>fluocinolone acetonide external solution 0.01 %</i>		T2	RM
<i>fluocinolone acetonide scalp external oil 0.01 %</i>		T2	RM
<i>fluocinonide external cream 0.05 %, 0.1 %</i>		T1	RM
<i>fluocinonide external gel 0.05 %</i>		T1	RM
<i>fluocinonide external ointment 0.05 %</i>		T1	RM
<i>fluocinonide external solution 0.05 %</i>		T1	RM
<i>fluocinonide-e external cream 0.05 %</i>		T1	RM
<i>fluticasone propionate external cream 0.05 %</i>		T1	RM
<i>fluticasone propionate external lotion 0.05 %</i>		T3	RM
<i>fluticasone propionate external ointment 0.005 %</i>		T1	RM
<i>halobetasol propionate external cream 0.05 %</i>		T1	RM
<i>halobetasol propionate external ointment 0.05 %</i>		T1	RM
<b>HALOG EXTERNAL OINTMENT 0.1 %</b>	T3		RM
<i>hydrocortisone butyrate external cream 0.1 %</i>		T1	RM
<i>hydrocortisone butyrate external ointment 0.1 %</i>		T1	RM
<i>hydrocortisone butyrate external solution 0.1 %</i>		T1	RM
<i>hydrocortisone external cream 2.5 %</i>		T1	RM
<i>hydrocortisone external lotion 2.5 %</i>		T1	RM
<i>hydrocortisone external ointment 2.5 %</i>		T1	RM
<i>hydrocortisone valerate external cream 0.2 %</i>		T1	RM
<i>hydrocortisone valerate external ointment 0.2 %</i>		T1	RM
<b>KENALOG EXTERNAL AEROSOL SOLUTION (Triamcinolone Acetonide) 0.147 MG/GM</b>	T3	T1	RM
<b>LUXIQ EXTERNAL FOAM (Betamethasone Valerate) 0.12 %</b>	T3	T1	RM
<i>mometasone furoate external cream 0.1 %</i>		T1	RM
<i>mometasone furoate external ointment 0.1 %</i>		T1	RM
<i>mometasone furoate external solution 0.1 %</i>		T1	RM
<b>NOLIX EXTERNAL LOTION (Flurandrenolide) 0.05 %</b>	T3	T3	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>OLUX EXTERNAL FOAM</b> ( <i>Clobetasol Propionate</i> ) <b>0.05 %</b>	T3	T1	RM
<b>OLUX-E EXTERNAL FOAM</b> ( <i>Clobetasol Propionate Emulsion</i> ) <b>0.05 %</b>	T3	T3	RM; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AL (Min 12 Years)
<i>prednicarbate external cream 0.1 %</i>		T1	RM
<b>TEMOVATE EXTERNAL OINTMENT</b> ( <i>Clobetasol Propionate</i> ) <b>0.05 %</b>	T3	T1	RM
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>		T1	RM
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		T1	RM
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1	RM
<b>TRIANEX EXTERNAL OINTMENT 0.05 %</b>	T3		RM
<b>*depigmenting agents***</b>			
<b>ACLARO EXTERNAL EMULSION 4 %</b>	T2		RM
<b>*emollient/keratolytic agents***</b>			
<b>CARB-O-PHILIC/40 EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>	T3	T3	RM
<b>CEROVEL EXTERNAL LOTION</b> ( <i>Urea</i> ) <b>40 %</b>	T3	T3	RM
<b>KERAFOAM 42 EXTERNAL FOAM 42 %</b>	T3		RM
<b>REA LO 40 EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>	T3	T3	RM
<b>U-KERA E EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>	T3	T3	RM
<b>UMECTA EXTERNAL EMULSION 40 %</b>	T3		RM
<b>URAMAXIN EXTERNAL LOTION</b> ( <i>Urea</i> ) <b>45 %</b>	T3	T1	RM
<i>urea external suspension 40 %</i>		T3	RM
<i>urea-c40 external lotion 40 %</i>		T3	RM
<b>X-VIATE EXTERNAL CREAM</b> ( <i>Urea</i> ) <b>40 %</b>	T3	T3	RM
<b>X-VIATE EXTERNAL LOTION</b> ( <i>Urea</i> ) <b>40 %</b>	T3	T3	RM
<b>*enzymes - topical***</b>			
<b>REVINA EXTERNAL OINTMENT</b>	T2		RM
<b>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</b>	T3		RM
<b>VASOLEX EXTERNAL OINTMENT</b>	T2		RM
<b>*imidazole-related antifungals - topical***</b>			
<i>clotrimazole external solution 1 %</i>		T1	RM
<i>econazole nitrate external cream 1 %</i>		T1	RM
<b>ERTACZO EXTERNAL CREAM 2 %</b>	T3		ST; RM
<b>EXELDERM EXTERNAL CREAM 1 %</b>	T3		RM
<b>EXELDERM EXTERNAL SOLUTION 1 %</b>	T3		RM
<b>JUBLIA EXTERNAL SOLUTION 10 %</b>	T3		PA; RM; AI (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AL (Min 18 Years)
<i>ketoconazole external cream 2 %</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>NIZORAL EXTERNAL SHAMPOO (Ketoconazole) 2 %</b>	T3	T1	RM
<i>oxiconazole nitrate external cream 1 %</i>		T3	RM
<b>OXISTAT EXTERNAL LOTION 1 %</b>	T3		RM
<b>*immunomodulators imidazoquinolinamines - topical***</b>			
<b>ALDARA EXTERNAL CREAM (Imiquimod) 5 %</b>	T3	T1	RM
<b>*keratolytic/antimitotic agents***</b>			
<b>CONDYLOX EXTERNAL GEL 0.5 %</b>	T3		RM
<i>podofilox external solution 0.5 %</i>		T1	RM
<b>SALACYN EXTERNAL CREAM (Salicylic Acid) 6 %</b>	T2	T1	RM
<i>salicylic acid external foam 6 %</i>		T1	RM
<i>salicylic acid external lotion 6 %</i>		T1	RM
<i>salicylic acid external shampoo 6 %</i>		T1	RM
<i>salicylic acid wart remover external liquid 27.5 %</i>		T1	RM
<b>*local anesthetics - topical***</b>			
<b>GLYDO EXTERNAL GEL (Lidocaine HCl) 2 %</b>	T1	T1	RM
<i>lidocaine external ointment 5 %</i>		T1	RM
<b>LIDODERM EXTERNAL PATCH (Lidocaine) 5 %</b>	T3	T3	RM
<b>XYLOCAINE EXTERNAL SOLUTION (Lidocaine HCl) 4 %</b>	T3	T1	RM
<b>*macrolide immunosuppressants - topical***</b>			
<b>ELIDEL EXTERNAL CREAM 1 %</b>	T3		PA; RM; QL (1 GM per 1 day); AL (Min 2 Years)
<i>pimecrolimus external cream 1 %</i>		T3	PA; RM; QL (1 GM per 1 Day); AL (Min 2 Years)
<b>PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %</b>	T3		PA; RM; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AL (Min 2 Years)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>		T1	RM; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AL (Min 2 Years)
<b>*photodynamic therapy agents - topical***</b>			
<b>METVIXIA EXTERNAL CREAM 16.8 %</b>	T1		RM
<b>*rosacea agents***</b>			
<b>FINACEA EXTERNAL GEL 15 %</b>	T3		RM; AI (Finacea Foam is Non Formulary.)
<i>metronidazole external gel 1 %</i>		T1	RM
<i>metronidazole external lotion 0.75 %</i>		T1	RM
<b>MIRVASO EXTERNAL GEL 0.33 %</b>	T3		PA; ST; RM
<b>NORITATE EXTERNAL CREAM 1 %</b>	T3		RM
<b>ROSADAN EXTERNAL GEL (MetroNIDAZOLE) 0.75 %</b>	T1	T1	RM
<b>*scabicides &amp; pediculicides***</b>			
<b>ELIMITE EXTERNAL CREAM 5 %</b>	T3		PA; ST; RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
EURAX EXTERNAL CREAM 10 %	T3		PA; ST; RM
EURAX EXTERNAL LOTION 10 %	T3		PA; ST; RM
<i>lindane external shampoo 1 %</i>		T3	RM
<i>malathion external lotion 0.5 %</i>		T1	RM; QL (59 ML per 1 Copay)
NATROBA EXTERNAL SUSPENSION ( <i>Spinosad</i> ) 0.9 %	T3	T3	PA; RM
OVIDE EXTERNAL LOTION 0.5 %	T3		PA; ST; RM; QL (59 ML per 1 Copay)
<i>permethrin external cream 5 %</i>		T1	RM
<i>permethrin external lotion 1 %</i>		T2	RM
SKLICE EXTERNAL LOTION 0.5 %	T3		PA; ST; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
ULESFIA EXTERNAL LOTION 5 %	T3		PA; RM
<b>*steroid-local anesthetic combinations***</b>			
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	T3		RM
EPIFOAM EXTERNAL FOAM 1-1 %	T2		RM
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		T1	RM
PRAMOSONE E EXTERNAL CREAM 1-2.5 %	T3		RM
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3		RM
<b>*tar products***</b>			
SCYTERA EXTERNAL FOAM 2 %	T3		RM
<b>*topical anesthetic combinations***</b>			
ITCH-X EXTERNAL SOLUTION 1-10 %	T3		RM
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		T1	RM
<b>*topical selective retinoid x receptor agonists***</b>			
TARGRETIN EXTERNAL GEL 1 %	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 Days)
<b>*topical steroid combinations***</b>			
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>		T1	RM; QL (400 GM per 30 days); AL (Min 16 Years)
CARMOL-HC EXTERNAL CREAM 1-10 %	T3		RM
CORTALO EXTERNAL GEL 2 %	T3		RM
<i>hydrocortisone acetate-aloe external gel 2 %</i>		T3	RM; AI (Max #129gm Mail Order); QL (43 GM Max Qty Per Fill Retail)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	T3		RM; AI (;); QL (400 GM per 30 Days); AL (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	T3		RM; AI (#60gm per copay retail or mail); QL (60 GM per 1 Copay); AL (Min 18 Years)
U-CORT EXTERNAL CREAM 1-10 %	T3		RM
<b>*wound care - growth factor agents***</b>			
REGRANEX EXTERNAL GEL 0.01 %	T3		PA; RM; AI (Limited to 30 day supply)

Drug Name	Brand	Generic	Additional Information
<b>*Diagnostic Products*</b>			
<b>*diagnostic drugs***</b>			
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 1.1 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*diagnostic tests***</b>			
CHEMSTRIP K IN VITRO STRIP	T1		RM; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
FASTTAKE TEST IN VITRO STRIP	T1		RM; AI (;); QL (10 EA per 1 day)
KETOCARE IN VITRO STRIP	T1		RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
KETOSTIX IN VITRO STRIP	T2		RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
ONETOUCH TEST IN VITRO STRIP	T1		RM; AI (;); QL (10 EA per 1 day)
ONETOUCH ULTRA BLUE IN VITRO STRIP	T1		RM; AI (;); QL (10 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	T1		RM; AI (;); QL (10 EA per 1 day)
RELION KETONE IN VITRO STRIP	T1		RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
SURESTEP PRO TEST IN VITRO STRIP	T1		RM; AI (;); QL (10 EA per 1 day)
SURESTEP TEST IN VITRO STRIP	T1		RM; AI (;); QL (10 EA per 1 day)
<b>*Digestive Aids*</b>			
<b>*digestive enzymes***</b>			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	T2		RM
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT	T3		PA; ST; RM; AI (Electronic Step through Creon and Zenpep)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT	T3		PA; ST; RM; AI (Electronic Step through Creon and Zenpep)
SUCRAID ORAL SOLUTION 8500 UNIT/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES 13800 UNIT, 20700 UNIT, 23000 UNIT	T3		RM
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT	T3		PA; ST; RM; AI (Step through both Creon and Zenpep)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000-24000 UNIT	T2		RM
<i>zenpep oral capsule delayed release particles 3000-10000 unit</i>		T2	RM



Drug Name	Brand	Generic	Additional Information
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (Pancrelipase (Lip-Prot-Amyl)) 5000 UNIT	T2	T3	RM
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>*direct-acting p2y12 inhibitors***</b>			
BRILINTA ORAL TABLET 60 MG, 90 MG	T2		RM
<b>*Diuretics*</b>			
<b>*carbonic anhydrase inhibitors***</b>			
acetazolamide er oral capsule extended release 12 hour 500 mg		T3	RM
acetazolamide oral tablet 125 mg, 250 mg		T1	RM
KEVEYIS ORAL TABLET 50 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AL (Min 18 Years)
methazolamide oral tablet 25 mg, 50 mg		T2	RM
NEPTAZANE ORAL TABLET 25 MG, 50 MG	T3		PA; ST; RM
<b>*diuretic combinations***</b>			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		RM
amiloride-hydrochlorothiazide oral tablet 5-50 mg		T1	RM
spironolactone-hctz oral tablet 25-25 mg		T1	RM
triamterene-hctz oral capsule 37.5-25 mg		T1	RM
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		T1	RM
<b>*loop diuretics***</b>			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		T1	RM
EDECIN ORAL TABLET (Ethacrynic Acid) 25 MG	T3	T1	RM
furosemide oral solution 10 mg/ml, 8 mg/ml		T1	RM
furosemide oral tablet 20 mg, 40 mg, 80 mg		T1	RM
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		T1	RM
<b>*potassium sparing diuretics***</b>			
amiloride hcl oral tablet 5 mg		T3	RM
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	T3		RM
spironolactone oral tablet 100 mg, 25 mg, 50 mg		T1	RM
<b>**thiazides and thiazide-like diuretics***</b>			
chlorothiazide oral tablet 250 mg, 500 mg		T1	RM
chlorthalidone oral tablet 25 mg		T2	RM
chlorthalidone oral tablet 50 mg		T1	RM
DIURIL ORAL SUSPENSION 250 MG/5ML	T2		RM
hydrochlorothiazide oral capsule 12.5 mg		T1	RM
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		T1	RM
indapamide oral tablet 1.25 mg, 2.5 mg		T1	RM
methyclothiazide oral tablet 5 mg		T3	RM
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*bisphosphonates***</b>			
<b>ACTONEL ORAL TABLET 150 MG</b>	T3		RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<b>ACTONEL ORAL TABLET 30 MG, 5 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>ACTONEL ORAL TABLET 35 MG</b>	T3		RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>		T1	RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 40 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>		T3	RM
<i>ibandronate sodium oral tablet 150 mg</i>		T2	RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RECLAST INTRAVENOUS SOLUTION (Zoledronic Acid) 5 MG/100ML</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>risedronate sodium oral tablet 150 mg</i>		T1	RM; AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	RM; AI (Max #12 Mail Order); QL (4 EA per 30 days)
<b>SKELID ORAL TABLET 200 MG</b>	T3		RM
<i>zoledronic acid intravenous solution reconstituted 4 mg</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZOMETA INTRAVENOUS CONCENTRATE (Zoledronic Acid) 4 MG/5ML</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZOMETA INTRAVENOUS SOLUTION (Zoledronic Acid) 4 MG/100ML</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*calcimimetic agents***</b>			
<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)
<b>SENSIPAR ORAL TABLET 30 MG, 60 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
<b>SENSIPAR ORAL TABLET 90 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
<b>*calcitonins***</b>			
<b>FORTICAL NASAL SOLUTION (<i>Calcitonin (Salmon)</i>) 200 UNIT/ACT</b>	T3	T2	RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
<b>MIACALCIN INJECTION SOLUTION 200 UNIT/ML</b>	T3		RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
<b>MIACALCIN NASAL SOLUTION (<i>Calcitonin (Salmon)</i>) 200 UNIT/ACT</b>	T3	T2	RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
<b>*carnitine replenisher - agents***</b>			
<b>CARNITOR ORAL SOLUTION (<i>LevOCARNitine</i>) 1 GM/10ML</b>	T3	T3	PA; ST; RM
<b>CARNITOR ORAL TABLET (<i>LevOCARNitine</i>) 330 MG</b>	T3	T3	PA; ST; RM
<b>CARNITOR SF ORAL SOLUTION (<i>LevOCARNitine</i>) 1 GM/10ML</b>	T3	T3	PA; ST; RM
<b>*corticotropin***</b>			
<b>ACTHAR HP INJECTION GEL 80 UNIT/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*dopamine receptor agonists***</b>			
<i>cabergoline oral tablet 0.5 mg</i>		T3	RM
<b>*fabry disease - agents***</b>			
<b>FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GALAFOLD ORAL CAPSULE 123 MG</b>	SP		PA; RM; AI (limited distribution Accredo Pharmacy.)
<b>*gaa deficiency treatment - agents***</b>			
<b>LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MYOZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*gnrh/lhrh antagonists***</b>			
<b>ORLISSA ORAL TABLET 150 MG, 200 MG</b>	T3		PA; RM
<b>*growth hormone receptor antagonists***</b>			
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG</b>	SP		RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*growth hormones***</b>			
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUTROPIN AQ PEN SUBCUTANEOUS SOLUTION 10 MG/2ML, 20 MG/2ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUTROPIN AQ SUBCUTANEOUS SOLUTION 10 MG/2ML</b>	SP		PA; RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TEV-TROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*hereditary tyrosinemia type 1 (ht-1) treatment - agents***</b>			
<b>NITYR ORAL TABLET 10 MG, 2 MG, 5 MG</b>	T3		PA; RM
<b>ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ORFADIN ORAL SUSPENSION 4 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*homocystinuria treatment - agents***</b>			
<b>CYSTADANE ORAL POWDER</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*hyperammonemia treatment - agents***</b>			
<b>CARBAGLU ORAL TABLET 200 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*hyperparathyroid treatment - vitamin d analogs***</b>			
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>		Non-Formulary	RM
<b>HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG</b>	SP		SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T1	RM; QL (0.4 EA per 1 day); AL (Min 18 Years)
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG</b>	T3		PA; RM
<b>ROCALTROL ORAL CAPSULE (Calcitriol) 0.25 MCG, 0.5 MCG</b>	T3	T2	RM
<b>ROCALTROL ORAL SOLUTION (Calcitriol) 1 MCG/ML</b>	T3	T2	RM
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	T3		RM; AI (;); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>ZEMPLAR ORAL CAPSULE 4 MCG</b>	T3		RM; AI (;); QL (0.4 EA per 1 day); AL (Min 18 Years)
<b>*insulin-like growth factors (somatomedins)***</b>			
<b>INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*lhrh/gnrh agonist analog pituitary suppressants***</b>			
<b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG</b>	SP		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 30 days)
<b>LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)</b>	SP		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 90 days)
<b>SYNAREL NASAL SOLUTION 2 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*mucopolysaccharidosis i (mps i) - agents***</b>			
<b>ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*mucopolysaccharidosis ii (mps ii) - agents***</b>			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*mucopolysaccharidosis vi (mps vi) - agents***</b>			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*parathyroid hormone and derivatives***</b>			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*phenylketonuria treatment - agents***</b>			
KUVAN ORAL PACKET 100 MG, 500 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KUVAN ORAL TABLET SOLUBLE 100 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*rank ligand (rankl) inhibitors***</b>			
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*selective estrogen receptor modulators (serms)***</b>			
EVISTA ORAL TABLET 60 MG	T3		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
OSPHENA ORAL TABLET 60 MG	T3		PA; ST; RM
<i>raloxifene hcl oral tablet 60 mg</i>		\$0	RM; F; QL (1 EA per 1 day)
<b>*selective vasopressin v2-receptor antagonists***</b>			
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	SP		PA; RM; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>SAMSCA ORAL TABLET 15 MG, 30 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*somatostatic agents***</b>			
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 20 MG, 40 MG, 60 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG</b>	T3		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*urea cycle disorder - agents***</b>			
<b>BUPHENYL ORAL POWDER (Sodium Phenylbutyrate) 3 GM/TSP</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RAVICTI ORAL LIQUID 1.1 GM/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sodium phenylbutyrate oral tablet 500 mg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*vasopressin***</b>			
<b>DDAVP INJECTION SOLUTION (Desmopressin Acetate) 4 MCG/ML</b>	T3	T3	RM
<b>DDAVP NASAL SOLUTION (Desmopressin Acetate Spray) 0.01 %</b>	T3	T3	RM
<b>DDAVP ORAL TABLET (Desmopressin Acetate) 0.1 MG</b>	T3	T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>DDAVP ORAL TABLET (Desmopressin Acetate) 0.2 MG</b>	T3	T3	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)



Drug Name	Brand	Generic	Additional Information
<b>DDAVP RHINAL TUBE NASAL SOLUTION</b> ( <i>Desmopressin Ace Rhinal Tube</i> ) <b>0.01 %</b>	T3	T1	RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		T3	RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<b>NOCDURNA SUBLINGUAL TABLET SUBLINGUAL</b> <b>27.7 MCG, 55.3 MCG</b>	T3		PA; RM
<b>NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML,</b> <b>1.66 MCG/0.1ML</b>	T3		PA; RM
<b>STIMATE NASAL SOLUTION 1.5 MG/ML</b>	T3		RM
<b>*Estrogens*</b>			
<b>*estrogen &amp; androgen***</b>			
<b>COVARYX HS ORAL TABLET</b> ( <i>Est Estrogens-Methyltest HS</i> ) <b>0.625-1.25 MG</b>	T1	T1	RM
<b>COVARYX ORAL TABLET</b> ( <i>Est Estrogens-Methyltest</i> ) <b>1.25-2.5 MG</b>	T1	T1	RM
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>		T1	RM
<b>*estrogen &amp; progestin***</b>			
<b>AMABELZ ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>0.5-0.1 MG</b>	T1	T1	RM; F
<b>AMABELZ ORAL TABLET 1-0.5 MG</b>	T1		RM; F
<b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>	T3		RM; F
<b>FYAVOLV ORAL TABLET</b> ( <i>Norethindrone-Eth Estradiol</i> ) <b>0.5-2.5 MG-MCG</b>	T2	T2	RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years)
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>		T2	RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years)
<b>MIMVEY LO ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>0.5-0.1 MG</b>	T1	T1	RM; F
<b>MIMVEY ORAL TABLET</b> ( <i>Estradiol-Norethindrone Acet</i> ) <b>1-0.5 MG</b>	T3	T3	RM; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
<b>PREMPHASE ORAL TABLET 0.625-5 MG</b>	T2		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG</b>	T2		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<b>PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG</b>	T2		RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
<b>*estrogens***</b>			
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY</b> ( <i>Estradiol</i> ) <b>0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	T3	RM; AI (;); QL (2 EA per 1 Week)
<b>CENESTIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	T3		PA; ST; RM
<b>DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML</b>	T3		RM
<b>ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</b>	T3		RM; F; AL (Min 18 Years)
<b>ENJUVIA ORAL TABLET 0.9 MG</b>	T3		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AL (Min 18 Years)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1	RM
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>		T1	RM; 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	RM
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>		T1	RM
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG</b>	T3		RM
<b>MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR</b>	T3		RM; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR</b>	T3		RM; QL (2 EA per 1 Week)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	T3	RM; AI (;); QL (2 EA per 1 Week)
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	T2		RM
<b>VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	T3	RM; AI (;); QL (2 EA per 1 Week)
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
<b>*estrogen-selective estrogen receptor modulator comb***</b>			
<b>DUAVEE ORAL TABLET 0.45-20 MG</b>	T3		PA; ST; RM; F; QL (1 EA per 1 day); AL (Min 18 Years)
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
<b>*farnesoid x receptor (fxr) agonists***</b>			
<b>OCALIVA ORAL TABLET 10 MG, 5 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Fluoroquinolones*</b>			
<b>*fluoroquinolones***</b>			
<b>AVELOX ABC PACK ORAL TABLET (Moxifloxacin HCl) 400 MG</b>	T3	T1	RM
<b>AVELOX ORAL TABLET (Moxifloxacin HCl) 400 MG</b>	T3	T1	RM
<b>BAXDELA ORAL TABLET 450 MG</b>	T3		PA; RM
<i>ciprofloxacin hcl oral tablet 100 mg</i>		T3	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>		T1	RM
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>		T3	RM; AI (;); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>FACTIVE ORAL TABLET 320 MG</b>	T3		RM
<i>levofloxacin oral solution 25 mg/ml</i>		T2	RM
<i>levofloxacin oral tablet 250 mg</i>		T2	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>NOROXIN ORAL TABLET 400 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ofloxacin oral tablet 200 mg, 300 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ofloxacin oral tablet 400 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*gallstone solubilizing agents***</b>			
<b>CHENODAL ORAL TABLET 250 MG</b>	T3		RM
<i>ursodiol oral capsule 300 mg</i>		T2	RM
<i>ursodiol oral tablet 250 mg, 500 mg</i>		T3	RM
<b>*gastrointestinal antiallergy agents***</b>			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>		T2	RM
<b>*gastrointestinal chloride channel activators***</b>			
<b>AMITIZA ORAL CAPSULE 24 MCG</b>	T3		RM; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AL (Min 16 Years)
<b>AMITIZA ORAL CAPSULE 8 MCG</b>	T3		RM; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AL (Min 18 Years)
<b>*gastrointestinal stimulants***</b>			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1	RM
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>		T1	RM
<b>METOZOLV ODT ORAL TABLET DISPERSIBLE (Metoclopramide HCl) 5 MG</b>	T3	T3	RM
<b>*glucagon-like peptide-2 (glp-2) analogs***</b>			
<b>GATTEX SUBCUTANEOUS KIT 5 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*ibs agent - guanylate cyclase-c (gc-c) agonists***</b>			
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>	T2		RM
<b>*ibs agent - selective 5-ht3 receptor antagonists***</b>			
<b>LOTRONEX ORAL TABLET 0.5 MG</b>	T3		RM; F
<b>LOTRONEX ORAL TABLET 1 MG</b>	T3		RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day); AL (Min 12 Years)
<b>*inflammatory bowel agents***</b>			
<b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM</b>	T3		RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>ASACOL HD ORAL TABLET DELAYED RELEASE (Mesalamine) 800 MG</b>	T2	T2	RM
<i>balsalazide disodium oral capsule 750 mg</i>		T1	RM
<b>CANASA RECTAL SUPPOSITORY 1000 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG</b>	T2		RM
<b>DIPENTUM ORAL CAPSULE 250 MG</b>	T3		RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>GIAZO ORAL TABLET 1.1 GM</b>	T3		RM
<b>LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM</b>	T3		RM; AI (Max #360 Mail Order); QL (4 EA per 1 day); AL (Min 18 Years)
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T3	RM; QL (4 EA per 1 Day); AL (Min 18 Years)
<i>mesalamine rectal enema 4 gm</i>		T3	RM
<i>mesalamine rectal suppository 1000 mg</i>		T3	RM; QL (1 EA per 1 Day)
<i>mesalamine-cleanser rectal kit 4 gm</i>		T3	RM
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG</b>	T3		RM
<b>SFROWASA RECTAL ENEMA 4 GM/60ML</b>	T3		RM
<b>SULFAZINE EC ORAL TABLET DELAYED RELEASE (SulfaSALazine) 500 MG</b>	T1	T1	RM
<b>SULFAZINE ORAL TABLET (SulfaSALazine) 500 MG</b>	T1	T1	RM
<b>*intestinal acidifiers***</b>			
<i>enulose oral solution 10 gm/15ml</i>		T1	RM
<i>generlac oral solution 10 gm/15ml</i>		T1	RM
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		T1	RM
<b>*peripheral opioid receptor antagonists***</b>			
<b>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</b>	T3		RM
<b>RELISTOR ORAL TABLET 150 MG</b>	T3		PA; RM
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	T3		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SYMPROIC ORAL TABLET 0.2 MG</b>	T3		PA; RM
<b>*phosphate binder agents***</b>			
<b>ELIPHOS ORAL TABLET 667 MG</b>	T3		RM
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 Day); AL (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<i>lanthanum carbonate oral tablet chewable 500 mg</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AL (Min 16 Years)
<b>RENAGEL ORAL TABLET 400 MG</b>	T3		RM; AI (Max #3150 Mail order); QL (35 EA per 1 day)
<b>RENAGEL ORAL TABLET 800 MG</b>	T3		RM; AI (Max #1800 Mail Order); QL (20 EA per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T3	RM; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T3	RM; AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>		T3	RM; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<b>VELPHORO ORAL TABLET CHEWABLE 500 MG</b>	T3		PA; ST; RM
<b>*tumor necrosis factor alpha blockers***</b>			
<b>CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML</b>	SP		PA; RM
<b>CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Genitourinary Agents - Miscellaneous*</b>			
<b>*5-alpha reductase inhibitors***</b>			
<i>dutasteride oral capsule 0.5 mg</i>		T3	RM; AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*alpha 1-adrenoceptor antagonists***</b>			
<b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>	T3		RM
<b>RAPAFLO ORAL CAPSULE (<i>Silodosin</i>) 4 MG, 8 MG</b>	T3	T3	RM

Drug Name	Brand	Generic	Additional Information
<i>tamsulosin hcl oral capsule 0.4 mg</i>		T1	RM
<b>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (Alfuzosin HCl ER) 10 MG</b>	T3	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*citrates***</b>			
<i>cytra k crystals oral packet 3300-1002 mg</i>		T2	RM
<i>cytra-2 oral solution 500-334 mg/5ml</i>		T3	RM
<i>cytra-k oral solution 1100-334 mg/5ml</i>		T2	RM
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		T3	RM
<b>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (Potassium Citrate ER) 10 MEQ (1080 MG)</b>	T2	T2	RM
<b>UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (Potassium Citrate ER) 15 MEQ (1620 MG)</b>	T3	T3	RM
<b>UROCIT-K 5 ORAL TABLET EXTENDED RELEASE (Potassium Citrate ER) 5 MEQ (540 MG)</b>	T2	T2	RM
<b>*cystinosis agents***</b>			
<b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*genitourinary irrigants***</b>			
<b>ARGYLE STERILE SALINE IRRIGATION SOLUTION (Sodium Chloride) 0.9 %</b>	T1	T1	RM
<b>CURITY STERILE SALINE IRRIGATION SOLUTION (Sodium Chloride) 0.9 %</b>	T1	T1	RM
<b>RENACIDIN IRRIGATION SOLUTION</b>	T1		RM
<b>*interstitial cystitis agents***</b>			
<b>ELMIRON ORAL CAPSULE 100 MG</b>	T3		RM; QL (3 EA per 1 day)
<b>*prostatic hypertrophy agent combinations***</b>			
<b>JALYN ORAL CAPSULE (Dutasteride-Tamsulosin HCl) 0.5-0.4 MG</b>	T3	T1	RM; M
<b>*urinary analgesics***</b>			
<b>PHENAZO ORAL TABLET (Phenazopyridine HCl) 200 MG</b>	T1	T1	RM
<b>PYRIDIUM ORAL TABLET (Phenazopyridine HCl) 100 MG, 200 MG</b>	T3	T1	RM
<b>*urinary stone agents***</b>			
<b>THIOLA ORAL TABLET 100 MG</b>	T3		PA; RM
<b>*Glycopeptides***</b>			
<b>*glycopeptides***</b>			
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	MB		SP
<b>*Gout Agents*</b>			
<b>*gout agent combinations***</b>			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		T1	RM
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	T3		PA; RM
<b>*gout agents***</b>			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T1	RM
COLCRYS ORAL TABLET ( <i>Colchicine</i> ) 0.6 MG	T3	T3	RM
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ULORIC ORAL TABLET 40 MG, 80 MG	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
ZURAMPIC ORAL TABLET 200 MG	T3		PA; ST; RM
<b>*uricosurics***</b>			
<i>probenecid oral tablet 500 mg</i>		T1	RM
<b>*Hematological Agents - Misc.*</b>			
<b>*antihemophilic products***</b>			
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CORIFACT INTRAVENOUS KIT 1000-1600 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 500 UNIT</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP
<b>KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>NUWIQ INTRAVENOUS KIT 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT</b>	SP		RM
<i>obizur intravenous solution reconstituted 500 unit</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT</b>	SP		PA; SP
<b>RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500- 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*bradykinin b2 receptor antagonists***</b>			
<b>FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*c1 inhibitors***</b>			
<b>BERINERT INTRAVENOUS KIT 500 UNIT</b>	SP		PA; RM
<b>CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*complement inhibitors***</b>			
<b>SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*cyclopentyltriazolopyrimidine (cptp) derivatives***</b>			
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	T2		RM
<b>*hematorheologic agents***</b>			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		T1	RM
<b>*phosphodiesterase iii inhibitors***</b>			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*plasma kallikrein inhibitors***</b>			
<b>KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*platelet aggregation inhibitor combinations***</b>			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		T2	RM
<b>*platelet aggregation inhibitors***</b>			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		T1	RM
<b>*quinazoline agents***</b>			
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>*thienopyridine derivatives***</b>			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>EFFIENT ORAL TABLET (Prasugrel HCl) 10 MG, 5 MG</b>	T3	T1	RM; QL (1 EA per 1 day); AL (Min 16 Years)
<i>ticlopidine hcl oral tablet 250 mg</i>		T1	RM
<b>*Hematopoietic Agents*</b>			
<b>*agents for gaucher disease***</b>			
<b>CERDELGA ORAL CAPSULE 84 MG</b>	SP		PA; SP
<b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZAVESCA ORAL CAPSULE (Miglustat) 100 MG</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*cobalamins***</b>			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		T1	RM
<b>NASCOBAL NASAL SOLUTION 500 MCG/0.1ML</b>	T3		PA; RM
<b>*cxcr4 receptor antagonist***</b>			
<b>MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML</b>	SP		RM
<b>*cytotoxic agents***</b>			
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>	SP		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIKLOS ORAL TABLET 100 MG</b>	SP		RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 EA per 1 day); AL (Min 2 Years and Max 17 Years)
<b>SIKLOS ORAL TABLET 1000 MG</b>	SP		RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 2 Years and Max 17 Years)

Drug Name	Brand	Generic	Additional Information
<b>*erythropoiesis-stimulating agents (esas)***</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	SP		PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*erythropoietins***</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	SP		PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*folic acid/folates***</b>			
<i>folic acid oral tablet 1 mg</i>		\$0	RM; QL (2 EA per 1 Day)
<b>*granulocyte colony-stimulating factors (g-csf)***</b>			
NEULASTA DELIVERY KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEULASTA DELIVERY KIT SUBCUTANEOUS SOLUTION 6 MG/0.6ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
NEULASTA SUBCUTANEOUS SOLUTION 6 MG/0.6ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEUPOGEN INJECTION SOLUTION 300 MCG/0.5ML, 300 MCG/ML, 480 MCG/0.8ML, 480 MCG/1.6ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	SP		RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*granulocyte/macrophage colony-stimulating factor(gm-csf)***</b>			
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*interleukins***</b>			
NEUMEGA SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*iron w/ folic acid***</b>			
FOLIVANE-F ORAL CAPSULE 125-1 MG	T2		RM
INTEGRA F ORAL CAPSULE 125-1 MG	T2		RM
<b>*iron***</b>			
<i>fer-iron oral solution 75 (15 fe) mg/ml</i>		\$0	RM; AL (Max 1 Years)
<b>FERRLECIT INTRAVENOUS SOLUTION (Na Ferric Gluc Cplx in Sucrose) 12.5 MG/ML</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		\$0	RM; AL (Max 1 Years)
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>		\$0	RM; AL (Max 1 Years)

Drug Name	Brand	Generic	Additional Information
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>		\$0	RM; AL (Max 1 Years)
<b>SPATONE PUR-ABSORB IRON ORAL LIQUID 5 MG/20ML</b>	\$0		RM; AL (Max 1 Years)
<b>**thrombopoietin (tpo) receptor agonists***</b>			
<b>DOPTELET ORAL TABLET 20 MG</b>	SP		PA; RM
<b>MULPLETA ORAL TABLET 3 MG</b>	SP		PA; RM
<b>NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hemostatics*</b>			
<b>*hemostatics - systemic***</b>			
<b>AMICAR ORAL SOLUTION 0.25 GM/ML</b>	T2		RM
<b>AMICAR ORAL TABLET 1000 MG, 500 MG</b>	T2		RM
<b>LYSTEDA ORAL TABLET (Tranexamic Acid) 650 MG</b>	T3	T1	RM; F
<b>*Hepatitis C Agent - Combinations***</b>			
<b>*hepatitis c agent - combinations***</b>			
<b>EPCLUSA ORAL TABLET (Sofosbuvir-Velpatasvir) 400-100 MG</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 18 Years)
<b>HARVONI ORAL TABLET (Ledipasvir-Sofosbuvir) 90-400 MG</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
<b>MAVYRET ORAL TABLET 100-40 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TECHNIVIE ORAL TABLET 12.5-75-50 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1.9 EA per 1 day); AL (Min 18 Years)
<b>VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &amp;250 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
VOSEVI ORAL TABLET 400-100-100 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEPATIER ORAL TABLET 50-100 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>			
<b>*hereditary orotic aciduria treatment - agents**</b>			
XURIDEN ORAL PACKET 2 GM	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hypnotics*</b>			
<b>*barbiturate hypnotics***</b>			
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		T1	RM
SECONAL ORAL CAPSULE 100 MG	T3		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
<b>*benzodiazepine hypnotics***</b>			
<i>estazolam oral tablet 1 mg, 2 mg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		T3	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>midazolam hcl oral syrup 2 mg/ml</i>		T1	RM; QL (10 ML per 1 day); AL (Min 6 Months and Max 16 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		T3	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T1	RM; QL (2 EA per 1 day); AL (Min 18 Years)
<b>*hypnotics - tricyclic agents***</b>			
SILENOR ORAL TABLET 3 MG, 6 MG	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 13 Years)
<b>*non-benzodiazepine - gaba-receptor modulators***</b>			
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		T1	RM; AI (#15 per copay. Max #60 retail or #180 Mail); QL (15 EA per 1 Copay)
<i>zaleplon oral capsule 5 mg</i>		T1	RM; AI (#15 per copay. Max #90 Retail or #270 Mail); QL (15 EA per 1 Copay)



Drug Name	Brand	Generic	Additional Information
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*selective melatonin receptor agonists***</b>			
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AL (Min 18 Years)
<b>ROZEREM ORAL TABLET 8 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>*lbs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>*ibs agent - mu-opioid receptor agonists***</b>			
<b>VIBERZI ORAL TABLET 100 MG, 75 MG</b>	T3		PA; ST; RM; QL (2 EA per 1 day); AL (Min 18 Years)
<b>*Insulin-Incretin Mimetic Combinations***</b>			
<b>*insulin-incretin mimetic combinations***</b>			
<b>SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML</b>	T2		RM; QL (0.5 ML per 1 day); AL (Min 18 Years)
<b>*Interleukin-4 Alpha Antagonists***</b>			
<b>*interleukin-4 alpha antagonists***</b>			
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	SP		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>*interleukin-5 antagonists (igg1 kappa)***</b>			
<b>FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML</b>	SP		PA; SP
<b>NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Interleukin-5 Antagonists (Igg4 Kappa)***</b>			
<b>*interleukin-5 antagonists (igg4 kappa)***</b>			
<b>CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Interleukin-6 (Il-6) Antagonists***</b>			
<b>*interleukin-6 (il-6) antagonists***</b>			
<b>SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
<b>*isocitrate dehydrogenase-1 (idh1) inhibitors***</b>			
TIBSOVO ORAL TABLET 250 MG	T1		PA; RM
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
<b>*isocitrate dehydrogenase-2 (idh2) inhibitors***</b>			
IDHIFA ORAL TABLET 100 MG, 50 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Laxatives*</b>			
<b>*bowel evacuant combinations***</b>			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM	T3		RM
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/Electrolytes) 240 GM	\$0	\$0	RM; \$0
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/Electrolytes) 236 GM	\$0	\$0	RM; \$0
GAVILYTE-H ORAL KIT 5-210 MG-GM	\$0		RM; \$0
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM	\$0	\$0	RM; \$0
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM	T3		RM
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	T3		RM
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	T3		RM
PCP 100 COMBINATION KIT	\$0		RM; \$0
PEG-PREP ORAL KIT 5-210 MG-GM	\$0		RM; \$0
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	T3		RM
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	T3		RM
TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM	\$0	\$0	RM; \$0
<b>*laxatives - miscellaneous***</b>			
constulose oral solution 10 gm/15ml		T1	RM
gentlelax oral powder		T3	RM
KRISTALOSE ORAL PACKET 10 GM, 20 GM	T3		RM
lactulose oral solution 10 gm/15ml, 20 gm/30ml		T1	RM
polyethylene glycol 3350 oral packet		T1	RM; AI (RX only. OTC's excluded.)
polyethylene glycol 3350 oral powder		T1	RM; AI (RX only. OTC's excluded.)
<b>*saline laxative mixtures***</b>			
OSMOPREP ORAL TABLET 1.102-0.398 GM	T3		RM; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Leptin Analogues***</b>			
<b>*leptin analogues***</b>			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Local Anesthetics-Parenteral*</b>			
<b>*local anesthetic &amp; sympathomimetic***</b>			
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION ( <i>Bupivacaine-Epinephrine (PF)</i> ) 0.5% - 1:200000	MB	MB	RM
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION ( <i>Bupivacaine-Epinephrine (PF)</i> ) 0.5% - 1:200000	MB	MB	RM
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>*lymphocyte function-associated antigen-1 (lfa-1) antag***</b>			
XIIDRA OPHTHALMIC SOLUTION 5 %	T3		PA; RM
<b>*Macrolides*</b>			
<b>*azithromycin***</b>			
<i>azithromycin oral packet 1 gm</i>		T1	RM
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		T1	RM
<i>azithromycin oral tablet 250 mg, 500 mg</i>		T1	RM
<i>azithromycin oral tablet 600 mg</i>		T2	RM
<b>*clarithromycin***</b>			
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		T2	RM
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		T2	RM
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		T1	RM
<b>*erythromycins***</b>			
E.E.S. 400 ORAL TABLET ( <i>Erythromycin Ethylsuccinate</i> ) 400 MG	T3	T3	RM
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	T2		RM
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	T2		RM
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	T2		RM
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	T3		RM
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		RM
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		T3	RM
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		T3	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>*fidaxomicin***</b>			
DIFICID ORAL TABLET 200 MG	T3		PA; RO; AI (#20 per copay. Not covered at Mail Order); QL (20 EA Max Qty Per Fill Retail)
<b>*Medical Devices*</b>			
<b>*applicators,cotton balls,etc***</b>			
<i>alcohol swabs pad</i>		T3	RM
<b>*cervical caps***</b>			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0		RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM, 25 MM, 28 MM, 31 MM	\$0		RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF FITTING SET VAGINAL	\$0		RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
<b>*condoms - female***</b>			
FC FEMALE CONDOM	\$0		RM; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
FC2 FEMALE CONDOM	\$0		RM; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
<b>*diaphragms***</b>			
CAYA VAGINAL DIAPHRAGM	\$0		RM
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	\$0		RM; F
ORTHO DIAPHRAGM COIL VAGINAL KIT 100 MM, 105 MM, 50 MM	\$0		RM; F
ORTHO DIAPHRAGM FLAT VAGINAL KIT 55 MM, 60 MM, 65 MM, 70 MM, 75 MM, 80 MM, 85 MM, 90 MM, 95 MM	\$0		RM; F
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	\$0		RM; F
<b>*glucose monitoring test supplies***</b>			
<i>1st choice lancets super thin</i>		T1	RM; QL (10 EA per 1 day)
<i>1st choice lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>1st choice lancets ultra thin</i>		T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>1st tier unilet comfortouch</i>		T1	RM; QL (10 EA per 1 day)
<b>ACCU-CHEK FASTCLIX LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ACCU-CHEK MULTICLIX LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ACCU-CHEK SAFE-T PRO LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ACCU-CHEK SOFT TOUCH LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ACCU-CHEK SOFTCLIX LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<i>acti-lance 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>acti-lance lite lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>acti-lance special lancets 17g</i>		T1	RM; QL (10 EA per 1 day)
<i>acti-lance universal 23g</i>		T1	RM; QL (10 EA per 1 day)
<b>ADVOCATE LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ADVOCATE SAFETY LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<i>af lancets super thin</i>		T1	RM; QL (10 EA per 1 day)
<b>AGAMATRIX ULTRA-THIN LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<i>assure comfort lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>assure comfort lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS HIGH (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS LOW (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS MICRO (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS NORMAL (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS PED (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ASSURE LANCE LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>ASSURE LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>AT LAST LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<i>aurora lancet super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>aurora lancet thin 23g</i>		T1	RM; QL (10 EA per 1 day)
<b>BAYER MICROLET LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>BD LANCET ULTRAFINE 30G (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>BD LANCET ULTRAFINE 33G (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>BD MICROTAINER LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>BD ULTRA-FINE LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<i>bullseye mini safety lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>BULLSEYE SAFETY LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<i>careone lancet thin 23g</i>		T1	RM; QL (10 EA per 1 day)
<i>careone lancet ultra thin 28g</i>		T1	RM; QL (10 EA per 1 day)
<b>CLEANLET LANCETS 28G (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>CLEVER CHEK LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>COAGUCHEK LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>comfort assured lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>comfort assured lancets 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>comfort lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs lancets 21g</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs lancets micro thin 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs lancets original</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs lancets thin 26g</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs lancets ultra thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>cvs ultra thin lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>DIASTAR EASY TEST II LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>DIASTAR EASY TEST LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>DROPLET LANCETS ULTRA THIN 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>drug mart lancets thin 26g</i>		T1	RM; QL (10 EA per 1 day)
<i>drug mart lancets ultra thin</i>		T1	RM; QL (10 EA per 1 day)
<b>DRUG MART ON-THE-GO LANCET 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>DRUG MART UNILET LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>DRUG MART UNILET LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>duane reade lancet altern site</i>		T1	RM; QL (10 EA per 1 day)
<i>duane reade lancet super thin</i>		T1	RM; QL (10 EA per 1 day)
<i>duane reade lancet ultra thin</i>		T1	RM; QL (10 EA per 1 day)
<i>easy comfort lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 23G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 28G/TWIST</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 30G/TWIST</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 32G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 32G/TWIST</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 33G/TWIST</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 23G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EASY TOUCH SAFETY LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASY TWIST &amp; CAP LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASYTEST II LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EASYTEST LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EMBRACE LANCETS ULTRA THIN 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>eql color lancets 21g</i>		T1	RM; QL (10 EA per 1 day)
<i>eql color lancets micro 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>eql super thin lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>eql thin lancets 26g</i>		T1	RM; QL (10 EA per 1 day)
<b>E-Z JECT LANCET MICRO-THIN 33G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>E-Z JECT LANCET SUPER THIN 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>E-Z JECT LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>E-Z JECT LANCETS 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>E-Z JECT LANCETS THIN 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EZ SMART BLOOD GLUCOSE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 23G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>FIFTY50 SAFETY SEAL LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>FINE 30</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>FINGERSTIX LANCETS</b> (Lancets)	T1	T1	RM; QL (10 EA per 1 Day)
<b>FORA LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>freds pharmacy unilet lanc 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>freds pharmacy unilet lanc 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>FREESTYLE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>FREESTYLE LIBRE 14 DAY READER DEVICE</b>	T2		RM; QL (1 EA per 1 per Lifetime)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T2		RM; AI (Limited to 30 day supply); QL (2 EA per 28 days)
<b>FREESTYLE LIBRE READER DEVICE</b>	T2		RO; QL (1 EA per 1 Lifetime)
<b>FREESTYLE LIBRE SENSOR SYSTEM</b>	T2		RO; AI (Limited to 30 day supply); QL (3 EA per 30 days)
<b>FREESTYLE UNISTICK II LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>GENTLE-LET GP LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>GENTLE-LET LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>global inject ease lancets 28g</i>		T1	RM; QL (10 EA per 1 day)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>global inject ease lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>GLUCOCOM LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>GLUCOCOM LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>GLUCOCOM LANCETS 33G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>GLUCOSOURCE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>GMATE LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>gnp lancets 21g</i>		T1	RM; QL (10 EA per 1 day)
<i>gnp lancets micro thin 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>gnp lancets super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>gnp lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>gnp lancets thin 26g</i>		T1	RM; QL (10 EA per 1 day)
<i>gnp micro thin lancets 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>gnp super thin lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>H&amp;H THINLET LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>H&amp;H THINLET LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE LOW FLOW LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE PLUS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE PLUS HIGH FLOW</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE PLUS LOW FLOW</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE PLUS MAX FLOW</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>HAEMOLANCE PLUS PEDIATRIC FLOW</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>healthwise lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>healthy accents unilet lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>h-e-b incontrol lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>h-e-b incontrol lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>hm lancets micro thin 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>hm lancets ultra thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>HY-VEE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>hy-vee thin lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>kinney lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>kinney thin lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets 21g</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets micro thin 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets super thin</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets thin 26g</i>		T1	RM; QL (10 EA per 1 day)
<i>kroger lancets ultrathin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>lady lite lancets</i>		T1	RM; QL (10 EA per 1 day)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>lancets micro thin 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>lancets super thin 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<b>LANCETS ULTRA FINE</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>LANCETS ULTRA THIN</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>lancets ultra thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>LIFESCAN UNISTIK 2</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>LIFESCAN UNISTIK II LANCETS</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<i>lite touch lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>LITETOUCH LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>live better lancet super thin</i>		T1	RM; QL (10 EA per 1 day)
<i>live better lancet ultra thin</i>		T1	RM; QL (10 EA per 1 day)
<i>longs lancets standard</i>		T1	RM; QL (10 EA per 1 day)
<i>longs lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>longs lancets ultra thin</i>		T1	RM; QL (10 EA per 1 day)
<i>major comfort lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>medichoice safety lancet</i>		T1	RM; QL (10 EA per 1 day)
<i>medichoice safety lancet extra</i>		T1	RM; QL (10 EA per 1 day)
<i>medichoice safety lancet norm</i>		T1	RM; QL (10 EA per 1 day)
<i>medicine shoppe lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>medicine shoppe lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>medi-lance lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>MEDISENSE THIN LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE EXTRA 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE LITE 25G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE PLUS EXTRA 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE PLUS LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE PLUS LITE 25G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE PLUS SPECIAL 0.8MM</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE PLUS SUPERLITE 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE PLUS UNIVERSAL 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEDLANCE UNIVERSAL 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEIJER LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEIJER LANCETS THIN</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEIJER LANCETS UNIVERSAL 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEIJER LANCETS UNIVERSAL 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MEIJER LANCETS UNIVERSAL 33G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>MEIJER SUPER THIN LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MICROLET LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MICROTAINER SAFETY FLOW LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MONOLET LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MONOLET OPD LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MONOLETTOR SAFETY LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>MYGLUCOHEALTH LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>NETGROUP LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>NOVA SAFETY LANCETS 23G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>NOVA SAFETY LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>NOVA SUREFLEX LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ON CALL LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ON CALL PLUS LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ONETOUCH CLUB LANCETS FINE PT</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>ONETOUCH COMBO PACK</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>ONETOUCH DELICA LANCETS 33G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ONETOUCH DELICA LANCETS FINE</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>ONETOUCH FINEPOINT LANCETS</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>ONETOUCH LANCETS</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>ONETOUCH ULTRASOFT LANCETS</b>	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<i>pc lancets super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>PERFECT LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>PERFECT LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>PHARMACIST CHOICE LANCETS</b>	T1		RM; AI (Max #300 Mail Order); QL (10 EA per 1 Day)
<b>PHARMACY COUNTER LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>PRECISION THIN LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>PRECISION THINS GP LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>PRECISION ULTRA LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>preferred plus lancets colored</i>		T1	RM; QL (10 EA per 1 day)
<i>preferred plus lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<b>PRODIGY LANCETS 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>PRODIGY LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>PRODIGY LANCETS 28G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>PRODIGY SAFETY LANCETS 26G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>PRODIGY TWIST TOP LANCETS 28G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>PSS SELECT GP LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>PSS SELECT SAFETY LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<i>px lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>px lancets ultra thin</i>		T1	RM; QL (10 EA per 1 day)
<i>qc lancets super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>qc lancets ultra thin</i>		T1	RM; QL (10 EA per 1 day)
<b>RA E-ZJECT COLOR LANCETS 33G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS 28G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS THIN 26G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS THIN 28G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS ULTRA THIN</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<i>reality lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>reality trigger lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>RELION LANCETS MICRO-THIN 33G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RELION LANCETS STANDARD 21G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RELION LANCETS THIN 26G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RELION LANCETS ULTRA-THIN 30G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RELION ULTRA THIN LANCETS 30G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RELION ULTRA THIN PLUS LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RENEW ADV CARTRIDGE REFILLS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>REXALL LANCETS ULTRA THIN 30G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>RIGHTEST GL300 LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>SAFE-T-LANCE</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>SAFE-T-LANCE PLUS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<i>safety lancet 21g/pressure act</i>		T1	RM; QL (10 EA per 1 day)
<i>safety lancet 28g/pressure act</i>		T1	RM; QL (10 EA per 1 day)
<b>SAFETY LANCET 2MM</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>SAFETY LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>SAFETY LANCETS 21G</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<i>safety lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<b>SAFETY LET LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<b>SAFETY SEAL LANCETS</b> ( <i>GNP Lancets</i> )	T1	T1	RM; QL (10 EA per 1 day)
<i>sb lancets thin</i>		T1	RM; QL (10 EA per 1 day)
<i>sb lancets ultra thin</i>		T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SHOPKO ON-THE-GO LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SHOPKO UNILET LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SHOPKO UNILET LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SINGLE-LET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>sm lancets 21g</i>		T1	RM; QL (10 EA per 1 day)
<i>sm lancets 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>sm super thin lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>sm thin lancets 26g</i>		T1	RM; QL (10 EA per 1 day)
<b>SMART DIABETES VANTAGE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SMART SENSE COLOR LANCETS 33G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SMART SENSE STANDARD LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SMART SENSE SUPER THIN LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SMART SENSE THIN LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SMARTEST LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SOLUS V2 LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SOLUS V2 TWIST LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>STERILANCE TL</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>super thin lancets</i>		T1	RM; QL (10 EA per 1 day)
<i>sure comfort lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>sure comfort lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>SURE-LANCE FLAT LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SURE-LANCE LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SURE-LANCE THIN LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SURE-LANCE ULTRA THIN LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SURELITE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>SURE-TOUCH LANCETS UNIVERSAL</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TECHLITE AST LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TECHLITE LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TECHLITE LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>tgt lancet alternate site</i>		T1	RM; QL (10 EA per 1 day)
<i>tgt lancet micro thin 33g</i>		T1	RM; QL (10 EA per 1 day)
<i>tgt lancet super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>tgt lancet thin 23g</i>		T1	RM; QL (10 EA per 1 day)
<i>tgt lancet thin 26g</i>		T1	RM; QL (10 EA per 1 day)
<i>tgt lancet ultra thin 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>tgt lancet ultra thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>THINLETS GP LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>THINLETS LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>today's health thin lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>today's health thin lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 33G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>TRUEPLUS SAFETY LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ULTICARE THIN LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ULTILET BASIC LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ULTILET CLASSIC LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ULTILET LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ULTILET SAFETY LANCETS 23G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>ultra thin lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>ultra thin lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
<b>ULTRA-THIN II AUTO LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>ULTRA-THIN II LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET COMFORTOUCH LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET EXCELITE</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET EXCELITE II</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET G.P. LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET G.P. SUPERLITE LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET GP 28 ULTRA THIN</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNILET SUPERLITE LANCET</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNISTIK 3 GENTLE</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNIVERSAL 1 LANCETS THIN 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>UNIVERSAL 1 LANCETS ULTRA THIN</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>value plus lancet standard 21g</i>		T1	RM; QL (10 EA per 1 day)
<i>value plus lancets super thin</i>		T1	RM; QL (10 EA per 1 day)
<i>value plus lancets thin 26g</i>		T1	RM; QL (10 EA per 1 day)
<i>valumark lancet super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
<i>valumark lancet ultra thin 28g</i>		T1	RM; QL (10 EA per 1 day)
<b>VIDA MIA UNILET LANCETS 28G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>VIDA MIA UNILET LANCETS 30G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>VITALET PRO LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>VITALET PRO PLUS LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>W&amp;F LANCETS 26G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<b>W&amp;F LANCETS COLORED 21G</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>walgreens adv travel lancets</i>		T1	RM; QL (10 EA per 1 day)
<b>WALGREENS LANCETS</b> (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
walgreens lancets micro thin		T1	RM; QL (10 EA per 1 day)
walgreens lancets super thin		T1	RM; QL (10 EA per 1 day)
<b>WALGREENS THIN LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>WALGREENS ULTRA THIN LANCETS (GNP Lancets)</b>	T1	T1	RM; QL (10 EA per 1 day)
<b>*needles &amp; syringes***</b>			
<b>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	T1		RM
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>	T1		RM
<b>BD PEN NEEDLE MINI U/F (Pen Needles 3/16") 31G X 5 MM</b>	T2	T1	RM
<b>BD PEN NEEDLE NANO U/F 32G X 4 MM</b>	T2		RM
<b>BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM</b>	T2		RM
<b>BD PEN NEEDLE SHORT U/F (Pen Needles 5/16") 31G X 8 MM</b>	T2	T1	RM
<b>EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML</b>	T1		RM
<i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 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" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1	RM; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>		T1	RM; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<b>INSUPEN ULTRAFIN (Pen Needles 5/16") 30G X 8 MM</b>	T1	T1	RM
<i>pen needles 1/2" 29g x 12mm</i>		T1	RM
<i>pen needles 29g x 12mm , 31g x 6 mm</i>		T1	RM
<b>ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML</b>	T1		RM
<b>*respiratory therapy supplies***</b>			
<b>VORTEX HOLDING CHAMBER/MASK DEVICE</b>	T2		RM
<b>*spacer/aerosol-holding chambers &amp; supplies***</b>			
<b>AEROCHAMBER MINI CHAMBER DEVICE</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER MV</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLOW VU</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS W/MASK SMALL</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER W/FLOWSIGNAL</b>	T1		RM; QL (2 EA per 1 Year)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>AEROCHAMBER Z-STAT PLUS</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	T1		RM; QL (2 EA per 1 Year)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>AEROVENT PLUS DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>ARIAL CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE COLL SPACER ADULT</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE COLL SPACER CHILD</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE COLL SPACER INFANT</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE RIGID SPACER/MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE SPACER NEONATE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE SPACER SMALL CHILD</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE/LARGE MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE/MEDIUM MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>BREATHERITE/SMALL MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>CLEVER CHOICE HOLDING CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER/LG MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER/MED MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>COMPACT SPACE CHAMBER/SM MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>EASIVENT</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>EASIVENT MASK LARGE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>EASIVENT MASK MEDIUM</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>EASIVENT MASK SMALL</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>E-Z SPACER DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>E-Z SPACER THE BODY GUARDS PK DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>E-Z SPACER/MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	T1		RM; QL (2 EA per 1 Year)
<b>FLEXICHAMBER CHILD MASK/LARGE</b>	T1		RM; QL (2 EA per 1 Year)
<b>FLEXICHAMBER CHILD MASK/SMALL</b>	T1		RM; QL (2 EA per 1 Year)
<b>FLEXICHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/LARGE DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/MEDIUM DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/MOUTHPIECE DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>INSPIRACHAMBER/SMALL DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>INSPIREASE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>INSPIREASE RESERVOIR BAGS</b>	T1		RM; QL (2 EA per 1 Year)
<b>LITEAIRE DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>MASK VORTEX</b>	T1		RM; QL (2 EA per 1 Year)
<b>MICROCHAMBER</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>MICROCHAMBER DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>MICROSPACER</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>NESSI SPACER WITH MASK LARGE DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>NESSI SPACER WITH MASK SM/MED DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>NESSI SPACER WITH MOUTHPIECE DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE-LG MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE-MED MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER ADVANTAGE-SM MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND-LG MASK DEVICE</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER DIAMOND-MD MASK</b> <i>(Valved Holding Chamber)</i>	T1	T1	RM; QL (1 EA per 2 Years)



Drug Name	Brand	Generic	Additional Information
<b>OPTICHAMBER DIAMOND-SM MASK</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER FACE MASK-LARGE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER FACE MASK-MEDIUM</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTICHAMBER FACE MASK-SMALL</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTIHALER</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>OPTIHALER DEVICE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>PANDA MASK LARGE</b>	T1		RM; QL (2 EA per 1 Year)
<b>PANDA MASK MEDIUM</b>	T1		RM; QL (2 EA per 1 Year)
<b>PANDA MASK SMALL</b>	T1		RM; QL (2 EA per 1 Year)
<b>PEDIATRIC PANDA MASK</b>	T1		RM; QL (2 EA per 1 Year)
<b>POCKET CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>POCKET SPACER DEVICE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>RITEFLO DEVICE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>VORTEX VALVED HOLDING CHAMBER DEVICE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>WATCHHALER DEVICE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>ZOEY OPTICHAMBER ADVANTAGE</b> ( <i>Valved Holding Chamber</i> )	T1	T1	RM; QL (1 EA per 2 Years)
<b>*Migraine Products*</b>			
<b>*ergot combinations***</b>			
<i>ergotamine-caffeine oral tablet 1-100 mg</i>		T3	RM
<b>MIGERGOT RECTAL SUPPOSITORY 2-100 MG</b>	T3		RM
<b>*migraine combinations***</b>			
<i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i>		T3	RM
<b>*migraine products***</b>			
<b>D.H.E. 45 INJECTION SOLUTION</b> ( <i>Dihydroergotamine Mesylate</i> ) <b>1 MG/ML</b>	T3	T3	RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>		T3	RM; QL (8 ML per 1 Copay)
<b>ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG</b>	T3		RM; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
<b>MIGRANAL NASAL SOLUTION 4 MG/ML</b>	T3		RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay)
<b>*selective serotonin agonists 5-ht(1)***</b>			
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>		T2	PA; ST; RM; QL (9 EA per 1 Copay)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>		T3	RM; QL (9 EA per 1 Copay)
<b>FROVA ORAL TABLET 2.5 MG</b>	T3		PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)

Drug Name	Brand	Generic	Additional Information
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		T1	RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay); AL (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>		T1	RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>		T1	RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		T1	RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>		T1	RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1	RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		T3	RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day)
<b>ZOMIG NASAL SOLUTION 2.5 MG, 5 MG</b>	T3		RM; AI (1 copay per quantity applies. Max quantity depends on day supply.); QL (0.9 EA per 1 day)
<b>ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG</b>	T3	T1	RM; AI (1 copay per quantity applies. Max quantity depends on day supply.); QL (0.4 EA per 1 day)
<b>ZOMIG ORAL TABLET (ZOLMitriptan) 5 MG</b>	T3	T1	RM; AI (1 copay per quantity applies. Max quantity depends on day supply.); QL (0.2 EA per 1 day)
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG</b>	T3	T1	RM; AI (1 copay per quantity applies. Max quantity depends on day supply.); QL (0.4 EA per 1 day)
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 5 MG</b>	T3	T1	RM; AI (1 copay per quantity applies. Max quantity depends on day supply.); QL (0.2 EA per 1 day)
<b>*Minerals &amp; Electrolytes*</b>			
<b>**fluoride combinations***</b>			
<b>FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG</b>	\$0		RM; AL (Max 6 Years)
<b>*fluoride***</b>			
<b>EPIFLUR ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG</b>	\$0	\$0	RM; AL (Max 6 Years)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	\$0		RM; AL (Max 6 Years)
FLUOR-A-DAY ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	\$0	\$0	RM; AL (Max 6 Years)
FLURA-DROPS ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	\$0	\$0	RM; AL (Max 6 Years)
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	\$0		RM; AL (Max 6 Years)
KARIDIUM ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	\$0	\$0	RM; AL (Max 6 Years)
LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG	\$0		RM; AL (Max 6 Years)
LUDENT ORAL TABLET CHEWABLE ( <i>Fluoritab</i> ) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	\$0	\$0	RM; AL (Max 6 Years)
LURIDE ORAL SOLUTION ( <i>Sodium Fluoride</i> ) 1.1 (0.5 F) MG/ML	\$0	\$0	RM; AL (Max 6 Years)
LURIDE ORAL TABLET CHEWABLE ( <i>Fluoritab</i> ) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG	\$0	\$0	RM; AL (Max 6 Years)
NAFRINSE DROPS ORAL SOLUTION ( <i>Fluoritab</i> ) 0.275 (0.125 F) MG/DROP	\$0	\$0	RM; AL (Max 6 Years)
NAFRINSE ORAL TABLET CHEWABLE ( <i>Fluoritab</i> ) 2.2 (1 F) MG	\$0	\$0	RM; AL (Max 6 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		\$0	RM; AL (Max 6 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		\$0	RM; AL (Max 6 Years)
<b>*phosphate***</b>			
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>		T1	RM
<b>K-PHOS ORAL TABLET 500 MG</b>	T1		RM
<b>PHOSPHA 250 NEUTRAL ORAL TABLET (<i>Virt-Phos 250 Neutral</i>) 155-852-130 MG</b>	T1	T1	RM
<b>*potassium combinations***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ</b>	T2		RM
<b>*potassium***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT (<i>K-Effervescent</i>) 25 MEQ</b>	T1	T1	RM
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride ER</i>) 10 MEQ</b>	T1	T1	RM
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride Crys ER</i>) 10 MEQ</b>	T1	T1	RM
<b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ</b>	T1		RM
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride Crys ER</i>) 20 MEQ</b>	T1	T1	RM
<b>KLOR-CON ORAL PACKET (<i>Potassium Chloride</i>) 20 MEQ</b>	T1	T1	RM
<b>KLOR-CON ORAL PACKET 25 MEQ</b>	T2		RM

Drug Name	Brand	Generic	Additional Information
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b> <i>(Potassium Chloride ER) 8 MEQ</i>	T1	T1	RM
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ</b>	T1	T1	RM
<b>K-PRIME ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ</b>	T1	T1	RM
<b>K-TAB ORAL TABLET EXTENDED RELEASE</b> <i>(Potassium Chloride ER) 10 MEQ</i>	T3	T1	RM
<b>K-TAB ORAL TABLET EXTENDED RELEASE</b> <i>(Potassium Chloride ER) 8 MEQ</i>	T1	T1	RM
<i>k-vescent oral packet 20 meq</i>		T1	RM
<i>k-vescent oral tablet effervescent 25 meq</i>		T1	RM
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>		T1	RM
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		T1	RM
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>		T1	RM
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>		T3	RM
<b>*Mixed Allergenic Extracts***</b>			
<b>*mixed allergenic extracts***</b>			
<b>ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM</b>	T3		PA; RM
<b>ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR</b>	T3		PA; ST; RM
<b>*Monobactams***</b>			
<b>*monobactams***</b>			
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*anesthetics topical oral***</b>			
<i>lidocaine viscous mouth/throat solution 2 %</i>		T1	RM
<b>*anti-infectives - throat***</b>			
<i>clotrimazole mouth/throat lozenge 10 mg</i>		T1	RM
<i>clotrimazole mouth/throat troche 10 mg</i>		T1	RM
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		T1	RM
<b>*antiseptic combinations - mouth/throat***</b>			
<b>DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %</b>	T3		RM
<b>*antiseptics - mouth/throat***</b>			
<b>PERIOGARD MOUTH/THROAT SOLUTION</b> <i>(Chlorhexidine Gluconate) 0.12 %</i>	T2	T1	RM
<b>*dry mouth agents and artificial saliva***</b>			
<b>BOCASAL MOUTH/THROAT PACKET</b>	T3		RM
<b>NEUTRASAL MOUTH/THROAT PACKET</b>	T3		RM

Drug Name	Brand	Generic	Additional Information
SALIVAMAX MOUTH/THROAT PACKET	T3		RM
SALIVATE RX MOUTH/THROAT PACKET	T3		RM
<b>*fluoride dental products***</b>			
ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	\$0	\$0	RM; AL (Max 6 Years)
ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	\$0	\$0	RM; AL (Max 6 Years)
ACT TOTAL CARE MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	\$0	\$0	RM; AL (Max 6 Years)
CAVAREST DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
CAVIRINSE MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 %	\$0	\$0	RM; AL (Max 6 Years)
CLINPRO 5000 DENTAL PASTE 1.1 %	\$0		RM; AL (Max 6 Years)
CONTROLRX DENTAL CREAM (SF 5000 Plus) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
CONTROLRX DENTAL PASTE 1.1 %	\$0		RM; AL (Max 6 Years)
DENTA 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
DENTAGEL DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
FLUORIDEX DENTAL PASTE 1.1 %	\$0		RM; AL (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
FLUORIGARD MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 %	\$0	\$0	RM; AL (Max 6 Years)
KARIGEL DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
KARIGEL-N DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 %	\$0		RM; AL (Max 6 Years)
NEUTRAGARD ADVANCED DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
PHOS-FLUR DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
PREVIDENT 5000 BOOSTER DENTAL PASTE 1.1 %	\$0		RM; AL (Max 6 Years)
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	\$0		RM; AL (Max 6 Years)
PREVIDENT 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
PREVIDENT DENTAL GEL (SF) 1.1 %	\$0	\$0	RM; AL (Max 6 Years)
PREVIDENT MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 %	\$0	\$0	RM; AL (Max 6 Years)
sm anticavity fluoride rinse mouth/throat solution 0.05 %		\$0	RM; AL (Max 6 Years)
THERA-FLUR-N DENTAL GEL 1.1 %	\$0		RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>*periodontal anti-infectives***</b>			
ARESTIN DENTAL 1 MG	T3		PA; RM
<b>*saliva stimulants***</b>			
cevimeline hcl oral capsule 30 mg		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral tablet 5 mg, 7.5 mg		T1	RM
<b>*steroids - mouth/throat***</b>			
ORALONE MOUTH/THROAT PASTE (Triamcinolone Acetonide) 0.1 %	T1	T1	RM
<b>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</b>			
<b>*mucopolysaccharidosis iv (mps iv) - agents***</b>			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Multivitamins*</b>			
<b>*prenatal mv &amp; min w/fe-fa***</b>			
c-nate dha oral capsule 28-1-200 mg		T3	RM; F
completenate oral tablet chewable 29-1 mg		T3	RM; F
CO-NATAL FA ORAL TABLET (Prenatabs FA)	T3	T3	RM; F
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	T3		RM; F
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	T3		RM; F
ELITE-OB ORAL TABLET 50-1.25 MG	T3		RM; F
FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG	T3		RM; F
INATAL ADVANCE ORAL TABLET (Vinate Ultra)	T3	T3	RM; F
INATAL GT ORAL TABLET (Vinate Ultra)	T3	T3	RM; F
INATAL ULTRA ORAL TABLET (Vinate Ultra)	T3	T3	RM; F
m-natal plus oral tablet 27-1 mg		T3	RM
M-VIT ORAL TABLET (Prenatal Plus/Iron)	T3	T3	RM; F
MYNATAL ADVANCE ORAL TABLET (Vinate Ultra)	T3	T3	RM; F
MYNATAL ORAL TABLET (Vinate Ultra) 90-1 MG	T3	T3	RM; F
NATELLE ONE ORAL CAPSULE (Calcium PNV) 28-1-250 MG	T3	T3	RM; F
NIVA-PLUS ORAL TABLET (Prenatal Plus/Iron) 27-1 MG	T3	T3	RM; F
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG	T3		RM; F
OB COMPLETE ORAL TABLET 50-1.25 MG	T3		RM; F
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG	T3		RM; F
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	T3		RM; F
OB-NATAL ONE ORAL CAPSULE (UltimateCare ONE NF) 20-7-1 MG	T3	T3	RM; F
O-CAL FA ORAL TABLET (Prenatal Plus/Iron) 27-1 MG	T3	T3	RM; F

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>pnv fe fum/docusatelfolic acid oral tablet 29-1 mg</i>		T3	RM; F
<i>pnv folic acid + iron oral tablet 27-1 mg</i>		T3	RM; F
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>		T3	RM; F
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>		T3	RM; F
<b>PREFERA OB + DHA ORAL (HemeNatal OB + DHA) 28-6-1 &amp; 203 MG</b>	T3	T3	RM; F
<b>PREFERA OB ORAL TABLET (HemeNatal OB) 28-6-1 MG</b>	T3	T3	RM; F
<b>PRENATABS RX ORAL TABLET (Vol-Tab Rx) 29-1 MG</b>	T3	T3	RM; F
<i>prenatal 19 oral tablet , 29-1 mg</i>		T3	RM; F
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>		T3	RM; F
<b>PRENATAL AD ORAL TABLET (Vinate Ultra)</b>	T3	T3	RM; F
<i>prenatal formula oral tablet 27-1 mg</i>		T3	RM; F
<i>prenatal low iron oral tablet 27-1 mg</i>		T3	RM; F
<i>prenatal oral tablet 27-1 mg</i>		T3	RM; F
<i>prenatal plus iron oral tablet 29-1 mg</i>		T3	RM; F
<i>prenatal plus oral tablet 27-1 mg</i>		T3	RM; F
<b>PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Plus/Iron)</b>	T3	T3	RM; F
<b>PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG</b>	T3		RM; F
<b>PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG</b>	T3		RM; F
<i>preplus oral tablet 27-1 mg</i>		T3	RM; F
<i>pretab oral tablet 29-1 mg</i>		T3	RM; F
<i>se-natal 19 oral tablet 29-1 mg</i>		T3	RM; F
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		T3	RM; F
<b>TARON-C DHA ORAL CAPSULE 53.5-38-1 MG</b>	T3		RM; F
<b>THERANATAL CORE NUTRITION ORAL TABLET (Prenatal Plus/Iron) 27-1 MG</b>	T3	T3	RM; F
<i>thrivite rx oral tablet 29-1 mg</i>		T3	RM; F
<i>triadvance oral tablet 90-1 mg</i>		T3	RM; F
<b>TRICARE ORAL TABLET (Prenatal Plus/Iron)</b>	T3	T3	RM; F
<b>TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG</b>	T3	T3	RM; F
<i>trinatal gt oral tablet 90-1 mg</i>		T3	RM; F
<i>trinatal ultra oral tablet 90-1 mg</i>		T3	RM; F
<i>ultra tabs oral tablet</i>		T3	RM; F
<b>VINATE DHA ORAL CAPSULE 27-1.53 MG</b>	T3		RM; F
<b>VINATE GT ORAL TABLET (Vinate Ultra) 90-1 MG</b>	T3	T3	RM; F
<b>VINATE M ORAL TABLET 27-1 MG</b>	T3		RM; F
<i>virt-nate dha oral capsule 28-1-200 mg</i>		T3	RM; F
<i>virt-pn oral tablet 27-0.6-0.4 mg</i>		T3	RM; F

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>VIVA DHA ORAL CAPSULE (Reinate DHA) 28-1-200 MG</b>	T3	T3	RM; F
<i>vol-plus oral tablet 27-1 mg</i>		T3	RM; F
<i>vp-heme ob + dha oral 28-6-1 &amp; 203 mg</i>		T3	RM; F
<i>vp-heme ob oral tablet 28-6-1 mg</i>		T3	RM; F
<b>ZATEAN-PN ORAL TABLET (PNV-Select) 27-0.6-0.4 MG</b>	T3	T3	RM; F
<b>*prenatal mv &amp; min w/fe-fa-ca-omega 3 fish oil***</b>			
<i>complete natal dha oral 29-1-200 &amp; 250 mg</i>		T3	RM; F
<b>PR NATAL 400 EC ORAL 29-1-200 &amp; 400 MG (DR)</b>	T3		RM; F
<b>PR NATAL 400 ORAL 29-1-200 &amp; 400 MG</b>	T3		RM; F
<b>TRIVEEN-DUO DHA ORAL 29-1-200 &amp; 400 MG</b>	T3		RM; F
<b>*prenatal mv &amp; min w/fe-fa-dha***</b>			
<b>CITRANATAL 90 DHA ORAL (Prenaissance 90 DHA) 90-1 &amp; 300 MG</b>	T3	T3	RM; F
<b>CITRANATAL ASSURE ORAL (Prenaissance Promise) 35-1 &amp; 300 MG</b>	T3	T3	RM; F
<b>CITRANATAL DHA ORAL (PNV OB+DHA) 27-1 &amp; 250 MG</b>	T3	T3	RM; F
<i>extra-virt plus dha oral capsule 29-1.25-350 mg</i>		T3	RM; F
<b>FOCALGIN 90 DHA ORAL (Prenaissance 90 DHA) 90-1 &amp; 300 MG</b>	T3	T3	RM; F
<b>FOCALGIN CA ORAL (Prenaissance Promise) 35-1 &amp; 300 MG</b>	T3	T3	RM; F
<i>folcal dha oral capsule 27-1.25-300 mg</i>		T3	RM; F
<b>FOLIVANE-EC CALCIUM DHA NF ORAL 27-1 &amp; 250 MG</b>	T3		RM; F
<b>FOLIVANE-PRX DHA NF ORAL CAPSULE 30-1.24-265 MG</b>	T3		RM; F
<b>GESTICARE DHA ORAL 27-1 &amp; 250 MG</b>	T3		RM; F
<b>MACNATAL CN DHA ORAL CAPSULE (Prenaissance Plus) 28-1-250 MG</b>	T3	T3	RM; F
<b>NATALVIRT 90 DHA ORAL (Prenaissance 90 DHA) 90-1 &amp; 300 MG</b>	T3	T3	RM; F
<b>NATALVIRT CA ORAL (Prenaissance Promise) 35-1 &amp; 300 MG</b>	T3	T3	RM; F
<b>NEXA PLUS ORAL CAPSULE (TL-Select DHA) 29-1.25-350 MG</b>	T3	T3	RM; F
<b>PREFERAOB ONE ORAL CAPSULE (VP-HEME One) 22-6-1-200 MG</b>	T3	T3	RM; F
<i>prenaissance dha oral 27-1 &amp; 250 mg</i>		T3	RM; F
<i>prenaissance oral capsule 29-1.25-325 mg</i>		T3	RM; F
<b>PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG</b>	T3		RM; F
<b>PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG</b>	T3		RM; F
<i>rulavite dha oral capsule 27-0.6-0.4-300 mg</i>		T3	RM; F



Drug Name	Brand	Generic	Additional Information
<b>SELECT-OB+DHA ORAL (Choice-OB+DHA) 29-1 &amp; 250 MG</b>	T3	T3	RM; F
<b>TARON-PREX ORAL CAPSULE 30-1.2-265 MG</b>	T3		RM; F
<i>tl-select oral capsule 29-1.25-325 mg</i>		T3	RM; F
<b>TRIVEEN-TEN ORAL TABLET 15-0.5-50 MG</b>	T3		RM; F
<b>VEMAVITE-PRX 2 ORAL CAPSULE (PNV-DHA+Docusate) 27-1.25-300 MG</b>	T3	T3	RM; F
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>		T3	RM; F
<i>virt-select oral capsule 29-1.25-325 mg</i>		T3	RM; F
<b>VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (Prena1/Quatrefolic) 30-0.6-0.4-200 MG</b>	T3	T3	RM; F
<b>VITAMEDMD PLUS RX/QUATREFOLIC ORAL (Prena1 Plus/Quatrefolic) 30-0.6-0.4 &amp; 300 MG</b>	T3	T3	RM; F
<b>ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG</b>	T3	T3	RM; F
<b>*prenatal vitamins***</b>			
<b>VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prena1/Quatrefolic) 0.6-0.4 MG</b>	T3	T3	RM; F
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*central muscle relaxants***</b>			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T1	RM
<i>carisoprodol oral tablet 350 mg</i>		T1	RO; AI (Max #84 per 21 days); QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>		T3	RM
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T2	RM
<i>metaxalone oral tablet 800 mg</i>		T2	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		T1	RM
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		T1	RM
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>		T1	RM
<b>*direct muscle relaxants***</b>			
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>		T2	RM
<b>*muscle relaxant combinations***</b>			
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>		T3	RM
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*nasal antibiotics***</b>			
<b>BACTROBAN NASAL NASAL OINTMENT 2 %</b>	T3		RM
<b>*nasal anticholinergics***</b>			
<i>ipratropium bromide nasal solution 0.03 %</i>		T1	RM; AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T1	RM; AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
<b>*nasal antihistamines***</b>			
<i>azelastine hcl nasal solution 0.1 %</i>		T1	RM; AI (;)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>azelastine hcl nasal solution 0.15 %</i>		T1	RM
<b>PATANASE NASAL SOLUTION (Olopatadine HCl) 0.6 %</b>	T3	T1	RM; QL (1.02 GM per 1 day); AL (Min 6 Years)
<b>*nasal steroids***</b>			
<b>BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY</b>	T3		RM; AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T1	RM; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
<b>ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT</b>	T3		RM; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AL (Min 12 Years)
<b>*topical decongestants***</b>			
<b>TYZINE NASAL SOLUTION 0.05 %</b>	T3		RM
<b>*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***</b>			
<b>*neprilysin inhib (arni)-angiotensin ii recept antag comb***</b>			
<b>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</b>	T3		PA; RM; QL (2 EA per 1 day); AL (Min 18 Years)
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents***</b>			
<b>*neurogenic orthostatic hypotension (noh) - agents***</b>			
<b>NORTHERA ORAL CAPSULE 100 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (3 EA per 1 day); AL (Min 18 Years)
<b>NORTHERA ORAL CAPSULE 200 MG, 300 MG</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (6 EA per 1 day); AL (Min 18 Years)
<b>*Neuromuscular Agents*</b>			
<b>*benzathiazoles***</b>			
<b>RILUTEK ORAL TABLET (Riluzole) 50 MG</b>	T3	T1	RM
<b>TIGLUTIK ORAL SUSPENSION 50 MG/10ML</b>	T3		PA; RM
<b>*neuromuscular blocking agent - neurotoxins***</b>			
<b>BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Ophthalmic Agents*</b>			
<b>*alpha adrenergic agonist &amp; carbonic anhydrase inhib comb***</b>			
<b>SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %</b>	T3		RM
<b>*artificial tear inserts***</b>			
<b>LACRISERT OPHTHALMIC INSERT 5 MG</b>	T3		RM
<b>*artificial tears and lubricants***</b>			
<b>THERATEARS OPHTHALMIC GEL 1 %</b>	T2		RM
<b>*beta-blockers - ophthalmic combinations***</b>			
<b>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %</b>	T2		RM; AI (;)
<b>COSOPT PF OPHTHALMIC SOLUTION (Dorzolamide HCl-Timolol Mal PF) 22.3-6.8 MG/ML</b>	T3	T3	PA; RM
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>		T1	RM
<b>*beta-blockers - ophthalmic***</b>			
<b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>	T3		RM
<i>carteolol hcl ophthalmic solution 1 %</i>		T1	RM
<b>ISTALOL OPHTHALMIC SOLUTION 0.5 %</b>	T3		RM
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	RM
<i>metipranolol ophthalmic solution 0.3 %</i>		T3	RM
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		T1	RM
<b>TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION (Timolol Maleate) 0.25 %, 0.5 %</b>	T3	T3	RM
<b>*cycloplegic mydriatics***</b>			
<i>atropine sulfate ophthalmic solution 1 %</i>		T1	RM
<i>atropine-care ophthalmic solution 1 %</i>		T1	RM
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T2	RM
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1	RM
<b>HOMATROPAIRE OPHTHALMIC SOLUTION 5 %</b>	T1		RM
<b>MYDRIACYL OPHTHALMIC SOLUTION (Tropicamide) 1 %</b>	T3	T3	RM
<i>tropicamide ophthalmic solution 0.5 %</i>		T3	RM
<b>*miotics - cholinesterase inhibitors***</b>			
<b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>	T1		RM
<b>*miotics - direct acting***</b>			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>*ophthalmic antiallergic***</b>			
<b>ALOCRILOPHTHALMIC SOLUTION 2 %</b>	T3		RM
<b>ALOMIDE OPHTHALMIC SOLUTION 0.1 %</b>	T3		RM
<i>azelastine hcl ophthalmic solution 0.05 %</i>		T2	RM; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
<b>BEPREVE OPHTHALMIC SOLUTION 1.5 %</b>	T3		RM
<i>cromolyn sodium ophthalmic solution 4 %</i>		T1	RM
<b>ELESTAT OPHTHALMIC SOLUTION (Epinastine HCl) 0.05 %</b>	T3	T2	RM
<b>EMADINE OPHTHALMIC SOLUTION 0.05 %</b>	T3		PA; ST; RM
<b>LASTACRAFT OPHTHALMIC SOLUTION 0.25 %</b>	T3		PA; ST; RM; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AL (Min 2 Years)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>		T3	RM; QL (0.45 ML per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>		T3	RM
<b>OPTIVAR OPHTHALMIC SOLUTION 0.05 %</b>	T3		PA; ST; RM; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
<b>*ophthalmic antibiotics***</b>			
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		T3	RM
<b>BESIVANCE OPHTHALMIC SUSPENSION 0.6 %</b>	T3		RM
<b>CILOXAN OPHTHALMIC OINTMENT 0.3 %</b>	T3		RM
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		T1	RM
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		T1	RM
<b>GENTAK OPHTHALMIC OINTMENT 0.3 %</b>	T1		RM
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		T1	RM
<i>levofloxacin ophthalmic solution 0.5 %</i>		T2	RM
<b>MOXEZA OPHTHALMIC SOLUTION 0.5 %</b>	T3		RM
<i>ofloxacin ophthalmic solution 0.3 %</i>		T1	RM
<i>romycin ophthalmic ointment 5 mg/gm</i>		T1	RM
<b>TOBEX OPHTHALMIC OINTMENT 0.3 %</b>	T1		RM
<b>VIGAMOX OPHTHALMIC SOLUTION (Moxifloxacin HCl) 0.5 %</b>	T3	T3	RM
<b>ZYMAXID OPHTHALMIC SOLUTION (Gatifloxacin) 0.5 %</b>	T3	T1	RM
<b>*ophthalmic antifungal***</b>			
<b>NATACYN OPHTHALMIC SUSPENSION 5 %</b>	T3		RM
<b>*ophthalmic anti-infective combinations***</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1	RM
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T3	RM
<b>NEO-POLYCIN OPHTHALMIC OINTMENT (Neomycin-Bacitracin Zn-Polymyx) 3.5-400-10000</b>	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
<b>POLYCIN OPHTHALMIC OINTMENT (AK-Poly-Bac) 500-10000 UNIT/GM</b>	T1	T1	RM
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		T1	RM
<b>*ophthalmic antivirals***</b>			
<i>trifluridine ophthalmic solution 1 %</i>		T1	RM
<b>ZIRGAN OPHTHALMIC GEL 0.15 %</b>	T2		RM
<b>*ophthalmic carbonic anhydrase inhibitors***</b>			
<b>AZOPT OPHTHALMIC SUSPENSION 1 %</b>	T3		RM; AI (Max #30ml Mail Order); QL (10 ML per 30 Days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>		T1	RM
<b>*ophthalmic decongestants***</b>			
<i>ak-con ophthalmic solution 0.1 %</i>		T3	PA; ST; RM
<b>ALTAFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %</b>	T1	T1	RM
<i>naphazoline hcl ophthalmic solution 0.1 %</i>		T3	PA; ST; RM
<b>NEOFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %</b>	T1	T1	RM
<b>*ophthalmic immunomodulators***</b>			
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>RESTASIS OPHTHALMIC EMULSION 0.05 %</b>	T2		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*ophthalmic local anesthetics***</b>			
<b>ALCAINE OPHTHALMIC SOLUTION (Parcaine) 0.5 %</b>	T3	T1	RM
<i>proparacaine hcl ophthalmic solution 0.5 %</i>		T1	RM
<b>TETCAINE OPHTHALMIC SOLUTION (Tetracaine HCl) 0.5 %</b>	T1	T1	RM
<b>*ophthalmic nonsteroidal anti-inflammatory agents***</b>			
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		T2	RM
<i>bromfenac sodium ophthalmic solution 0.09 %</i>		T2	RM; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AL (Min 18 Years)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		T1	RM
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		T3	RM
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>		T1	RM
<b>NEVANAC OPHTHALMIC SUSPENSION 0.1 %</b>	T3		RM; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AL (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
<b>*ophthalmic photodynamic therapy agents***</b>			
<b>VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*ophthalmic selective alpha adrenergic agonists***</b>			
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>	T2		RM
<b>ALPHAGAN P OPHTHALMIC SOLUTION (Brimonidine Tartrate) 0.15 %</b>	T3	T1	RM
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		T1	RM
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		T1	RM
<b>*ophthalmic steroid combinations***</b>			
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>		T1	RM
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %</b>	T3		RM
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %</b>	T3		RM
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>		T1	RM
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1	RM
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T3	RM
<i>poly-dex ophthalmic ointment 3.5-10000-0.1</i>		T1	RM
<b>PRED-G OPHTHALMIC SUSPENSION 0.3-1 %</b>	T3		RM
<b>PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %</b>	T3		RM
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		T3	RM
<b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>	T2		RM
<b>TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %</b>	T2		RM
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		T1	RM
<b>*ophthalmic steroids***</b>			
<b>ALREX OPHTHALMIC SUSPENSION 0.2 %</b>	T3		RM
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		T3	RM
<b>DUREZOL OPHTHALMIC EMULSION 0.05 %</b>	T3		RM
<b>FLAREX OPHTHALMIC SUSPENSION 0.1 %</b>	T3		RM
<i>fluorometholone ophthalmic suspension 0.1 %</i>		T1	RM
<b>FML FORTE OPHTHALMIC SUSPENSION 0.25 %</b>	T3		RM
<b>FML OPHTHALMIC OINTMENT 0.1 %</b>	T3		RM
<b>INVELTYS OPHTHALMIC SUSPENSION 1 %</b>	T3		RM
<b>LOTEMAX OPHTHALMIC GEL 0.5 %</b>	T3		RM; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	T3		RM
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	T3		RM
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	T3		RM
OMNIPRED OPHTHALMIC SUSPENSION (PrednisoLONE Acetate) 1 %	T3	T1	RM
PRED FORTE OPHTHALMIC SUSPENSION (PrednisoLONE Acetate) 1 %	T3	T1	RM
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	T3		RM
prednisolone sodium phosphate ophthalmic solution 1 %		T3	RM
VEXOL OPHTHALMIC SUSPENSION 1 %	T2		RM
<b>*ophthalmic sulfonamides***</b>			
BLEPH-10 OPHTHALMIC SOLUTION (Sulfacetamide Sodium) 10 %	T2	T1	RM
sulfacetamide sodium ophthalmic ointment 10 %		T3	RM
<b>*ophthalmics - cystinosis agents**</b>			
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	T3		PA; RM
<b>*prostaglandins - ophthalmic***</b>			
latanoprost ophthalmic solution 0.005 %		T1	RM; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2		RM; AI (;)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	T2		RM; AI (;)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	T3		ST; RM; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan)
XELPROS OPHTHALMIC EMULSION 0.005 %	T3		RM
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3		RM
<b>*vascular endothelial growth factor (vegf) antagonists***</b>			
EYLEA INTRAOCULAR SOLUTION 2 MG/0.05ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LUCENTIS INTRAOCULAR SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MACUGEN INTRAOCULAR SOLUTION 0.3 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Ophthalmic Nerve Growth Factors***</b>			
<b>*ophthalmic nerve growth factors***</b>			
OXERVATE OPHTHALMIC SOLUTION 0.002 %	T3		PA; RM
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
<b>*ophthalmic rho kinase inhibitors***</b>			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	T3		PA; RM
<b>*Orexin Receptor Antagonists***</b>			
<b>*orexin receptor antagonists***</b>			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	T3		PA; ST; RM
<b>*Otic Agents*</b>			
<b>*otic agents - miscellaneous***</b>			
<i>acetic acid otic solution 2 %</i>		T1	RM
<i>acetic acid-aluminum acetate otic solution 2 %</i>		T3	RM
<b>*otic anti-infectives***</b>			
<i>ciprofloxacin hcl otic solution 0.2 %</i>		T3	RM
<i>ofloxacin otic solution 0.3 %</i>		T1	RM
<b>*otic steroid-anti-infective combinations***</b>			
CIPRO HC OTIC SUSPENSION 0.2-1 %	T2		RM
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	T2		RM; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days)
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	T3		RM
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	RM
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		T1	RM
<b>*otic steroids***</b>			
ACETASOL HC OTIC SOLUTION ( <i>Hydrocortisone-Acetic Acid</i> ) 2-1 %	T3	T2	RM
DERMOTIC OTIC OIL ( <i>Fluocinolone Acetonide</i> ) 0.01 %	T3	T1	RM; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<b>*oxaborole-related antifungals - topical***</b>			
KERYDIN EXTERNAL SOLUTION 5 %	T3		PA; RM
<b>*Oxytocics*</b>			
<b>*oxytocics***</b>			
METHERGINE ORAL TABLET ( <i>Methylergonovine Maleate</i> ) 0.2 MG	T1	T1	RM
<b>*Passive Immunizing Agents - Combinations***</b>			
<b>*passive immunizing agents - combinations***</b>			
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*Passive Immunizing Agents*</b>			
<b>*antiviral monoclonal antibodies***</b>			
<b>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*immune serums***</b>			
<b>BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GAMASTAN S/D INTRAMUSCULAR INJECTABLE</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>GAMMAPLEX INTRAVENOUS SOLUTION 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Pcsk9 Inhibitors***</b>			
<b>*pcsk9 inhibitors***</b>			
<b>PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AL (Min 18 Years)
<b>PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.13 ML per 1 day); AL (Min 13 Years)
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AL (Min 13 Years)
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.08 ML per 1 day); AL (Min 13 Years)
<b>*Penicillins*</b>			
<b>*aminopenicillins***</b>			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		T1	RM
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		T1	RM
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		T1	RM
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1	RM
<i>ampicillin oral capsule 250 mg, 500 mg</i>		T1	RM
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		T1	RM
<b>MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR (Amoxicillin ER) 775 MG</b>	T3	T3	RM
<b>*natural penicillins***</b>			
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		T1	RM
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		T1	RM
<b>*penicillin combinations***</b>			
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		T3	RM
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>		T1	RM
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		T1	RM
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>		T3	RM
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	T3		RM
<b>*penicillinase-resistant penicillins***</b>			
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		T1	RM
<b>*Pharmaceutical Adjuvants*</b>			
<b>*parenteral vehicles***</b>			
<i>saline bacteriostatic injection solution 0.9 %</i>		MB	SP

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>*phosphatidylinositol 3-kinase (pi3k) inhibitors***</b>			
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	T1		PA; RM
ZYDELIG ORAL TABLET 100 MG, 150 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>			
<b>*phosphodiesterase 4 (pde4) inhibitors - topical***</b>			
EUCRISA EXTERNAL OINTMENT 2 %	T3		PA; RM; QL (2 GM per 1 day); AL (Min 2 Years)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>*phosphodiesterase 4 (pde4) inhibitors***</b>			
OTEZLA ORAL TABLET 30 MG	SP		PA; SP; QL (2 EA per 1 day); AL (Min 18 Years)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	SP		PA; SP; QL (1 EA per 1 Year); AL (Min 18 Years)
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>			
<b>*plasma kallikrein inhibitors - monoclonal antibodies***</b>			
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	SP		PA; RM
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>			
<b>*poly (adp-ribose) polymerase (parp) inhibitors**</b>			
LYNPARZA ORAL CAPSULE 50 MG	T1		PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	T1		SP
RUBRACA ORAL TABLET 200 MG	T1		PA; ST; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 300 MG	T1		SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	T1		PA; RM
ZEJULA ORAL CAPSULE 100 MG	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>			
<b>*poly (adp-ribose) polymerase (parp) inhibitors***</b>			
LYNPARZA ORAL CAPSULE 50 MG	T1		PA; SP

Drug Name	Brand	Generic	Additional Information
RUBRACA ORAL TABLET 200 MG	T1		PA; ST; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 300 MG	T1		SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
ZEJULA ORAL CAPSULE 100 MG	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*Potassium Removing Agents***</b>			
<b>*potassium removing agents***</b>			
KAYEXALATE ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )	T3	T1	RM
KIONEX ORAL POWDER ( <i>Sodium Polystyrene Sulfonate</i> )	T1	T1	RM
KIONEX ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	T1	T1	RM
SPS ORAL SUSPENSION ( <i>Sodium Polystyrene Sulfonate</i> ) 15 GM/60ML	T1	T1	RM
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	T3		PA; RM
<b>*Progestins*</b>			
<b>*progestins***</b>			
MAKENA INTRAMUSCULAR OIL ( <i>HYDROXYprogesterone Caproate</i> ) 250 MG/ML	SP	SP	PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	SP		PA; SP
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T2	RM
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>		T1	RM
MEGACE ES ORAL SUSPENSION 625 MG/5ML	T3		RM; AI (Max #450ml Mail Order); QL (150 ML per 30 Days)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T1	RM; AI (Max #450ml Mail Order); QL (150 ML per 30 days)
<i>norethindrone acetate oral tablet 5 mg</i>		T1	RM; F
<i>progesterone intramuscular oil 50 mg/ml</i>		T3	RM; F
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>		T1	RM; F
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
<b>*protease-activated receptor-1 (par-1) antagonists***</b>			
ZONTIVITY ORAL TABLET 2.08 MG	T2		RM; QL (1 EA per 1 day); AL (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*alcohol deterrents***</b>			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		T1	RM; QL (6 EA per 1 day)
<b>ANTABUSE ORAL TABLET 250 MG, 500 MG</b>	T3		PA; ST; RM
<b>CAMPRAL ORAL TABLET DELAYED RELEASE 333 MG</b>	T3		RM; AI (;); QL (6 EA per 1 Day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>		T1	RM
<b>*anti-cataplectic agents***</b>			
<b>XYREM ORAL SOLUTION 500 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (18 ML per 1 day); AL (Min 18 Years and Max 65 Years)
<b>*cholinomimetics - ache inhibitors***</b>			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>donepezil hcl oral tablet 23 mg</i>		T1	RM
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		T1	RM
<b>EXELON ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>EXELON ORAL SOLUTION 2 MG/ML</b>	T2		RM
<b>EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Galantamine Hydrobromide ER) 16 MG, 24 MG, 8 MG</b>	T3	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>RAZADYNE ORAL SOLUTION (Galantamine Hydrobromide) 4 MG/ML</b>	T3	T3	RM
<b>RAZADYNE ORAL TABLET 12 MG, 8 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>RAZADYNE ORAL TABLET 4 MG</b>	T3		RM; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<b>*fibromyalgia agent - snris***</b>			
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>	T3		RM

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>	T3		RM
<b>*movement disorder drug therapy***</b>			
<b>AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>INGREZZA ORAL CAPSULE 40 MG, 80 MG</b>	T3		PA; RM; QL (1 EA per 1 day)
<b>XENAZINE ORAL TABLET (<i>Tetrabenazine</i>) 12.5 MG, 25 MG</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*ms agents - pyrimidine synthesis inhibitors***</b>			
<b>AUBAGIO ORAL TABLET 14 MG, 7 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*multiple sclerosis agents - interferons***</b>			
<b>AVONEX INTRAMUSCULAR KIT 30 MCG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EXTAVIA SUBCUTANEOUS KIT 0.3 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 &amp; 94 MCG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 &amp; 94 MCG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*multiple sclerosis agents - monoclonal antibodies***</b>			
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	SP		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*multiple sclerosis agents - nrf2 pathway activators***</b>			
TECFIDERA ORAL 120 & 240 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*multiple sclerosis agents - potassium channel blockers***</b>			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AL (Min 18 Years)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AL (Min 18 Years)



Drug Name	Brand	Generic	Additional Information
<b>*multiple sclerosis agents***</b>			
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate) 20 MG/ML, 40 MG/ML</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate) 20 MG/ML</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*n-methyl-d-aspartate (nmda) receptor antagonists***</b>			
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>		T2	RM
<i>memantine hcl oral solution 2 mg/ml</i>		T1	RM; AI (Max #1080 Mail Order); QL (360 ML per 30 days); AL (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day); AL (Min 12 Years)
<i>memantine hcl oral tablet 5 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 day); AL (Min 12 Years)
<b>NAMENDA ORAL TABLET 10 MG</b>	T3		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 12 Years)
<b>NAMENDA ORAL TABLET 5 MG</b>	T3		RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 12 Years)
<b>NAMENDA TITRATION PAK ORAL TABLET (Memantine HCl) 5 (28)-10 (21) MG</b>	T3	T1	RM
<b>NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 &amp; 14 &amp; 21 &amp; 28 MG</b>	T3		RM
<b>*phenothiazines &amp; tricyclic agents***</b>			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T2	RM
<b>*pseudobulbar affect agent combinations***</b>			
<b>NUEDEXTA ORAL CAPSULE 20-10 MG</b>	T3		PA; RM
<b>*psychotherapeutic and neurological agents - misc.***</b>			
<i>ergoloid mesylates oral tablet 1 mg</i>		T1	PA; RM
<b>ORAP ORAL TABLET (Pimozide) 2 MG</b>	T3	T2	RM
<i>pimozide oral tablet 1 mg</i>		T2	RM
<b>*smoking deterrents***</b>			
<b>BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG</b>	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		\$0	RM; QL (2 EA per 1 Day); AL (Min 18 Years)
<b>CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG</b>	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)
<b>CHANTIX ORAL TABLET 0.5 MG, 1 MG</b>	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 &amp; 1 MG X 42</b>	\$0		RM; AL (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>cvs nts step 1 transdermal patch 24 hour 21 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine mouth/throat lozenge 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<b>KLS QUIT2 MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>KLS QUIT4 MOUTH/THROAT GUM (Nicotine Polacrilex) 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>NICODERM CQ TRANSDERMAL PATCH 24 HOUR (Nicotine) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>NICORETTE MINI MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>NICORETTE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>NICORETTE MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>NICORETTE STARTER KIT MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>		\$0	RM; AL (Min 18 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<b>NICOTROL INHALATION INHALER 10 MG</b>	\$0		RM; AL (Min 18 Years)
<b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>	\$0		RM; QL (4 ML per 1 Day); AL (Min 18 Years)
<i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>sm nicotine mouth/throat gum 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>sm nicotine mouth/throat lozenge 2 mg</i>		\$0	RM; AL (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>sw nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>sw nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>tgt nicotine mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>tgt nicotine step one transdermal patch 24 hour 21 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>tgt nicotine step three transdermal patch 24 hour 7 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<i>tgt nicotine step two transdermal patch 24 hour 14 mg/24hr</i>		\$0	RM; AL (Min 18 Years)
<b>THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG</b>	\$0	\$0	RM; AL (Min 18 Years)
<b>ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG</b>	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)
<b>*sphingosine 1-phosphate (s1p) receptor modulators***</b>			
<b>GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*thienbenzodiazepines &amp; ssris***</b>			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		T3	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>*pulmonary fibrosis agents - kinase inhibitors***</b>			
OFEV ORAL CAPSULE 100 MG, 150 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>			
<b>*pulmonary fibrosis agents***</b>			
ESBRIET ORAL CAPSULE 267 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>*pulmonary hypertension - prostacyclin receptor agonist***</b>			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day); AL (Min 18 Years)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Lifetime); AL (Min 18 Years)
<b>*Respiratory Agents - Misc.*</b>			
<b>*alpha-proteinase inhibitor (human)***</b>			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*cfr potentiators***</b>			
KALYDECO ORAL PACKET 50 MG, 75 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
KALYDECO ORAL TABLET 150 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day); AL (Min 6 Years)
<b>*hydrolytic enzymes***</b>			
PULMOZYME INHALATION SOLUTION 1 MG/ML	SP		SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days)
<b>*respiratory agents - misc.***</b>			
INFASURF INHALATION SUSPENSION 35-0.9 MG/ML-%	T1		RM
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>*serotonin 1a recept agonist/serotonin 2a recept antag***</b>			
ADDYI ORAL TABLET 100 MG	T3		ST; RM; AI (Max #112 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years)
<b>*Serotonin Modulators***</b>			
<b>*serotonin modulators***</b>			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		T3	RM
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	RM
<i>trazodone hcl oral tablet 300 mg</i>		T3	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T3		RM; QL (1 EA per 1 day); AL (Min 16 Years)
VIIBRYD ORAL KIT 10 & 20 & 40 MG	T3		RM; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AL (Min 12 Years)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	T3		RM; QL (1 EA per 1 Lifetime); AL (Min 12 Years)
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>*sglt2 inhibitor - dpp-4 inhibitor combinations***</b>			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T3		PA; RM; QL (1 EA per 1 day); AL (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	T3		PA; RM; AI (Electronic Step through both Farxiga and Januvia in last 6 months.)
<b>*Sinus Node Inhibitors**</b>			
<b>*sinus node inhibitors**</b>			
CORLANOR ORAL TABLET 5 MG, 7.5 MG	T3		PA; ST; RM

Drug Name	Brand	Generic	Additional Information
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<i>*sodium-glucose co-transporter 2 inhibitor-biguanide comb***</i>			
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	T2		RM
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	T2		RM
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	T3		RM
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	T3		RM
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	T3		RM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	T2		RM
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
<i>*spleen tyrosine kinase (syk) inhibitors***</i>			
TAVALISSE ORAL TABLET 100 MG, 150 MG	SP		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Sulfonamides*</b>			
<i>*sulfonamides***</i>			
<i>sulfadiazine oral tablet 500 mg</i>		T3	RM
<b>*Tetracyclines*</b>			
<i>*tetracyclines***</i>			
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		T3	RM
<i>doxycycline hyclate oral capsule 100 mg</i>		T1	RM
<i>doxycycline hyclate oral tablet 100 mg</i>		T2	RM
<i>doxycycline hyclate oral tablet 20 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		T1	RM
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		T1	RM
<b>MINOCIN ORAL CAPSULE (Minocycline HCl) 100 MG, 75 MG</b>	T3	T2	RM
<i>minocycline hcl oral capsule 50 mg</i>		T2	RM
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		T3	RM

Drug Name	Brand	Generic	Additional Information
<b>MONDOXYNE NL ORAL CAPSULE</b> ( <i>Doxycycline Monohydrate</i> ) <b>100 MG, 50 MG, 75 MG</b>	T2	T2	RM
<b>MORGIDOX ORAL CAPSULE</b> ( <i>Doxycycline Hyclate</i> ) <b>50 MG</b>	T1	T1	RM
<b>OKEBO ORAL CAPSULE</b> ( <i>Doxycycline Monohydrate</i> ) <b>100 MG, 75 MG</b>	T2	T2	RM
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		T1	RM
<b>VIBRAMYCIN ORAL SYRUP 50 MG/5ML</b>	T3		RM
<b>*Thyroid Agents*</b>			
<b>*antithyroid agents***</b>			
<i>propylthiouracil oral tablet 50 mg</i>		T1	RM
<b>TAPAZOLE ORAL TABLET</b> ( <i>MethIMAzole</i> ) <b>10 MG</b>	T3	T1	RM
<b>TAPAZOLE ORAL TABLET</b> ( <i>Methimazole</i> ) <b>5 MG</b>	T3	T1	RM
<b>*thyroid hormones***</b>			
<b>ARMOUR THYROID ORAL TABLET</b> ( <i>NP Thyroid</i> ) <b>120 MG, 15 MG</b>	T3	T3	RM
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>	T3		RM
<b>ARMOUR THYROID ORAL TABLET</b> ( <i>NP Thyroid</i> ) <b>30 MG, 60 MG, 90 MG</b>	T3	T1	RM
<b>CYTOMEL ORAL TABLET</b> ( <i>Liothyronine Sodium</i> ) <b>25 MCG, 5 MCG, 50 MCG</b>	T3	T2	RM
<b>EUTHYROX ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) <b>100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T1	T1	RM
<b>LEVO-T ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) <b>100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T1	T1	RM
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg</i>		T1	RM
<b>LEVOXYL ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) <b>100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T1	T1	RM
<b>NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 81.25 MG, 97.5 MG</b>	T3		RM
<b>NATURE-THROID ORAL TABLET</b> ( <i>Thyroid</i> ) <b>65 MG</b>	T3	T3	RM
<b>SYNTHROID ORAL TABLET</b> ( <i>Levothyroxine Sodium</i> ) <b>100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2	T1	RM
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	T3		RM
<b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>	T3		RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T3		RM
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T3		RM
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T3		RM
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T2		RM
UNITHROID DIRECT ORAL TABLET ( <i>Levothyroxine Sodium</i> ) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM
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	RM
UNITHROID ORAL TABLET ( <i>Levothyroxine Sodium</i> ) 150 MCG	T2	T1	RM
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 97.5 MG	T3		RM
WESTHROID ORAL TABLET ( <i>Thyroid</i> ) 65 MG	T3	T3	RM
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 81.25 MG, 97.5 MG	T3		RM
WP THYROID ORAL TABLET ( <i>Thyroid</i> ) 65 MG	T3	T3	RM
<b>*Toxoids*</b>			
<b>*toxoid combinations***</b>			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0		RO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	\$0		RO
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5	\$0		RO
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lf/0.5ml</i>		\$0	RO
DIPHThERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU	\$0		RO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0		RO
KINRIX INTRAMUSCULAR SUSPENSION	\$0		RO
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0		RO
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0		RO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0		RO
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>		\$0	RO



Drug Name	Brand	Generic	Additional Information
<b>*Tryptophan Hydroxylase Inhibitors***</b>			
<b>*tryptophan hydroxylase inhibitors***</b>			
XERMELO ORAL TABLET 250 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Ulcer Drugs*</b>			
<b>*anticholinergic combinations***</b>			
B-DONNA ORAL TABLET 16.2 MG	T1		RM
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		T3	RM
<i>belladonna-opium rectal suppository 16.2-30 mg</i>		T3	RM
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>		T1	RM
<i>phenobarbital-belladonna alk oral elixir 16.2 mg/5ml</i>		T2	RM
PHENOHYTRO ORAL TABLET 16.2 MG	T1		RM
<b>*antispasmodics***</b>			
BENTYL INTRAMUSCULAR SOLUTION <i>(Dicyclomine HCl) 10 MG/ML</i>	T3	T3	RM
BENTYL ORAL CAPSULE <i>(Dicyclomine HCl) 10 MG</i>	T3	T1	RM
BENTYL ORAL TABLET <i>(Dicyclomine HCl) 20 MG</i>	T3	T1	RM
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		T1	RM
<b>*belladonna alkaloids***</b>			
<i>ed-spaz oral tablet dispersible 0.125 mg</i>		T3	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL <i>(Hyoscyamine Sulfate) 0.125 MG</i>	T1	T1	RM
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>		T1	RM
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		T1	RM
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		T3	RM
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>		T3	RM
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>		T3	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>hyosyne oral solution 0.125 mg/ml</i>		T1	RM
<i>oscimin oral tablet 0.125 mg</i>		T3	RM
<i>oscimin oral tablet dispersible 0.125 mg</i>		T3	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>		T1	RM
<i>oscimin sublingual tablet sublingual 0.125 mg</i>		T1	RM
<b>*h-2 antagonists***</b>			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T3	RM
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	RM
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		T1	RM
<i>famotidine oral tablet 20 mg, 40 mg</i>		T1	RM

Last revision date: 1/16/19: To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>nizatidine oral capsule 150 mg</i>		T2	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution 15 mg/ml</i>		T2	RM
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>		T1	RM
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		T1	RM
<i>ranitidine hcl oral tablet 300 mg</i>		T1	RM
<b>*misc. anti-ulcer***</b>			
<b>CARAFATE ORAL SUSPENSION 1 GM/10ML</b>	T2		RM
<i>sucralfate oral tablet 1 gm</i>		T1	RM
<b>*proton pump inhibitors***</b>			
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG</b>	T3		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>	T2		RO
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>	T2		RO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>		T1	RM
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		T1	RM
<b>OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML</b>	T2		RO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>		T1	RM
<b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (Lansoprazole) 15 MG, 30 MG</b>	T3	T3	RM; AI (Excluded Drugs List applies if over maximum age of 1.); AL (Max 1 Years)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>		T1	RM
<b>*quaternary anticholinergics***</b>			
<b>CANTIL ORAL TABLET 25 MG</b>	T3		RM
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<b>PAMINE FORTE ORAL TABLET (Methscopolamine Bromide) 5 MG</b>	T3	T1	RM
<i>propantheline bromide oral tablet 15 mg</i>		T1	RM
<b>ROBINUL ORAL TABLET (Glycopyrrolate) 1 MG</b>	T3	T1	RM
<b>ROBINUL-FORTE ORAL TABLET (Glycopyrrolate) 2 MG</b>	T3	T1	RM
<b>*ulcer anti-infective w/ bismuth combinations***</b>			
<b>HELIDAC ORAL</b>	T3		RM; AI (Max #1 box (#224) retail or 90 days); QL (1 EA per 30 Days)
<b>*ulcer drugs - prostaglandins***</b>			
<b>CYTOTEC ORAL TABLET (Misoprostol) 100 MCG</b>	T3	T1	RM
<i>misoprostol oral tablet 200 mcg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<b>*Urinary Anti-Infectives*</b>			
<b>*methenamine combos***</b>			
<b>UROQID #2 ORAL TABLET 500-500 MG</b>	T3		RM
<b>*urinary anti-infectives***</b>			
<i>methenamine hippurate oral tablet 1 gm</i>		T1	RM
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		T1	RM
<b>MONUROL ORAL PACKET 3 GM</b>	T3		RM
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>		T1	RM
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>		T1	RM
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T1	RM
<b>*urinary antiseptic-antispasmodic &amp;/or analgesics***</b>			
<b>AZUPHEN MB ORAL CAPSULE (Uticap) 120 MG</b>	T3	T3	RM
<b>PHOSPHASAL ORAL TABLET (Urin DS) 81.6 MG</b>	T2	T2	RM
<i>ur n-c oral tablet 81.6 mg</i>		T2	RM
<b>UROGESIC-BLUE ORAL TABLET 81.6 MG</b>	T3		PA; ST; RM
<b>USTELL ORAL CAPSULE (Uticap) 120 MG</b>	T3	T3	RM
<b>UTIRA-C ORAL TABLET (Urin DS) 81.6 MG</b>	T2	T2	RM
<b>UTRONA-C ORAL TABLET (Urin DS) 81.6 MG</b>	T2	T2	RM
<b>*Urinary Antispasmodics*</b>			
<b>*beta-3 adrenergic agonists***</b>			
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG</b>	T2		RM
<b>*urinary antispasmodic - antimuscarinic (anticholinergic)***</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG</b>	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		T1	RM
<i>oxybutynin chloride oral tablet 5 mg</i>		T1	RM
<b>SANCTURA ORAL TABLET 20 MG</b>	T3		PA; ST; RM
<b>SANCTURA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG</b>	T3		PA; ST; RM; QL (1 EA per 1 day); AL (Min 18 Years)
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<i>trospium chloride oral tablet 20 mg</i>		T1	RM
<b>VESICARE ORAL TABLET 10 MG, 5 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*urinary antispasmodic - antimuscarinics (antichol)*** (new)</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		T2	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<b>ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG</b>	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		T1	RM
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		T1	RM
<i>oxybutynin chloride oral tablet 5 mg</i>		T1	RM
<b>SANCTURA ORAL TABLET 20 MG</b>	T3		PA; ST; RM
<b>SANCTURA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG</b>	T3		PA; ST; RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		T1	RM
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>	T3		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<i>trospium chloride oral tablet 20 mg</i>		T1	RM
<b>VESICARE ORAL TABLET 10 MG, 5 MG</b>	T2		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
<b>*urinary antispasmodics - beta-3 adrenergic agonists***</b>			
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG</b>	T2		RM
<b>*urinary antispasmodics - cholinergic agonists***</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	RM
<b>*urinary antispasmodics - cholinergic agonists*** (new)</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	RM
<b>*urinary antispasmodics - direct muscle relaxants***</b>			
<i>flavoxate hcl oral tablet 100 mg</i>		T1	RM
<b>*urinary antispasmodics - direct muscle relaxants*** (new)</b>			
<i>flavoxate hcl oral tablet 100 mg</i>		T1	RM
<b>*Vaccines*</b>			
<b>*bacterial vaccines***</b>			
<b>MENACTRA INTRAMUSCULAR INJECTABLE</b>	\$0		RO
<b>MENOMUNE SUBCUTANEOUS INJECTABLE</b>	\$0		RO
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	\$0		RO
<b>PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML</b>	\$0		RO

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0		RO; QL (0.5 ML per 1 Lifetime)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; AL (Max 26 Years)
<b>*viral vaccine combinations***</b>			
M-M-R II SUBCUTANEOUS INJECTABLE	\$0		RM
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0		RM
<b>*viral vaccines***</b>			
AFLURIA INTRAMUSCULAR SUSPENSION	\$0		RO
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION	\$0		RO
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
CERVARIX INTRAMUSCULAR SUSPENSION	\$0		RO; F; AL (Max 27 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0		RO
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO; \$0; AL (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION	\$0		RO
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	\$0		RO
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUBLOK INTRAMUSCULAR SOLUTION	\$0		RO
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0		RO; \$0
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO; \$0
FLULAVAL INTRAMUSCULAR INJECTABLE	\$0		RO
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	\$0		RO
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUMIST QUADRIVALENT NASAL SUSPENSION	\$0		RO
FLUVIRIN INTRAMUSCULAR INJECTABLE	\$0		RO
FLUVIRIN INTRAMUSCULAR SUSPENSION	\$0		RO
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUVIRIN PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION	\$0		RO

Drug Name	Brand	Generic	Additional Information
FLUVIRIN PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION	\$0		RO
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RO
FLUZONE INTRADERMAL DEVICE 9 MCG/STRAIN	\$0		RO
FLUZONE INTRAMUSCULAR INJECTABLE	\$0		RO
FLUZONE INTRAMUSCULAR SUSPENSION	\$0		RO
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR 9 MCG/STRAIN	\$0		RO
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.25 ML, 0.5 ML	\$0		RO
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	\$0		RO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0		RO; AL (Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; AL (Max 45 Years)
GARDASIL INTRAMUSCULAR SUSPENSION	\$0		RO; AL (Max 27 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0		RO
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	\$0		RO; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		RO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	\$0		RO; \$0; AL (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0		RO
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0		RO
ZOSTAVAX SUBCUTANEOUS SOLUTION RECONSTITUTED 19400 UNT/0.65ML	\$0		RO; AL (Min 50 Years)
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	\$0		RO; AL (Min 50 Years)
<b>*Vaginal Products*</b>			
<b>*imidazole-related antifungals***</b>			
GYNAZOLE-1 VAGINAL CREAM 2 %	T3		PA; ST; RM; F
TERAZOL 3 VAGINAL CREAM ( <i>Terconazole</i> ) 0.8 %	T3	T2	RM; F
TERAZOL 3 VAGINAL SUPPOSITORY 80 MG	T3		RM; F
TERAZOL 7 VAGINAL CREAM ( <i>Terconazole</i> ) 0.4 %	T3	T2	RM; F
ZAZOLE VAGINAL CREAM ( <i>Terconazole</i> ) 0.4 %, 0.8 %	T3	T2	RM; F
ZAZOLE VAGINAL SUPPOSITORY 80 MG	T3		RM; F

Drug Name	Brand	Generic	Additional Information
<b>*miscellaneous vaginal combinations***</b>			
RELAGARD VAGINAL GEL 0.9-0.025 %	T3		RM; F
<b>*spermicides***</b>			
ENCARE VAGINAL SUPPOSITORY 100 MG	\$0		RM; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS CONCEPTROL VAGINAL GEL 4 %	\$0		RM; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0		RM; AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	\$0		RM; AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE VAGINAL 1000 MG	\$0		RM; AI (Max #36 Mail Order); F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	\$0		RM; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	\$0		RM; AI (Max #12 Retail or #36 Mail Order); F
<b>*vaginal anti-infectives***</b>			
CLEOCIN VAGINAL SUPPOSITORY 100 MG	T3		RM; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<i>clindamycin phosphate vaginal cream 2 %</i>		T1	RM; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
VANAZOLE VAGINAL GEL ( <i>MetroNIDAZOLE</i> ) 0.75 %	T2	T2	RM; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
<b>*vaginal estrogens***</b>			
ESTRACE VAGINAL CREAM ( <i>Estradiol</i> ) 0.1 MG/GM	T2	T2	RM; F
FEMRING VAGINAL RING 0.05 MG/24HR	T3		RM; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T3		RM; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	T2		RM; F
YUVAFEM VAGINAL TABLET 10 MCG	T3		RM; F
<b>*vaginal progestins***</b>			
CRINONE VAGINAL GEL 4 %, 8 %	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
ENDOMETRIN VAGINAL INSERT 100 MG	T3		PA; RM; F
<b>*Vasopressors*</b>			
<b>*anaphylaxis therapy agents***</b>			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		T2	RM; AI (Non Mylan Epinephrine pens are non-formulary); QL (4 EA per 1 Copay)
<b>*vasopressors***</b>			
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		T3	RM

Drug Name	Brand	Generic	Additional Information
<b>*Vitamins*</b>			
<b>*paba***</b>			
<b>POTABA ORAL CAPSULE 500 MG</b>	T3		RM
<b>POTABA ORAL TABLET 500 MG</b>	T3		RM
<b>*vitamin d***</b>			
<i>cvs childrens vitamin d oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>cvs vit d 5000 high-potency oral capsule 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>cvs vitamin d oral capsule 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>cvs vitamin d3 oral capsule 1000 unit, 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 1000 oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 1000 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 1000 oral tablet chewable 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 10000 oral capsule 10000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 2000 oral tablet 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 400 oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 5000 oral capsule 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d 5000 oral tablet 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d-1000 extra strength oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d-1000 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d-2000 maximum strength oral tablet 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d2000 ultra strength oral capsule 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3 adult oral tablet chewable 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3 high potency oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3 kids oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3 maximum strength oral capsule 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3 super strength oral capsule 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3-1000 oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d3-1000 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<b>D3-50 ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>d-400 oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d-5000 maximum strength oral capsule 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>d-5000 oral tablet 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<b>DECARA ORAL CAPSULE 25000 UNIT</b>	\$0		RM; AL (Min 65 Years)
<b>DECARA ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>delta d3 oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 5000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<b>DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT</b>	\$0		RM; AL (Min 65 Years)
<b>DRISDOL ORAL CAPSULE (Ergocalciferol) 50000 UNIT</b>	T3	T1	RM
<i>eq1 vitamin d gummies child oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>eql vitamin d3 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>eql vitamin d-3 oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>gnp vitamin d maximum strength oral tablet 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>gnp vitamin d oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>gnp vitamin d oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>gnp vitamin d super strength oral tablet 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>gnp vitamin d3 extra strength oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<b>HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE (D 400) 400 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>hm vitamin d oral tablet 1000 unit, 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>hm vitamin d3 oral capsule 2000 unit, 4000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>kp vitamin d oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>kp vitamin d oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<b>OPTIMAL-D ORAL CAPSULE (Vitamin D3) 50000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>pa vitamin d-3 gummy oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>pa vitamin d-3 oral capsule 2000 unit, 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>pa vitamin d-3 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<b>PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (Vitamin D3) 1000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>ra vitamin d-3 oral capsule 2000 unit, 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>ra vitamin d-3 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>sm vitamin d oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>sm vitamin d3 oral capsule 2000 unit, 4000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>sm vitamin d3 oral tablet 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>super daily d3 oral liquid 2000 ut/0.028ml</i>		\$0	RM
<i>th vitamin d3 oral capsule 1000 unit, 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>th vitamin d3 oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<b>THERA-D 2000 ORAL TABLET (Vitamin D) 2000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<b>THERA-D 4000 ORAL TABLET 4000 UNIT</b>	\$0		RM; AL (Min 65 Years)
<b>THERA-D RAPID REPLETION ORAL TABLET (Vitamin D) 2000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>		T1	RM
<i>vitamin d high potency oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d oral capsule 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<b>VITAMIN D-1000 MAX ST ORAL TABLET (Vitamin D) 1000 UNIT</b>	\$0	\$0	RM; AL (Min 65 Years)
<i>vitamin d3 high potency oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>vitamin d3 maximum strength oral capsule 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d-3 oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d3 oral capsule 2000 unit, 400 unit, 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d3 oral tablet 1000 unit, 2000 unit, 3000 unit, 400 unit, 5000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d3 oral tablet chewable 1000 unit, 400 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d3 oral tablet dispersible 5000 unit</i>		\$0	RM; \$0; AL (Min 65 Years)
<i>vitamin d3 super strength oral tablet 2000 unit</i>		\$0	RM; AL (Min 65 Years)
<i>vitamin d-400 oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
<b>*vitamin k***</b>			
<i>phytonadione oral tablet 5 mg</i>		T3	RM



## Medical Benefit

Drug Name	Brand	Generic	Additional Information
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	MB		SP
ABILIFY INTRAMUSCULAR SOLUTION 9.75 MG/1.3ML	MB		SP
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	MB		SP
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB		SP
ADRUCIL INTRAVENOUS SOLUTION 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML	MB		SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	MB		SP
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	MB		SP
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB		SP
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	MB		SP
<i>alternaria subcutaneous solution 20000 pnul/ml</i>	MB		SP
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	MB		SP
<i>american cockroach subcutaneous solution 1:20</i>	MB		SP
<i>american elm subcutaneous solution 1:20</i>	MB		SP
AMEVIVE INTRAMUSCULAR SOLUTION RECONSTITUTED 15 MG	MB		SP
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	MB		SP
<i>aminophylline intravenous solution 25 mg/ml</i>	MB		SP
<i>ammonium chloride intravenous solution 5 meq/ml</i>	MB		SP
<i>amphotericin b injection solution reconstituted 50 mg</i>	MB		SP
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	MB		SP
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	MB		SP
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB		SP
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	MB		SP
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	MB		SP
<i>aspergillus fumigatus subcutaneous solution 20000 pnul/ml</i>	MB		SP
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	MB		SP

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>ATROPEN INTRAMUSCULAR DEVICE 0.25 MG/0.3ML, 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML</b>	MB		SP
<b>AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML</b>	MB		SP
<i>azacitidine injection suspension reconstituted 100 mg</i>	MB		SP
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<b>BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	MB		SP
<i>bermuda grass subcutaneous solution 10000 bau/ml</i>	MB		SP
<b>BETASERON SUBCUTANEOUS KIT 0.3 MG</b>	SP		PA; SP
<b>BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	MB		SP
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	MB		SP
<b>BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG</b>	MB		SP
<b>BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML</b>	MB		SP
<b>BONIVA INTRAVENOUS SOLUTION 3 MG/3ML</b>	MB		PA; SP
<b>BRINEURA INJECTION SOLUTION 150 MG/5ML</b>	MB		SP
<b>BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML</b>	MB		SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	MB		SP
<b>BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML</b>	MB		SP
<b>CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML</b>	MB		SP
<b>CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG</b>	MB		SP
<b>CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM</b>	MB		SP
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	MB		SP
<i>cat hair extract subcutaneous solution 10000 bau/ml</i>	MB		SP
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	MB		SP
<i>cefazolin sodium intravenous solution 1-5 gm-%</i>	MB		SP
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	MB		SP
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	MB		SP
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	MB		SP
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%, 2-2.08 gm-%</i>	MB		SP

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%, 2-2.2 gm-%</i>	MB		SP
<i>ceftazidime and dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml</i>	MB		SP
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	MB		SP
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	MB		SP
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 2-2.22 gm-%</i>	MB		SP
<b>CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	MB		SP
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	MB		SP
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cidofovir intravenous solution 75 mg/ml</i>	MB		SP
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	MB		SP
<i>cladribine intravenous solution 1 mg/ml</i>	MB		SP
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml</i>	MB		SP
<b>CLOLAR INTRAVENOUS SOLUTION 1 MG/ML</b>	MB		SP
<b>COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG</b>	MB		SP
<b>CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG</b>	MB		SP
<b>CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	MB		SP
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	MB		SP
<b>CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML</b>	MB		SP
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	MB		SP
<i>cytarabine injection solution 20 mg/ml</i>	MB		SP
<b>CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG</b>	MB		SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	MB		SP
<b>DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	MB		SP

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	MB		SP
<b>DAUNOXOME INTRAVENOUS INJECTABLE 2 MG/ML</b>	MB		SP
<i>decitabine intravenous solution reconstituted 50 mg</i>	MB		SP
<b>DEPOCYT INTRATHECAL SUSPENSION 50 MG/5ML</b>	MB		SP
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML</b>	MB		SP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	MB		SP
<b>DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 80 MG</b>	MB		SP
<i>docetaxel intravenous concentrate 140 mg/7ml, 160 mg/8ml, 20 mg/0.5ml, 20 mg/ml, 80 mg/2ml, 80 mg/4ml</i>	MB		SP
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 200 mg/20ml, 80 mg/8ml</i>	MB		SP
<i>dog epithelium subcutaneous solution 1:10</i>	MB		SP
<b>DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG</b>	MB		SP
<b>DOXIL INTRAVENOUS INJECTABLE 2 MG/ML</b>	MB		SP
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	MB		SP
<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	MB		SP
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	MB		SP
<i>eastern cottonwood subcutaneous solution 1:20</i>	MB		SP
<b>ELLENCES INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML</b>	MB		SP
<b>ELOXATIN INTRAVENOUS SOLUTION 100 MG/20ML, 50 MG/10ML</b>	MB		SP
<b>EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG</b>	MB		SP
<b>ENLON INJECTION SOLUTION 10 MG/ML</b>	MB		SP
<b>ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG</b>	MB		PA; SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	MB		SP
<b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG</b>	MB		SP
<b>ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML</b>	MB		SP
<b>ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	MB		SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	MB		SP
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML</b>	MB		PA; SP

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML, 2 MG/0.4ML</b>	MB		SP
<i>fentanyl citrate (pf) injection solution cartridge 100 mcg/2ml</i>	MB		SP
<i>floxuridine injection solution reconstituted 0.5 gm</i>	MB		SP
<b>FLUDARA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	MB		SP
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	MB		SP
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	MB		SP
<b>FLUORAC EXTERNAL CREAM 5-1 %</b>	MB		SP
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	MB		SP
<b>FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML</b>	MB		SP
<i>foscarnet sodium intravenous solution 24 mg/ml</i>	MB		SP
<b>FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML</b>	MB		SP
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	MB		SP
<b>GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML</b>	MB		SP
<b>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML</b>	MB		PA; SP
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	MB		SP
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	MB		SP
<b>GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 200 MG</b>	MB		SP
<b>GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML</b>	MB		PA; SP
<b>GLIADEL WAFER IMPLANT WAFER 7.7 MG</b>	MB		SP
<b>GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT</b>	MB		SP
<b>GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML</b>	MB		PA; SP
<b>GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT</b>	MB		SP
<b>HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML</b>	MB		SP
<b>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG</b>	MB		SP
<b>HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML</b>	MB		PA; SP
<b>HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML</b>	MB		PA; SP
<b>HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG</b>	MB		SP



<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	MB		SP
<b>HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML</b>	MB		PA; SP
<b>IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML</b>	MB		SP
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	MB		SP
<b>IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM</b>	MB		SP
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	MB		SP
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	MB		SP
<i>ifosfamide-mesna intravenous kit 1-1 gm</i>	MB		SP
<b>IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML</b>	MB		SP
<b>IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML</b>	MB		PA; SP
<b>INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML</b>	MB		PA; SP
<b>INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM</b>	MB		SP
<b>INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM</b>	MB		SP
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	MB		SP
<b>ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG</b>	MB		SP
<b>IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG</b>	MB		SP
<b>IXIARO INTRAMUSCULAR SUSPENSION</b>	MB		SP
<b>JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML</b>	MB		SP
<i>johnson grass subcutaneous solution 1:20</i>	MB		SP
<b>KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG</b>	MB		SP
<i>kanamycin sulfate injection solution 333 mg/ml</i>	MB		SP
<b>KANUMA INTRAVENOUS SOLUTION 20 MG/10ML</b>	MB		PA; SP
<b>KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML</b>	MB		SP
<b>KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	MB		SP
<b>LINCOICIN INJECTION SOLUTION 300 MG/ML</b>	MB		SP
<b>LIPODOX 50 INTRAVENOUS INJECTABLE 2 MG/ML</b>	MB		SP
<b>LIPODOX INTRAVENOUS INJECTABLE 2 MG/ML</b>	MB		SP
<b>MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML</b>	MB		SP

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>melfhalan hcl intravenous solution reconstituted 50 mg</i>	MB		SP
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	MB		SP
<b>METASTRON INTRAVENOUS SOLUTION 1 MCI/ML</b>	MB		SP
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	MB		SP
<i>methyl dopate hcl intravenous solution 250 mg/5ml</i>	MB		SP
<b>MINIMED 530G INSULIN PUMP DEVICE</b>	MB		SP
<i>mite (d. farinae) subcutaneous solution 10000 au/ml</i>	MB		SP
<i>mite (d. pteronyssinus) subcutaneous solution 10000 au/ml</i>	MB		SP
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	MB		SP
<i>mixed ragweed subcutaneous solution 1:20</i>	MB		SP
<i>mountain cedar subcutaneous solution 1:20</i>	MB		SP
<b>MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG</b>	MB		SP
<b>MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG</b>	MB		SP
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>naloxone hcl injection solution 1 mg/ml</i>	MB		SP
<b>NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG</b>	SP		PA; SP
<b>NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5ML</b>	MB		SP
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>	MB		SP
<b>NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG</b>	MB		SP
<b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</b>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ONCASPASPAR INJECTION SOLUTION 750 UNIT/ML</b>	MB		SP
<b>ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML</b>	MB		SP
<b>OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML</b>	MB		PA; SP
<b>OTIPRIO INTRATYMPANIC SUSPENSION 6 %</b>	MB		SP
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>	MB		SP

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	MB		SP
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	MB		SP
<i>penicillin g pot in dextrose intravenous solution 20000 unit/ml, 40000 unit/ml, 60000 unit/ml</i>	MB		SP
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	MB		SP
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	MB		SP
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	MB		SP
<b>PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG</b>	MB		SP
<b>PERJETA INTRAVENOUS SOLUTION 420 MG/14ML</b>	MB		PA; SP
<b>PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG</b>	MB		SP
<b>PHYSIOLYTE IRRIGATION SOLUTION</b>	MB		SP
<b>PHYSIOSOL IRRIGATION IRRIGATION SOLUTION</b>	MB		SP
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	MB		SP
<b>PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML</b>	MB		SP
<i>potassium acetate intravenous solution 2 meq/ml</i>	MB		SP
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	MB		SP
<i>potassium chloride intravenous solution 0.4 meq/ml</i>	MB		SP
<i>potassium phosphates intravenous solution 45 mmole/l 15ml</i>	MB		SP
<b>PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</b>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 250-250 MG, 500-500 MG</b>	MB		SP
<b>PROGRAF INTRAVENOUS SOLUTION 5 MG/ML</b>	MB		SP
<b>PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT</b>	MB		SP
<b>PROVENGE INTRAVENOUS SUSPENSION</b>	MB		SP
<b>QUADRAMET INTRAVENOUS SOLUTION 1850 MBQ/ML</b>	MB		SP
<b>REGONOL INTRAVENOUS SOLUTION 10 MG/2ML</b>	MB		SP
<i>ringers irrigation irrigation solution</i>	MB		SP
<i>scopolamine hbr injection solution 0.4 mg/ml</i>	MB		SP
<b>SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG</b>	MB		SP

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>sodium chloride injection solution 2.5 meq/ml</i>	MB		SP
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	MB		SP
<i>sodium phosphate intravenous solution 3 mmole/ml</i>	MB		SP
<b>SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML</b>	MB		PA; SP
<b>STELARA INTRAVENOUS SOLUTION 130 MG/26ML</b>	MB		PA; SP
<b>STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML</b>	MB		PA; SP
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	MB		SP
<b>SYLATRON SUBCUTANEOUS KIT 4 X 200 MCG, 4 X 300 MCG</b>	MB		SP
<b>TAXOTERE INTRAVENOUS CONCENTRATE 20 MG/ML, 80 MG/4ML</b>	MB		SP
<b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG</b>	MB		SP
<b>TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>	MB		SP
<i>teniposide intravenous solution 10 mg/ml</i>	MB		SP
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%</i>	MB		SP
<b>THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL</b>	MB		SP
<b>THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG</b>	MB		SP
<i>ticarcillin-pot clavulanate powder</i>	MB		SP
<b>TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG</b>	MB		SP
<b>TIMENTIN INTRAVENOUS SOLUTION 3.1 GM/100ML</b>	MB		SP
<b>TIMENTIN INTRAVENOUS SOLUTION RECONSTITUTED 3.1 GM, 31 GM</b>	MB		SP
<i>timothy grass pollen allergen subcutaneous solution 100000 baul/ml</i>	MB		SP
<b>TIS-U-SOL IRRIGATION SOLUTION</b>	MB		SP
<b>TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</b>	MB		SP
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	MB		SP
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	MB		SP
<b>TORISEL INTRAVENOUS SOLUTION 25 MG/ML</b>	MB		SP
<i>tranexamic acid intravenous solution 100 mg/ml</i>	MB		SP
<b>TREANDA INTRAVENOUS SOLUTION 180 MG/2ML, 45 MG/0.5ML</b>	MB		SP
<b>TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG</b>	MB		SP
<b>TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML</b>	MB		SP

Last revision date: 1/16/19: To search for a drug use control + f

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	MB		SP
<b>UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML</b>	MB		SP
<b>UVADEX INJECTION SOLUTION 20 MCG/ML</b>	MB		SP
<b>VALSTAR INTRAVESICAL SOLUTION 40 MG/ML</b>	MB		SP
<b>VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML</b>	MB		SP
<b>VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG</b>	MB		SP
<b>VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG</b>	MB		SP
<b>VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG</b>	MB		SP
<b>VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG</b>	MB		SP
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	MB		SP
<b>VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML</b>	MB		SP
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	MB		SP
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	MB		SP
<b>VISTIDE INTRAVENOUS SOLUTION 75 MG/ML</b>	MB		SP
<i>voriconazole intravenous solution reconstituted 200 mg</i>	MB		SP
<i>white oak subcutaneous solution 1:20</i>	MB		SP
<b>XOFIGO INTRAVENOUS SOLUTION 27 MCCI/ML</b>	MB		SP
<b>YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML</b>	MB		PA; SP
<b>ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML</b>	MB		SP
<b>ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM</b>	MB		SP
<b>ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML</b>	MB		SP
<b>ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML</b>	MB		SP

## Index

<i>1st choice lancets super thin</i> .....	137	<b>ADCIRCA</b> .....	84	<b>AIMOVIG 140 DOSE</b> .....	81
<i>1st choice lancets thin</i> .....	137	<b>ADDERALL XR</b> .....	7	<b>AIRDUO RESPICLICK 113/14</b> .....	28
<i>1st choice lancets ultra thin</i> .....	137	<b>ADDYI</b> .....	178	<b>AIRDUO RESPICLICK 232/14</b> .....	28
<i>1st tier unilet comfortouch</i> .....	138	<b>ADEMPAS</b> .....	84	<b>AIRDUO RESPICLICK 55/14</b> .....	28
<b>8-MOP</b> .....	102	<b>ADMELOG</b> .....	41	<b>AJOVY</b> .....	81
<i>abacavir sulfate</i> .....	74	<b>ADMELOG SOLOSTAR</b> .....	41	<i>ak-con</i> .....	162
<i>abacavir sulfate-lamivudine</i> .....	72	<b>ADRUCIL</b> .....	193	<b>AKYNZEO</b> .....	46
<i>abacavir-lamivudine-zidovudine</i> .....	72	<i>adult aspirin ec low strength</i> .....	15	<i>ala-cort</i> .....	104
<b>ABELCET</b> .....	193	<b>ADVAIR DISKUS</b> .....	28	<b>ALA-QUIN</b> .....	100
<b>ABILIFY</b> .....	71, 193	<b>ADVAIR HFA</b> .....	28	<b>ALBENZA</b> .....	25
<b>ABRAXANE</b> .....	193	<b>ADVATE</b> .....	124	<i>albuterol sulfate</i> .....	29
<b>ABSTRAL</b> .....	20	<b>ADVOCATE LANCETS</b> .....	138	<b>ALCAINE</b> .....	162
<i>acamprosate calcium</i> .....	171	<b>ADVOCATE SAFETY LANCETS</b> .....	138	<i>alclometasone dipropionate</i> .....	104
<i>acarbose</i> .....	39	<i>adynovate</i> .....	124	<i>alcohol swabs</i> .....	137
<b>ACCU-CHEK FASTCLIX</b>		<b>ADZENYS ER</b> .....	7	<b>ALDACTAZIDE</b> .....	110
<b>LANCETS</b> .....	138	<b>ADZENYS XR-ODT</b> .....	7	<b>ALDARA</b> .....	107
<b>ACCU-CHEK MULTICLIX</b>		<b>AEMCOLO</b> .....	54	<b>ALDURAZYME</b> .....	115
<b>LANCETS</b> .....	138	<b>AEROCHAMBER MINI CHAMBER</b>		<b>ALECENSA</b> .....	61
<b>ACCU-CHEK SAFE-T PRO</b>		.....	147	<i>alendronate sodium</i> .....	111
<b>LANCETS</b> .....	138	<b>AEROCHAMBER MV</b> .....	147	<b>ALFERON N</b> .....	193
<b>ACCU-CHEK SOFT TOUCH</b>		<b>AEROCHAMBER PLUS</b> .....	147	<b>ALIMTA</b> .....	193
<b>LANCETS</b> .....	138	<b>AEROCHAMBER PLUS FLO-VU</b>	147	<b>ALINIA</b> .....	54
<b>ACCU-CHEK SOFTCLIX</b>		<b>AEROCHAMBER PLUS FLO-VU</b>	147	<b>ALKERAN</b> .....	67, 193
<b>LANCETS</b> .....	138	<b>LARGE</b> .....	147	<i>allopurinol</i> .....	124
<b>ACCUNEB</b> .....	29	<b>AEROCHAMBER PLUS FLO-VU</b>	147	<i>almotriptan malate</i> .....	150
<i>acebutolol hcl</i> .....	80	<b>MEDIUM</b> .....	147	<b>ALOCRIL</b> .....	161
<i>acetaminophen-codeine</i> .....	19	<b>AEROCHAMBER PLUS FLO-VU</b>	147	<i>alogliptin benzoate</i> .....	40
<i>acetaminophen-codeine #2</i> .....	19	<b>SMALL</b> .....	147	<b>ALOMIDE</b> .....	161
<i>acetaminophen-codeine #3</i> .....	19	<b>AEROCHAMBER PLUS FLO-VU</b>	147	<b>ALORA</b> .....	118
<i>acetaminophen-codeine #4</i> .....	19	<b>W/MASK</b> .....	147	<b>ALOXI</b> .....	193
<b>ACETASOL HC</b> .....	165	<b>AEROCHAMBER PLUS FLOW</b>		<b>ALPHAGAN P</b> .....	163
<i>acetazolamide</i> .....	110	<b>VU</b> .....	147	<b>ALPHANATE/VWF</b>	
<i>acetazolamide er</i> .....	110	<b>AEROCHAMBER PLUS W/MASK</b>		<b>COMPLEX/HUMAN</b> .....	124
<i>acetic acid</i> .....	165	<b>SMALL</b> .....	147	<b>ALPHANINE SD</b> .....	124
<i>acetic acid-aluminum acetate</i> .....	165	<b>AEROCHAMBER</b>		<i>alprazolam</i> .....	26, 27
<i>acetylcysteine</i> .....	98	<b>W/FLOWSIGNAL</b> .....	147	<i>alprazolam er</i> .....	26
<b>ACLARO</b> .....	106	<b>AEROCHAMBER Z-STAT PLUS</b>	148	<i>alprazolam xr</i> .....	27
<b>ACT ANTICAVITY FLUORIDE</b>		<b>AEROCHAMBER Z-STAT PLUS</b>		<b>ALPROLIX</b> .....	124
<b>RINSE</b> .....	154	<b>CHAMBR</b> .....	148	<b>ALREX</b> .....	163
<b>ACT RESTORING FLUORIDE</b>		<b>AEROCHAMBER Z-STAT</b>		<b>ALTABAX</b> .....	100
<b>RINSE</b> .....	154	<b>PLUS/LARGE</b> .....	148	<b>ALTAFRIN</b> .....	162
<b>ACT TOTAL CARE</b> .....	154	<b>AEROCHAMBER Z-STAT</b>		<b>ALTAVERA</b> .....	86
<b>ACTEMRA</b> .....	12, 193	<b>PLUS/MEDIUM</b> .....	148	<i>alternaria</i> .....	193
<b>ACTEMRA ACTPEN</b> .....	12	<b>AEROCHAMBER Z-STAT</b>		<b>ALTRENO</b> .....	100
<b>ACTHAR HP</b> .....	112	<b>PLUS/SMALL</b> .....	148	<b>ALUNBRIG</b> .....	61
<i>acti-lance 28g</i> .....	138	<b>AEROVENT PLUS</b> .....	148	<b>ALVESCO</b> .....	31
<i>acti-lance lite lancets 28g</i> .....	138	<i>af lancets super thin</i> .....	138	<b>AMABELZ</b> .....	118
<i>acti-lance special lancets 17g</i> .....	138	<b>AFEDITAB CR</b> .....	82	<i>amantadine hcl</i> .....	68
<i>acti-lance universal 23g</i> .....	138	<b>AFINITOR</b> .....	60	<b>AMBISOME</b> .....	193
<b>ACTIMMUNE</b> .....	64	<b>AFINITOR DISPERZ</b> .....	60	<i>amcinonide</i> .....	104
<b>ACTIQ</b> .....	20	<b>AFLURIA</b> .....	186	<i>american cockroach</i> .....	193
<b>ACTONEL</b> .....	111	<b>AFLURIA PRESERVATIVE FREE</b>	186	<i>american elm</i> .....	193
<i>acyclovir</i> .....	77	<b>AFREZZA</b> .....	41	<b>AMETHIA</b> .....	93
<b>ACZONE</b> .....	99	<b>AFSTYLA</b> .....	124	<b>AMETHIA LO</b> .....	93
<b>ADACEL</b> .....	181	<b>AFTERA</b> .....	92	<b>AMEVIVE</b> .....	193
<b>ADAGEN</b> .....	81	<b>AGAMATRIX ULTRA-THIN</b>		<b>AMICAR</b> .....	132
<i>adapalene</i> .....	100	<b>LANCETS</b> .....	138	<i>amikacin sulfate</i> .....	193
<b>ADCETRIS</b> .....	193	<b>AIMOVIG</b> .....	81	<i>amiloride hcl</i> .....	110

<i>amiloride-hydrochlorothiazide</i> .....	110	<b>ARMOUR THYROID</b> .....	180	<i>aurora lancet thin 23g</i> .....	138
<i>aminophylline</i> .....	193	<b>ARNUITY ELLIPTA</b> .....	31	<b>AUSTEDO</b> .....	172
<i>aminophylline anhydrous</i> .....	32	<b>AROMASIN</b> .....	64	<b>AVANDAMET</b> .....	44
<b>AMITIZA</b> .....	120	<b>ARRANON</b> .....	193	<b>AVANDARYL</b> .....	44
<i>amitriptyline hcl</i> .....	38	<b>ARZERRA</b> .....	193	<b>AVANDIA</b> .....	44
<i>amlodipine besy-benazepril hcl</i> .....	51	<b>ASACOL HD</b> .....	121	<b>AVAR-E EMOLLIENT</b> .....	99
<i>amlodipine besylate</i> .....	82	<b>ASCOMP-CODEINE</b> .....	19	<b>AVAR-E GREEN</b> .....	99
<i>amlodipine besylate-valsartan</i> .....	52	<b>ASHLYNA</b> .....	93	<b>AVASTIN</b> .....	194
<i>amlodipine-olmesartan</i> .....	52	<b>ASMANEX 120 METERED</b>		<b>AVELOX</b> .....	119
<i>amlodipine-valsartan-hctz</i> .....	53	<b>DOSES</b> .....	31	<b>AVELOX ABC PACK</b> .....	119
<i>ammonium chloride</i> .....	193	<b>ASMANEX 14 METERED DOSES</b> ..	31	<b>AVIANE</b> .....	87
<b>AMNESTEEM</b> .....	100	<b>ASMANEX 30 METERED DOSES</b> ..	31	<b>AVONEX</b> .....	172
<i>amoxapine</i> .....	38	<b>ASMANEX 60 METERED DOSES</b> ..	31	<i>av-phos 250 neutral</i> .....	152
<i>amoxicillin</i> .....	168	<b>ASMANEX 7 METERED DOSES</b> ....	31	<i>azacitidine</i> .....	194
<i>amoxicillin-pot clavulanate</i> .....	168	<b>ASMANEX HFA</b> .....	31	<i>azathioprine</i> .....	80
<i>amoxicillin-pot clavulanate er</i> .....	168	<i>aspergillus fumigatus</i> .....	193	<i>azelastine hcl</i> .....	158, 159, 161
<i>amphetamine-dextroamphetamine</i> ....	7	<i>aspir-81</i> .....	15	<b>AZILECT</b> .....	68
<i>amphotericin b</i> .....	193	<i>aspirin</i> .....	15	<i>azithromycin</i> .....	136
<i>ampicillin</i> .....	168	<i>aspirin adult low strength</i> .....	15	<b>AZOPT</b> .....	162
<i>ampicillin-sulbactam sodium</i> .....	193	<i>aspirin childrens</i> .....	15	<i>aztreonam</i> .....	194
<b>AMPYRA</b> .....	173	<i>aspirin ec</i> .....	15	<b>AZUPHEN MB</b> .....	184
<b>ANADROL-50</b> .....	24	<i>aspirin ec lo-dose</i> .....	15	<b>AZURETTE</b> .....	86
<i>anagrelide hcl</i> .....	128	<i>aspirin ec low dose</i> .....	15	<i>bacitracin</i> .....	161
<b>ANALPRAM-HC</b> .....	25	<i>aspirin ec low strength</i> .....	15	<i>bacitracin-polymyxin b</i> .....	161
<i>anastrozole</i> .....	64	<i>aspirin low dose</i> .....	15	<i>bacitra-neomycin-polymyxin-hc</i> ....	163
<b>ANCOBON</b> .....	47	<i>aspirin low strength</i> .....	15	<i>baclofen</i> .....	158
<b>ANDROXY</b> .....	24	<i>aspirin-dipyridamole er</i> .....	128	<b>BACTROBAN</b> .....	100
<b>ANORO ELLIPTA</b> .....	28	<b>ASPIR-LOW</b> .....	15	<b>BACTROBAN NASAL</b> .....	158
<b>ANTABUSE</b> .....	171	<i>assure comfort lancets 28g</i> .....	138	<i>balsalazide disodium</i> .....	121
<b>ANUSOL-HC</b> .....	25	<i>assure comfort lancets 30g</i> .....	138	<b>BALZIVA</b> .....	87
<b>ANZEMET</b> .....	46	<b>ASSURE HAEMOLANCE PLUS</b>		<b>BANZEL</b> .....	33
<i>apap-caff-dihydrocodeine</i> .....	20	<b>HIGH</b> .....	138	<b>BARACLUDE</b> .....	75
<b>APIDRA</b> .....	41	<b>ASSURE HAEMOLANCE PLUS</b>		<b>BAVENCIO</b> .....	60
<b>APIDRA SOLOSTAR</b> .....	41	<b>LOW</b> .....	138	<b>BAXDELA</b> .....	119
<b>APOKYN</b> .....	69	<b>ASSURE HAEMOLANCE PLUS</b>		<b>BAYCADRON</b> .....	96
<i>apraclonidine hcl</i> .....	163	<b>MICRO</b> .....	138	<b>BAYER ADVANCED ASPIRIN</b>	
<i>aprepitant</i> .....	47	<b>ASSURE HAEMOLANCE PLUS</b>		<b>REG ST</b> .....	15
<b>APRI</b> .....	86	<b>NORMAL</b> .....	138	<b>BAYER ASPIRIN</b> .....	15
<b>APRISO</b> .....	120	<b>ASSURE HAEMOLANCE PLUS</b>		<b>BAYER ASPIRIN REGIMEN</b> .....	15
<b>APTENSIO XR</b> .....	8	<b>PED</b> .....	138	<b>BAYER LOW DOSE</b> .....	15
<b>APTIOM</b> .....	33	<b>ASSURE LANCE LANCETS</b> .....	138	<b>BAYER MICROLET LANCETS</b> .....	138
<b>APTIVUS</b> .....	73	<b>ASSURE LANCETS</b> .....	138	<b>BD INSULIN SYRINGE</b>	
<b>ARALAST NP</b> .....	177	<b>ASTAGRAF XL</b> .....	79	<b>MICROFINE</b> .....	147
<b>ARALEN</b> .....	55	<b>AT LAST LANCETS</b> .....	138	<b>BD INSULIN SYRINGE U-500</b> .....	147
<b>ARANELLE</b> .....	94	<i>atenolol</i> .....	80	<b>BD LANCET ULTRAFINE 30G</b> .....	138
<b>ARANESP (ALBUMIN FREE)</b> .....	130	<i>atenolol-chlorthalidone</i> .....	53	<b>BD LANCET ULTRAFINE 33G</b> .....	138
<b>ARAVA</b> .....	13	<b>ATGAM</b> .....	193	<b>BD MICROTAINER LANCETS</b> .....	138
<b>ARBINOXA</b> .....	48	<i>atomoxetine hcl</i> .....	7	<b>BD PEN NEEDLE MINI U/F</b> .....	147
<b>ARCALYST</b> .....	12	<i>atorvastatin calcium</i> .....	50	<b>BD PEN NEEDLE NANO U/F</b> .....	147
<b>ARCAPTA NEOHALER</b> .....	29	<i>atovaquone</i> .....	54	<b>BD PEN NEEDLE ORIGINAL U/F</b> .....	147
<b>ARESTIN</b> .....	155	<b>ATRIPLA</b> .....	72	<b>BD PEN NEEDLE SHORT U/F</b> .....	147
<b>ARGYLE STERILE SALINE</b> .....	123	<b>ATROPEN</b> .....	194	<b>BD ULTRA-FINE LANCETS</b> .....	138
<b>ARIAL CHAMBER</b> .....	148	<i>atropine sulfate</i> .....	160	<b>B-DONNA</b> .....	182
<b>ARIKAYCE</b> .....	9	<i>atropine-care</i> .....	160	<b>BEBULIN</b> .....	125
<b>ARIMIDEX</b> .....	64	<b>ATROVENT HFA</b> .....	30	<b>BECONASE AQ</b> .....	159
<i>aripiprazole</i> .....	71, 72	<b>AUBAGIO</b> .....	172	<b>BEKYREE</b> .....	86
<b>ARISTADA</b> .....	193	<b>AUBRA</b> .....	86	<b>BELBUCA</b> .....	23
<b>ARIXTRA</b> .....	33	<b>AUGMENTIN</b> .....	168	<b>BELEODAQ</b> .....	194
<i>armodafinil</i> .....	8	<i>aurora lancet super thin 30g</i> .....	138	<i>belladonna</i> .....	86

<i>belladonna alkaloids-opium</i> .....	182	<b>BREATHERITE COLL SPACER</b>		<b>CAMRESE</b> .....	93
<i>belladonna-opium</i> .....	182	<b>INFANT</b> .....	148	<b>CAMRESE LO</b> .....	93
<b>BELSOMRA</b> .....	165	<b>BREATHERITE RIGID</b>		<b>CANASA</b> .....	121
<b>BELVIQ</b> .....	8	<b>SPACER/MASK</b> .....	148	<b>CANCIDAS</b> .....	194
<i>benazepril hcl</i> .....	51	<b>BREATHERITE SPACER</b>		<i>candesartan cilexetil</i> .....	52
<i>benazepril-hydrochlorothiazide</i> .....	51	<b>NEONATE</b> .....	148	<i>candesartan cilexetil-hctz</i> .....	52
<b>BENDEKA</b> .....	57	<b>BREATHERITE SPACER SMALL</b>		<b>CANTIL</b> .....	183
<b>BENEFIX</b> .....	125	<b>CHILD</b> .....	148	<b>CAPACET</b> .....	14
<b>BENLYSTA</b> .....	78	<b>BREATHERITE/LARGE MASK</b> ....	148	<b>CAPASTAT SULFATE</b> .....	194
<b>BENTYL</b> .....	182	<b>BREATHERITE/MEDIUM MASK</b> ..	148	<b>CAPRELSA</b> .....	61
<b>BENZEPRO SHORT CONTACT</b> ...	100	<b>BREATHERITE/SMALL MASK</b> ...	148	<i>captopril</i> .....	51
<i>benznidazole</i> .....	25	<b>BREO ELLIPTA</b> .....	28	<i>captopril-hydrochlorothiazide</i> .....	51
<i>benzonatate</i> .....	97	<b>BREVICON (28)</b> .....	87	<b>CARAC</b> .....	101
<i>benzoyl peroxide short contact</i> .....	100	<b>BRILINTA</b> .....	110, 128	<b>CARAFATE</b> .....	183
<i>benztropine mesylate</i> .....	68	<i>brimonidine tartrate</i> .....	163	<b>CARBAGLU</b> .....	115
<b>BEPREVE</b> .....	161	<b>BRINEURA</b> .....	194	<i>carbamazepine</i> .....	34
<b>BERINERT</b> .....	128	<b>BRIVIACT</b> .....	34, 194	<i>carbamazepine er</i> .....	34
<i>bermuda grass</i> .....	194	<b>BROMFED DM</b> .....	98	<b>CARBATROL</b> .....	34
<b>BESIVANCE</b> .....	161	<i>bromfenac sodium</i> .....	162	<i>carbidopa</i> .....	68
<i>betamethasone dipropionate</i> .....	104	<i>bromfenac sodium (once-daily)</i> .....	162	<i>carbidopa-levodopa</i> .....	68
<i>betamethasone dipropionate aug</i> ..	104	<i>bromocriptine mesylate</i> .....	68	<i>carbidopa-levodopa er</i> .....	68
<i>betamethasone valerate</i> .....	104	<b>BROVANA</b> .....	29	<i>carbinoxamine maleate</i> .....	48
<b>BETASERON</b> .....	194	<i>budesonide</i> .....	31	<b>CARB-O-PHILIC/40</b> .....	106
<i>betaxolol hcl</i> .....	80	<i>budesonide er</i> .....	96	<i>carboplatin</i> .....	194
<i>bethanechol chloride</i> .....	185	<b>BUFFERIN LOW DOSE</b> .....	15	<b>CARDURA XL</b> .....	122
<b>BETHKIS</b> .....	9	<i>bullseye mini safety lancets</i> .....	138	<i>careone lancet thin 23g</i> .....	138
<b>BETOPTIC-S</b> .....	160	<b>BULLSEYE SAFETY LANCETS</b> ...	138	<i>careone lancet ultra thin 28g</i> .....	138
<b>BEVESPI AEROSPHERE</b> .....	28	<i>bumetanide</i> .....	110	<b>CARIMUNE NF</b> .....	166
<b>BEVYXA</b> .....	32	<b>BUNAVAIL</b> .....	24	<i>carisoprodol</i> .....	158
<i>bexarotene</i> .....	67	<b>BUPHENYL</b> .....	117	<b>CARMOL-HC</b> .....	108
<b>BICNU</b> .....	194	<i>buprenorphine hcl</i> .....	24, 194	<b>CARNITOR</b> .....	112
<b>BIKTARVY</b> .....	72	<i>buprenorphine hcl-naloxone hcl</i> .....	24	<b>CARNITOR SF</b> .....	112
<i>bisoprolol fumarate</i> .....	80	<b>BUPROBAN</b> .....	174	<i>carteolol hcl</i> .....	160
<i>bisoprolol-hydrochlorothiazide</i> .....	53	<i>bupropion hcl</i> .....	36	<b>CARTIA XT</b> .....	82
<b>BIVIGAM</b> .....	166	<i>bupropion hcl er (smoking det)</i> .....	174	<i>carvedilol</i> .....	80
<i>bleomycin sulfate</i> .....	194	<i>bupropion hcl er (xl)</i> .....	36	<b>CASODEX</b> .....	58
<b>BLEPH-10</b> .....	164	<i>buspirone hcl</i> .....	26	<i>cat hair extract</i> .....	194
<b>BLEPHAMIDE</b> .....	163	<b>BUSULFEX</b> .....	194	<b>CATAPRES-TTS-1</b> .....	53
<b>BLEPHAMIDE S.O.P.</b> .....	163	<i>butalbital-acetaminophen</i> .....	14	<b>CATAPRES-TTS-2</b> .....	53
<b>BLINCYTO</b> .....	194	<i>butalbital-apap-caff-cod</i> .....	19	<b>CATAPRES-TTS-3</b> .....	53
<b>BLISOVI 24 FE</b> .....	87	<i>butalbital-apap-caffeine</i> .....	14	<b>CAVAREST</b> .....	154
<b>BLISOVI FE 1.5/30</b> .....	87	<i>butalbital-asa-caffeine</i> .....	14	<b>CAVIRINSE</b> .....	154
<b>BLOXIVERZ</b> .....	56, 194	<i>butorphanol tartrate</i> .....	24	<b>CAYA</b> .....	137
<b>BOCASAL</b> .....	153	<b>BUTRANS</b> .....	24	<b>CAYSTON</b> .....	153
<b>BONIVA</b> .....	194	<b>BYDUREON</b> .....	42	<b>CAZANT</b> .....	94
<b>BONJESTA</b> .....	46	<b>BYDUREON BCISE</b> .....	42	<b>CEDAX</b> .....	85
<b>BOOSTRIX</b> .....	181	<b>BYETTA 10 MCG PEN</b> .....	42	<i>cefaclor</i> .....	85
<b>BOSULIF</b> .....	61	<b>BYETTA 5 MCG PEN</b> .....	42	<i>cefaclor er</i> .....	85
<b>BOTOX</b> .....	159	<b>BYSTOLIC</b> .....	80	<i>cefadroxil</i> .....	85
<i>bp foam</i> .....	100	<i>cabergoline</i> .....	112	<i>cefazolin sodium</i> .....	194
<i>bpo</i> .....	100	<b>CABOMETYX</b> .....	61	<i>cefdinir</i> .....	85
<i>bpo foaming cloths</i> .....	100	<i>calcipotriene</i> .....	103	<i>cefditoren pivoxil</i> .....	85
<b>BRAFTOVI</b> .....	59	<i>calcipotriene-betameth diprop</i> .....	108	<i>cefepime hcl</i> .....	194
<b>BREATHERITE</b> .....	148	<b>CALCITRENE</b> .....	103	<i>cefotaxime sodium</i> .....	194
<b>BREATHERITE COLL SPACER</b>		<i>calcium carbonate antacid</i> .....	25	<i>cefotetan disodium</i> .....	194
<b>ADULT</b> .....	148	<b>CALQUENCE</b> .....	61	<i>cefotetan disodium-dextrose</i> .....	194
<b>BREATHERITE COLL SPACER</b>		<b>CAMILA</b> .....	94	<i>cefoxitin sodium</i> .....	195
<b>CHILD</b> .....	148	<b>CAMPRAL</b> .....	171	<i>cefoxitin sodium-dextrose</i> .....	195
		<b>CAMPTOSAR</b> .....	194	<i>cefpodoxime proxetil</i> .....	85, 86



<i>cefprozil</i> .....	85	<i>cinacalcet hcl</i> .....	112	<b>COMBIVENT RESPIMAT</b> .....	28
<i>ceftazidime</i> .....	195	<b>CINQAIR</b> .....	134	<b>COMBIVIR</b> .....	72
<i>ceftazidime and dextrose</i> .....	195	<b>CINRYZE</b> .....	128	<b>COMETRIQ (100 MG DAILY DOSE)</b> .....	61
<b>CEFTIN</b> .....	85	<b>CINVANTI</b> .....	47	<b>COMETRIQ (140 MG DAILY DOSE)</b> .....	61
<i>ceftriaxone sodium</i> .....	195	<b>CIPRO HC</b> .....	165	<b>COMETRIQ (60 MG DAILY DOSE)</b> .....	61
<i>ceftriaxone sodium in dextrose</i> .....	195	<b>CIPRODEX</b> .....	165	<i>comfort assured lancets 28g</i> .....	139
<i>ceftriaxone sodium-dextrose</i> .....	86, 195	<i>ciprofloxacin</i> .....	119	<i>comfort assured lancets 33g</i> .....	139
<i>cefuroxime axetil</i> .....	85	<i>ciprofloxacin hcl</i> .....	119, 161, 165	<i>comfort lancets</i> .....	139
<i>celecoxib</i> .....	11	<i>ciprofloxacin-ciproflox hcl er</i> .....	119	<b>COMPACT SPACE CHAMBER</b> .....	148
<b>CELLCEPT</b> .....	79	<i>cisplatin</i> .....	195	<b>COMPACT SPACE CHAMBER/LG MASK</b> .....	148
<b>CELLCEPT INTRAVENOUS</b> .....	195	<i>citalopram hydrobromide</i> .....	37	<b>COMPACT SPACE CHAMBER/MED MASK</b> .....	148
<b>CELONTIN</b> .....	35	<b>CITRANATAL 90 DHA</b> .....	157	<b>COMPACT SPACE CHAMBER/SM MASK</b> .....	148
<b>CENESTIN</b> .....	118	<b>CITRANATAL ASSURE</b> .....	157	<b>COMPLERA</b> .....	72
<i>cephalexin</i> .....	85	<b>CITRANATAL DHA</b> .....	157	<i>complete natal dha</i> .....	157
<b>CERDELGA</b> .....	129	<i>cladribine</i> .....	195	<i>completenate</i> .....	155
<b>CEREZYME</b> .....	129	<b>CLARAVIS</b> .....	100	<b>COMTAN</b> .....	70
<b>CEROVEL</b> .....	106	<b>CLARINEX</b> .....	48	<b>CO-NATAL FA</b> .....	155
<b>CERVARIX</b> .....	186	<b>CLARINEX-D 12 HOUR</b> .....	97	<b>CONCEPT DHA</b> .....	155
<b>CESAMET</b> .....	46	<i>clarithromycin</i> .....	136	<b>CONCEPT OB</b> .....	155
<b>CESIA</b> .....	94	<i>clarithromycin er</i> .....	136	<b>CONDYLOX</b> .....	107
<i>cetirizine hcl</i> .....	48	<b>CLEANLET LANCETS 28G</b> .....	138	<i>constulose</i> .....	135
<i>cevimeline hcl</i> .....	155	<i>clemastine fumarate</i> .....	48	<b>CONTROLRX</b> .....	154
<b>CHANTIX</b> .....	174	<b>CLEOCIN</b> .....	55, 188	<b>COPAXONE</b> .....	174
<b>CHANTIX CONTINUING MONTH PAK</b> .....	174	<b>CLEVER CHEK LANCETS CHAMBER</b> .....	138	<b>COPEGUS</b> .....	76
<b>CHANTIX STARTING MONTH PAK</b> .....	175	<i>clindamycin hcl</i> .....	55	<b>COPIKTRA</b> .....	169
<b>CHATEAL</b> .....	87	<i>clindamycin palmitate hcl</i> .....	55	<b>CORDRAN</b> .....	104
<b>CHEMET</b> .....	45	<i>clindamycin phosphate</i> .....	99, 188	<b>CORIFACT</b> .....	125
<b>CHEMSTRIP K</b> .....	109	<i>clindamycin phosphate in d5w</i> .....	195	<b>CORLANOR</b> .....	178
<b>CHENODAL</b> .....	120	<b>CLINPRO 5000</b> .....	154	<b>CORTALO</b> .....	108
<i>cheratussin ac</i> .....	97	<i>clobazam</i> .....	33	<b>CORTANE-B</b> .....	108
<i>childrens aspirin</i> .....	16	<i>clobetasol propionate</i> .....	104	<i>cortisone acetate</i> .....	96
<i>childrens aspirin low strength</i> .....	16	<i>clobetasol propionate e</i> .....	104	<b>CORTISPORIN</b> .....	100
<i>chloramphenicol sod succinate</i> .....	195	<i>clocortolone pivalate</i> .....	104	<b>CORTISPORIN-TC</b> .....	165
<i>chlordiazepoxide hcl</i> .....	27	<i>clocortolone pivalate pump</i> .....	104	<b>COSENTYX</b> .....	102
<i>chlordiazepoxide-clidinium</i> .....	182	<b>CLODAN</b> .....	104	<b>COSENTYX SENSOREADY PEN</b> .....	102
<i>chloroquine phosphate</i> .....	55	<b>CLOLAR</b> .....	195	<b>COSMEGEN</b> .....	195
<i>chlorothiazide</i> .....	110	<i>clomipramine hcl</i> .....	38	<b>COSOPT PF</b> .....	160
<i>chlorpromazine hcl</i> .....	71	<i>clonazepam</i> .....	33	<b>COTELIC</b> .....	59
<i>chlorpropamide</i> .....	43	<i>clonidine hcl</i> .....	53	<b>COUMADIN</b> .....	32
<i>chlorthalidone</i> .....	110	<i>clonidine hcl er</i> .....	7	<b>COVARYX</b> .....	118
<i>chlorzoxazone</i> .....	158	<i>clopidogrel bisulfate</i> .....	129	<b>COVARYX HS</b> .....	118
<b>CHOLBAM</b> .....	81	<i>clorazepate dipotassium</i> .....	27	<b>CREON</b> .....	109
<i>cholestyramine</i> .....	49	<i>clotrimazole</i> .....	106, 153	<b>CRESEMBA</b> .....	47, 195
<i>chorionic gonadotropin</i> .....	195	<i>clotrimazole-betamethasone</i> .....	100	<b>CRINONE</b> .....	188
<b>CIALIS</b> .....	85	<i>clozapine</i> .....	71	<b>CRIXIVAN</b> .....	73
<b>CICLODAN</b> .....	101	<i>c-nate dha</i> .....	155	<i>cromolyn sodium</i> .....	29, 120, 161
<i>ciclopirox</i> .....	101	<b>COAGADEx</b> .....	125	<b>CRYSSELLE-28</b> .....	87
<i>ciclopirox olamine</i> .....	101	<b>COAGUCHEK LANCETS</b> .....	139	<b>CUBICIN</b> .....	195
<i>cidofovir</i> .....	195	<b>COARTEM</b> .....	55	<b>CUPRIMINE</b> .....	78
<i>cilostazol</i> .....	128	<i>codeine sulfate</i> .....	21	<b>CURITY STERILE SALINE</b> .....	123
<b>CILOXAN</b> .....	161	<i>colchicine-probenecid</i> .....	124	<b>CUVITRU</b> .....	166
<b>CIMDUO</b> .....	72	<b>COLCRYS</b> .....	124	<i>cvs aspirin</i> .....	16
<i>cimetidine</i> .....	182	<i>colesevelam hcl</i> .....	49	<i>cvs aspirin adult low dose</i> .....	16
<i>cimetidine hcl</i> .....	182	<i>colestipol hcl</i> .....	49	<i>cvs aspirin adult low strength</i> .....	16
<b>CIMZIA</b> .....	122	<b>COLYTE WITH FLAVOR PACKS</b> .....	135		
<b>CIMZIA PREFILLED</b> .....	122	<b>COMBIGAN</b> .....	160		
<b>CIMZIA STARTER KIT</b> .....	122	<b>COMBIPATCH</b> .....	118		

<i>cvs aspirin child</i> .....	16	<b>D3-50</b> .....	189	<i>desvenlafaxine succinate er</i> .....	38
<i>cvs aspirin ec</i> .....	16	<i>d-400</i> .....	189	<b>DEX4</b> .....	40
<i>cvs aspirin low dose</i> .....	16	<i>d-5000</i> .....	189	<i>dexamethasone</i> .....	96
<i>cvs aspirin low strength</i> .....	16	<i>d-5000 maximum strength</i> .....	189	<b>DEXAMETHASONE INTENSOL</b> .....	96
<i>cvs childrens aspirin</i> .....	16	<i>dacarbazine</i> .....	195	<i>dexamethasone sodium phosphate</i>	
<i>cvs childrens vitamin d</i> .....	189	<b>DACOGEN</b> .....	195	.....	163
<i>cvs lancets 21g</i> .....	139	<b>DAKLINZA</b> .....	76	<i>dexchlorpheniramine maleate</i> .....	48
<i>cvs lancets micro thin 33g</i> .....	139	<i>dalfampridine er</i> .....	173	<b>DEXILANT</b> .....	183
<i>cvs lancets original</i> .....	139	<b>DALIRESP</b> .....	31	<i>dexmethylphenidate hcl er</i> .....	8
<i>cvs lancets thin</i> .....	139	<i>danazol</i> .....	24	<b>DEXPAK 6 DAY</b> .....	96
<i>cvs lancets thin 26g</i> .....	139	<i>dantrolene sodium</i> .....	158	<i>dextroamphetamine sulfate</i> .....	7
<i>cvs lancets ultra thin 30g</i> .....	139	<i>dapsone</i> .....	55	<i>dextroamphetamine sulfate er</i> .....	7
<i>cvs nicotine</i> .....	175	<b>DAPTACEL</b> .....	181	<b>DIALYVITE VITAMIN D 5000</b> .....	189
<i>cvs nicotine polacrilex</i> .....	175	<b>DARAPRIM</b> .....	55	<b>DIALYVITE VITAMIN D3 MAX</b> .....	189
<i>cvs nts step 1</i> .....	175	<i>darifenacin hydrobromide er</i> ..	184, 185	<b>DIASTAR EASY TEST II</b>	
<i>cvs ultra thin lancets</i> .....	139	<b>DASETTA 1/35</b> .....	87	<b>LANCETS</b> .....	139
<i>cvs vit d 5000 high-potency</i> .....	189	<b>DASETTA 7/7/7</b> .....	95	<b>DIASTAR EASY TEST LANCETS</b>	139
<i>cvs vitamin d</i> .....	189	<i>daunorubicin hcl</i> .....	196	<b>DIASTAT ACUDIAL</b> .....	33
<i>cvs vitamin d3</i> .....	189	<b>DAUNOXOME</b> .....	196	<b>DIASTAT PEDIATRIC</b> .....	33
<i>cyanocobalamin</i> .....	129	<b>DAYSEE</b> .....	93	<i>diazepam</i> .....	27, 33
<b>CYCLAFEM 1/35</b> .....	87	<b>DAYTRANA</b> .....	8	<b>DIBENZYLINE</b> .....	52
<b>CYCLAFEM 7/7/7</b> .....	94	<b>DDAVP</b> .....	117	<b>DICLEGIS</b> .....	46
<i>cyclobenzaprine hcl</i> .....	158	<b>DDAVP RHINAL TUBE</b> .....	118	<i>diclofenac potassium</i> .....	12
<i>cyclopentolate hcl</i> .....	160	<b>DEBACTEROL</b> .....	153	<i>diclofenac sodium</i> ....	12, 101, 102, 162
<i>cyclophosphamide</i> .....	67, 195	<b>DEBLITANE</b> .....	94	<i>diclofenac sodium er</i> .....	12
<i>cycloserine</i> .....	57	<b>DECARA</b> .....	189	<i>diclofenac-misoprostol</i> .....	12
<b>CYCLOSET</b> .....	40	<i>decitabine</i> .....	196	<i>dicloxacillin sodium</i> .....	168
<i>cyclosporine modified</i> .....	78	<i>deferoxamine mesylate</i> .....	44, 45	<i>dicyclomine hcl</i> .....	182
<i>cyproheptadine hcl</i> .....	49	<b>DELSTRIGO</b> .....	72	<b>DIFICID</b> .....	137
<b>CYRAMZA</b> .....	195	<i>delta d3</i> .....	189	<i>diflorasone diacetate</i> .....	105
<b>CYRED</b> .....	87	<b>DELTASONE</b> .....	96	<i>diflunisal</i> .....	16
<b>CYSTADANE</b> .....	114	<b>DELYLA</b> .....	87	<b>DIGITEK</b> .....	83
<b>CYSTAGON</b> .....	123	<b>DELZICOL</b> .....	121	<b>DIGOX</b> .....	83
<b>CYSTARAN</b> .....	164	<i>demeclocycline hcl</i> .....	179	<i>digoxin</i> .....	83
<i>cytarabine</i> .....	195	<b>DEMEROL</b> .....	21	<i>dihydroergotamine mesylate</i> .....	150
<i>cytarabine (pf)</i> .....	195	<b>DENAVIR</b> .....	103	<b>DILANTIN</b> .....	35
<b>CYTOGAM</b> .....	166	<b>DENTA 5000 PLUS</b> .....	154	<b>DILATRATE-SR</b> .....	25
<b>CYTOMEL</b> .....	180	<b>DENTAGEL</b> .....	154	<b>DILAUDID</b> .....	21
<b>CYTOTEC</b> .....	183	<b>DEPAKENE</b> .....	36	<i>dilt-cd</i> .....	82
<b>CYTOVENE</b> .....	195	<b>DEPAKOTE</b> .....	36	<i>diltiazem hcl</i> .....	82
<i>cytra k crystals</i> .....	123	<b>DEPAKOTE ER</b> .....	36	<i>diltiazem hcl cd</i> .....	82
<i>cytra-2</i> .....	123	<b>DEPAKOTE SPRINKLES</b> .....	36	<i>diltiazem hcl er</i> .....	82
<i>cytra-k</i> .....	123	<b>DEPEN TITRATABS</b> .....	78	<i>diltiazem hcl er beads</i> .....	82
<i>d 1000</i> .....	189	<b>DEPOCYT</b> .....	196	<i>diltiazem hcl er coated beads</i> .....	82
<i>d 10000</i> .....	189	<b>DEPO-ESTRADIOL</b> .....	118	<i>dilt-xr</i> .....	82
<i>d 2000</i> .....	189	<b>DEPO-PROVERA</b> .....	196	<i>diltzac</i> .....	82
<i>d 400</i> .....	189	<b>DEPO-SUBQ PROVERA 104</b> .....	93	<b>DIPENTUM</b> .....	121
<i>d 5000</i> .....	189	<b>DEPO-TESTOSTERONE</b> .....	24	<i>diphenhydramine hcl</i> .....	48, 196
<b>D.H.E. 45</b> .....	150	<b>DERMAZENE</b> .....	101	<i>diphenoxylate-atropine</i> .....	44
<i>d-1000</i> .....	189	<b>DERMOTIC</b> .....	165	<b>DIPHThERIA-TETANUS</b>	
<i>d-1000 extra strength</i> .....	189	<b>DESCOVY</b> .....	72	<b>TOXOIDS</b> .....	181
<i>d-2000 maximum strength</i> .....	189	<b>DESFERAL</b> .....	44, 45	<i>diphtheria-tetanus toxoids dt</i> .....	181
<i>d2000 ultra strength</i> .....	189	<i>desipramine hcl</i> .....	39	<i>dipyridamole</i> .....	128
<i>d3 adult</i> .....	189	<i>desloratadine</i> .....	48	<i>disopyramide phosphate</i> .....	27
<i>d3 high potency</i> .....	189	<i>desmopressin ace spray refrig</i> .....	118	<i>disulfiram</i> .....	171
<i>d3 kids</i> .....	189	<b>DESONATE</b> .....	104	<b>DIURIL</b> .....	110
<i>d3 maximum strength</i> .....	189	<i>desonide</i> .....	105	<b>DOCFREZ</b> .....	196
<i>d3 super strength</i> .....	189	<i>desoximetasone</i> .....	105	<i>docetaxel</i> .....	196
<i>d3-1000</i> .....	189	<i>desvenlafaxine fumarate er</i> .....	38	<i>dofetilide</i> .....	28

<i>dog epithelium</i> .....	196	<b>EASY TOUCH LANCETS 30G</b> .....	139	<b>EMEND</b> .....	47
<b>DOLOPHINE</b> .....	21	<b>EASY TOUCH LANCETS</b>		<b>EMFLAZA</b> .....	96
<i>donepezil hcl</i> .....	171	<b>30G/TWIST</b> .....	139	<b>EMGALITY</b> .....	82
<b>DOPTELET</b> .....	132	<b>EASY TOUCH LANCETS 32G</b> .....	139	<b>EMOQUETTE</b> .....	87
<b>DORIBAX</b> .....	196	<b>EASY TOUCH LANCETS</b>		<b>EMPLICITI</b> .....	196
<i>dorzolamide hcl</i> .....	162	<b>32G/TWIST</b> .....	139	<b>EMSAM</b> .....	37
<i>dorzolamide hcl-timolol mal</i> .....	160	<b>EASY TOUCH LANCETS</b>		<b>EMTRIVA</b> .....	74
<b>DOVONEX</b> .....	103	<b>33G/TWIST</b> .....	139	<b>ENABLEX</b> .....	184, 185
<i>doxazosin mesylate</i> .....	53	<b>EASY TOUCH SAFETY LANCETS</b>		<i>enalapril maleate</i> .....	51, 86
<i>doxepin hcl</i> .....	39	<b>21G</b> .....	139	<i>enalapril-hydrochlorothiazide</i> .....	51
<i>doxercalciferol</i> .....	115	<b>EASY TOUCH SAFETY LANCETS</b>		<b>ENBREL</b> .....	14
<b>DOXIL</b> .....	196	<b>23G</b> .....	139	<b>ENBREL MINI</b> .....	14
<i>doxorubicin hcl</i> .....	196	<b>EASY TOUCH SAFETY LANCETS</b>		<b>ENBREL SURECLICK</b> .....	14
<i>doxorubicin hcl liposomal</i> .....	196	<b>26G</b> .....	140	<b>ENCARE</b> .....	188
<i>doxycycline hyclate</i> .....	179	<b>EASY TOUCH SAFETY LANCETS</b>		<b>ENDOCET</b> .....	23
<i>doxycycline monohydrate</i> .....	179	<b>28G</b> .....	140	<b>ENDODAN</b> .....	23
<b>DRISDOL</b> .....	189	<b>EASY TWIST &amp; CAP LANCETS</b> ...	140	<b>ENDOMETRIN</b> .....	188
<b>DRITHO-CREME HP</b> .....	103	<b>EASYTEST II LANCETS</b> .....	140	<b>ENGERIX-B</b> .....	186
<i>dronabinol</i> .....	46	<b>EASYTEST LANCETS</b> .....	140	<b>ENJUVIA</b> .....	118
<b>DROPLET LANCETS ULTRA</b>		<i>ec-81 aspirin</i> .....	16	<b>ENLON</b> .....	56, 196
<b>THIN 30G</b> .....	139	<b>EC-NAPROSYN</b> .....	13	<b>ENPRESSE-28</b> .....	95
<b>DROXIA</b> .....	129	<i>econazole nitrate</i> .....	106	<b>ENSKYCE</b> .....	87
<i>drug mart lancets thin 26g</i> .....	139	<b>ECONTRA EZ</b> .....	92	<i>entecavir</i> .....	75
<i>drug mart lancets ultra thin</i> .....	139	<b>ECONTRA ONE-STEP</b> .....	92	<b>ENTOCORT EC</b> .....	96
<b>DRUG MART ON-THE-GO</b>		<b>ECOTRIN</b> .....	16	<b>ENTRESTO</b> .....	159
<b>LANCET 30G</b> .....	139	<b>ECOTRIN LOW STRENGTH</b> .....	16	<b>ENTYVIO</b> .....	196
<b>DRUG MART UNILET LANCETS</b>		<b>ECPIRIN</b> .....	16	<i>enulose</i> .....	121
<b>28G</b> .....	139	<b>EDARBI</b> .....	52	<b>ENVARBUS XR</b> .....	79
<b>DRUG MART UNILET LANCETS</b>		<b>EDARBYCLOR</b> .....	52	<b>EPCLUSA</b> .....	132
<b>30G</b> .....	139	<b>EDECRIN</b> .....	110	<b>EPIDIOLEX</b> .....	34
<i>duane reade lancet altern site</i> .....	139	<i>ed-spaz</i> .....	182	<b>EPIFLUR</b> .....	151
<i>duane reade lancet super thin</i> .....	139	<b>EDURANT</b> .....	74	<b>EPIFOAM</b> .....	108
<i>duane reade lancet ultra thin</i> .....	139	<i>efavirenz</i> .....	74	<i>epinephrine</i> .....	188
<b>DUAVEE</b> .....	119	<b>EFFER-K</b> .....	152	<i>epirubicin hcl</i> .....	196
<b>DULERA</b> .....	28	<b>EFFIENT</b> .....	129	<b>EPITOL</b> .....	34
<i>duloxetine hcl</i> .....	38	<b>EFUDEX</b> .....	102	<b>EPIVIR</b> .....	74
<b>DUPIXENT</b> .....	134	<b>ELAPRASE</b> .....	116	<b>EPIVIR HBV</b> .....	75
<b>DUREZOL</b> .....	163	<b>ELELYSO</b> .....	129	<i>eplerenone</i> .....	54
<i>dutasteride</i> .....	122	<b>ELESTAT</b> .....	161	<b>EPOGEN</b> .....	130
<b>DUZALLO</b> .....	124	<i>eletriptan hydrobromide</i> .....	150	<i>epoprostenol sodium</i> .....	83
<b>DYANAVAL XR</b> .....	7	<b>ELIDEL</b> .....	107	<i>eprosartan mesylate</i> .....	52
<b>DYRENIUM</b> .....	110	<b>ELIGARD</b> .....	65, 66	<i>eq adult aspirin low strength</i> .....	16
<b>DYSPORT</b> .....	159	<b>ELIMITE</b> .....	107	<i>eq aspirin</i> .....	16
<b>E.E.S. 400</b> .....	136	<b>ELINEST</b> .....	87	<i>eq aspirin adult low dose</i> .....	16
<b>E.E.S. GRANULES</b> .....	136	<b>ELIPHOS</b> .....	121	<i>eq aspirin low dose</i> .....	16
<b>EASIVENT</b> .....	148	<b>ELIQUIS</b> .....	32	<i>eq childrens aspirin</i> .....	16
<b>EASIVENT MASK LARGE</b> .....	148	<b>ELIQUIS STARTER PACK</b> .....	32	<i>eq nicotine</i> .....	175
<b>EASIVENT MASK MEDIUM</b> .....	148	<b>ELITEK</b> .....	64	<i>eq nicotine polacrilex</i> .....	175
<b>EASIVENT MASK SMALL</b> .....	148	<b>ELITE-OB</b> .....	155	<i>eq nicotine step 3</i> .....	175
<i>eastern cottonwood</i> .....	196	<b>ELLA</b> .....	92	<i>eq adult aspirin low strength</i> .....	16
<i>easy comfort lancets</i> .....	139	<b>ELLECE</b> .....	196	<i>eq aspirin</i> .....	17
<b>EASY TOUCH INSULIN SYRINGE</b>		<b>ELMIRON</b> .....	123	<i>eq aspirin ec</i> .....	17
.....	147	<b>ELOCTATE</b> .....	125	<i>eq aspirin low dose</i> .....	17
<b>EASY TOUCH LANCETS 21G</b> .....	139	<b>ELOXATIN</b> .....	196	<i>eq childrens aspirin</i> .....	17
<b>EASY TOUCH LANCETS 23G</b> .....	139	<b>EMADINE</b> .....	161	<i>eq color lancets 21g</i> .....	140
<b>EASY TOUCH LANCETS 26G</b> .....	139	<b>EMBEDA</b> .....	21	<i>eq color lancets micro 33g</i> .....	140
<b>EASY TOUCH LANCETS 28G</b> .....	139	<b>EMBRACE LANCETS ULTRA</b>		<i>eq nicotine</i> .....	175
<b>EASY TOUCH LANCETS</b>		<b>THIN 30G</b> .....	140	<i>eq nicotine polacrilex</i> .....	175
<b>28G/TWIST</b> .....	139	<b>EMCYT</b> .....	65	<i>eq super thin lancets 30g</i> .....	140

<i>eql thin lancets 26g</i> .....	140	<b>E-Z JECT LANCET SUPER THIN 30G</b> .....	140	<b>FIASP FLEXTOUCH</b> .....	41
<i>eql vitamin d gummies child</i> .....	189	<b>E-Z JECT LANCETS</b> .....	140	<b>FIFTY50 SAFETY SEAL LANCETS</b> .....	140
<i>eql vitamin d3</i> .....	190	<b>E-Z JECT LANCETS 21G</b> .....	140	<b>FINACEA</b> .....	107
<i>eql vitamin d-3</i> .....	190	<b>E-Z JECT LANCETS THIN 26G</b> ....	140	<i>finasteride</i> .....	122
<b>EQUETRO</b> .....	70	<b>EZ SMART BLOOD GLUCOSE LANCETS</b> .....	140	<b>FINE 30</b> .....	140
<b>ERAXIS</b> .....	196	<b>E-Z SPACER</b> .....	148	<b>FINGERSTIX LANCETS</b> .....	140
<b>ERBITUX</b> .....	196	<b>E-Z SPACER THE BODY GUARDS PK</b> .....	149	<b>FIORICET</b> .....	14
<i>ergoloid mesylates</i> .....	174	<b>E-Z SPACER/MASK</b> .....	149	<b>FIORINAL/CODEINE #3</b> .....	20
<b>ERGOMAR</b> .....	150	<i>ezetimibe</i> .....	50	<b>FIRAZYR</b> .....	128
<i>ergotamine-caffeine</i> .....	150	<i>ezetimibe-simvastatin</i> .....	50	<b>FIRDAPSE</b> .....	56
<b>ERIVEDGE</b> .....	59	<b>EZ-LETS LANCETS 21G</b> .....	140	<b>FIRMAGON</b> .....	65
<b>ERLEADA</b> .....	58	<b>EZ-LETS LANCETS 23G</b> .....	140	<b>FIRST-LANSOPRAZOLE</b> .....	183
<b>ERRIN</b> .....	94	<b>EZ-LETS LANCETS 26G</b> .....	140	<b>FIRST-OMEPRAZOLE</b> .....	183
<b>ERTACZO</b> .....	106	<b>EZ-LETS LANCETS 28G</b> .....	140	<b>FLAGYL ER</b> .....	54
<i>ery</i> .....	99	<b>EZ-LETS LANCETS 30G</b> .....	140	<b>FLAREX</b> .....	163
<b>ERYPED 200</b> .....	136	<b>FABRAZYME</b> .....	112	<i>flavoxate hcl</i> .....	185
<b>ERYPED 400</b> .....	136	<b>FACTIVE</b> .....	120	<b>FLEBOGAMMA DIF</b> .....	166
<b>ERY-TAB</b> .....	136	<b>FALMINA</b> .....	87	<i>flecainide acetate</i> .....	27
<b>ERYTHROCIN STEARATE</b> .....	136	<i>famciclovir</i> .....	77	<b>FLECTOR</b> .....	101
<i>erythromycin</i> .....	99, 161	<i>famotidine</i> .....	182	<b>FLEXICHAMBER</b> .....	149
<i>erythromycin base</i> .....	136	<b>FANAPT</b> .....	70	<b>FLEXICHAMBER ADULT MASK/SMALL</b> .....	149
<b>ESBRIET</b> .....	177	<b>FANAPT TITRATION PACK</b> .....	70	<b>FLEXICHAMBER CHILD MASK/LARGE</b> .....	149
<i>est estrogens-methyltest ds</i> .....	118	<b>FARESTON</b> .....	58	<b>FLEXICHAMBER CHILD MASK/SMALL</b> .....	149
<b>ESTARYLLA</b> .....	87	<b>FARXIGA</b> .....	43	<b>FLOLAN</b> .....	83
<i>estazolam</i> .....	133	<b>FARYDAK</b> .....	59	<b>FLO-PRED</b> .....	96
<b>ESTRACE</b> .....	188	<b>FASENRA</b> .....	134	<b>FLOVENT DISKUS</b> .....	31
<i>estradiol</i> .....	119	<b>FASLODEX</b> .....	65	<b>FLOVENT HFA</b> .....	31
<i>estradiol valerate</i> .....	119	<b>FASTTAKE TEST</b> .....	109	<i>floxuridine</i> .....	197
<i>estropipate</i> .....	119	<b>FAYOSIM</b> .....	93	<b>FLUAD</b> .....	186
<b>ESTROSTEP FE</b> .....	95	<b>FC FEMALE CONDOM</b> .....	137	<b>FLUARIX</b> .....	186
<i>eszopiclone</i> .....	133	<b>FC2 FEMALE CONDOM</b> .....	137	<b>FLUARIX QUADRIVALENT</b> .....	186
<i>ethambutol hcl</i> .....	57	<b>FEIBA</b> .....	125	<b>FLUBLOK</b> .....	186
<i>ethosuximide</i> .....	35	<b>FEIBA NF</b> .....	125	<b>FLUBLOK QUADRIVALENT</b> .....	186
<i>ethynodiol diac-eth estradiol</i> .....	87	<i>felbamate</i> .....	35	<b>FLUCELVAX</b> .....	186
<i>etidronate disodium</i> .....	111	<i>felodipine er</i> .....	82	<b>FLUCELVAX QUADRIVALENT</b> ....	186
<i>etodolac</i> .....	13	<b>FEMARA</b> .....	64	<i>fluconazole</i> .....	47
<i>etodolac er</i> .....	13	<b>FEMCAP</b> .....	137	<b>FLUDARA</b> .....	197
<b>ETOPOPHOS</b> .....	196	<b>FEMCON FE</b> .....	87	<i>fludarabine phosphate</i> .....	197
<i>etoposide</i> .....	67, 196	<b>FEMRING</b> .....	188	<i>fludrocortisone acetate</i> .....	97
<b>EUCRISA</b> .....	169	<b>FEMYNOR</b> .....	88	<b>FLULAVAL</b> .....	186
<b>EUFLEXXA</b> .....	196	<i>fenofibrate</i> .....	49	<b>FLULAVAL QUADRIVALENT</b> .....	186
<b>EURAX</b> .....	108	<i>fenofibrate micronized</i> .....	49	<b>FLUMADINE</b> .....	77
<b>EUTHYROX</b> .....	180	<i>fenofibric acid</i> .....	49	<b>FLUMIST QUADRIVALENT</b> .....	186
<b>EVEKEO</b> .....	7	<b>FENOGLIDE</b> .....	49	<i>flunisolide</i> .....	159
<b>EVISTA</b> .....	116	<i>fenopropfen calcium</i> .....	13	<i>fluocinolone acetonide</i> .....	105
<b>EVOTAZ</b> .....	72	<i>fentanyl</i> .....	21	<i>fluocinolone acetonide body</i> .....	105
<b>EVZIO</b> .....	197	<i>fentanyl citrate</i> .....	21	<i>fluocinolone acetonide scalp</i> .....	105
<b>EXALGO</b> .....	21	<i>fentanyl citrate (pf)</i> .....	197	<i>fluocinonide</i> .....	105
<b>EXELDERM</b> .....	106	<b>FENTORA</b> .....	21	<i>fluocinonide-e</i> .....	105
<b>EXELON</b> .....	171	<i>fer-iron</i> .....	131	<b>FLUORABON</b> .....	152
<b>EXFORGE</b> .....	52	<b>FERRIPROX</b> .....	45	<b>FLUORAC</b> .....	197
<b>EXFORGE HCT</b> .....	53	<b>FERRLECIT</b> .....	131	<b>FLUOR-A-DAY</b> .....	151, 152
<b>EXJADE</b> .....	45	<i>ferrous sulfate</i> .....	131	<b>FLUORIDEX</b> .....	154
<b>EXTAVIA</b> .....	172	<b>FETZIMA</b> .....	38	<b>FLUORIDEX DAILY DEFENSE</b> ....	154
<i>extra-virt plus dha</i> .....	157	<b>FETZIMA TITRATION</b> .....	38		
<b>EYLEA</b> .....	164	<b>FIASP</b> .....	41		
<b>E-Z JECT LANCET MICRO-THIN 33G</b> .....	140				

<b>FLUORIDEX ENHANCED WHITENING</b> .....	154	<b>FREESTYLE LIBRE SENSOR SYSTEM</b> .....	140	<b>GLIADEL WAFER</b> .....	197
<b>FLUORIGARD</b> .....	154	<b>FREESTYLE UNISTICK II LANCETS</b> .....	140	<i>glimepiride</i> .....	43
<i>fluorometholone</i> .....	163	<b>FROVA</b> .....	150	<i>glipizide</i> .....	43
<b>FLUOROPLEX</b> .....	102	<b>FULYZAQ</b> .....	44	<i>glipizide er</i> .....	43
<i>fluorouracil</i> .....	102, 197	<i>furosemide</i> .....	110	<i>glipizide xl</i> .....	43
<i>fluoxetine hcl</i> .....	37	<b>FUZEON</b> .....	73	<i>glipizide-metformin hcl</i> .....	43
<i>fluoxymesterone</i> .....	86	<b>FYAVOLV</b> .....	118	<i>global inject ease lancets 28g</i> .....	140
<i>fluphenazine hcl</i> .....	71	<b>FYCOMPA</b> .....	33	<i>global inject ease lancets 30g</i> .....	141
<b>FLURA-DROPS</b> .....	152	<i>gabapentin</i> .....	34	<b>GLUCAGEN HYPOKIT</b> .....	40
<i>flurazepam hcl</i> .....	133	<b>GALAFOLD</b> .....	112	<b>GLUCAGON EMERGENCY</b> .....	40
<i>flurbiprofen</i> .....	13	<i>galantamine hydrobromide</i> .....	171	<b>GLUCOCOM LANCETS 28G</b> .....	141
<i>flurbiprofen sodium</i> .....	162	<b>GAMASTAN S/D</b> .....	166	<b>GLUCOCOM LANCETS 30G</b> .....	141
<i>flutamide</i> .....	58	<b>GAMMAGARD</b> .....	166	<b>GLUCOCOM LANCETS 33G</b> .....	141
<i>fluticasone propionate</i> .....	105	<b>GAMMAGARD S/D LESS IGA</b> .....	166	<b>GLUCOPHAGE XR</b> .....	39
<i>fluticasone-salmeterol</i> .....	29	<b>GAMMAKED</b> .....	166	<b>GLUCOSOURCE LANCETS</b> .....	141
<i>fluvastatin sodium</i> .....	50	<b>GAMMAPLEX</b> .....	166, 167	<b>GLUMETZA</b> .....	39
<b>FLUVIRIN</b> .....	186	<b>GAMUNEX-C</b> .....	167	<i>glyburide</i> .....	43
<b>FLUVIRIN PRESERVATIVE FREE</b> .....	186, 187	<i>ganciclovir sodium</i> .....	197	<i>glyburide micronized</i> .....	43
<i>fluvoxamine maleate</i> .....	38	<b>GARDASIL</b> .....	187	<i>glyburide-metformin</i> .....	43
<i>fluvoxamine maleate er</i> .....	37	<b>GARDASIL 9</b> .....	187	<b>GLYDO</b> .....	107
<b>FLUZONE</b> .....	187	<b>GATTEX</b> .....	120	<b>GLYSET</b> .....	39
<b>FLUZONE HIGH-DOSE</b> .....	187	<b>GAVILYTE-C</b> .....	135	<b>GLYXAMBI</b> .....	178
<b>FLUZONE QUADRIVALENT</b> .....	187	<b>GAVILYTE-G</b> .....	135	<b>GMATE LANCETS 30G</b> .....	141
<b>FML</b> .....	163	<b>GAVILYTE-H</b> .....	135	<i>gnp adult aspirin low strength</i> .....	17
<b>FML FORTE</b> .....	163	<b>GAVILYTE-N WITH FLAVOR PACK</b> .....	135	<i>gnp aspirin</i> .....	17
<b>FOCALGIN 90 DHA</b> .....	157	<b>GAZYVA</b> .....	197	<i>gnp aspirin low dose</i> .....	17
<b>FOCALGIN CA</b> .....	157	<b>GEL-ONE</b> .....	197	<i>gnp lancets 21g</i> .....	141
<b>FOCALIN</b> .....	8	<i>gemcitabine hcl</i> .....	197	<i>gnp lancets micro thin 33g</i> .....	141
<i>folcal dha</i> .....	157	<i>gemfibrozil</i> .....	49	<i>gnp lancets super thin 30g</i> .....	141
<i>folic acid</i> .....	130	<b>GEMZAR</b> .....	197	<i>gnp lancets thin</i> .....	141
<b>FOLIVANE-EC CALCIUM DHA NF</b> .....	157	<i>generlac</i> .....	121	<i>gnp lancets thin 26g</i> .....	141
<b>FOLIVANE-F</b> .....	131	<b>GENGRAF</b> .....	78	<i>gnp micro thin lancets 33g</i> .....	141
<b>FOLIVANE-OB</b> .....	155	<b>GENOTROPIN</b> .....	113	<i>gnp nicotine polacrilex</i> .....	175
<b>FOLIVANE-PRX DHA NF</b> .....	157	<b>GENOTROPIN MINIQUICK</b> .....	113	<i>gnp super thin lancets 30g</i> .....	141
<b>FOLOTYN</b> .....	58, 197	<b>GENTAK</b> .....	161	<i>gnp vitamin d</i> .....	190
<b>FORA LANCETS</b> .....	140	<i>gentamicin sulfate</i> .....	100, 161	<i>gnp vitamin d maximum strength</i> .....	190
<b>FORFIVO XL</b> .....	37	<i>gentlelax</i> .....	135	<i>gnp vitamin d super strength</i> .....	190
<b>FORMADON</b> .....	72	<b>GENTLE-LET GP LANCETS</b> .....	140	<i>gnp vitamin d3 extra strength</i> .....	190
<b>FORTAMET</b> .....	39	<b>GENTLE-LET LANCETS</b> .....	140	<b>GOCOVRI</b> .....	68
<b>FORTEO</b> .....	116	<b>GENVISC 850</b> .....	197	<b>GOLYTELY</b> .....	135
<b>FORTICAL</b> .....	112	<b>GENVOYA</b> .....	72	<b>GONAL-F</b> .....	197
<i>foscarnet sodium</i> .....	197	<b>GESTICARE DHA</b> .....	157	<b>GONAL-F RFF</b> .....	197
<b>FOSCAVIR</b> .....	197	<b>GIANVI</b> .....	88	<b>GONAL-F RFF REDIJECT</b> .....	197
<i>fosinopril sodium</i> .....	51	<b>GIAZO</b> .....	121	<i>goodsense aspirin low dose</i> .....	17
<i>fosinopril sodium-hctz</i> .....	51	<b>GILDAGIA</b> .....	88	<i>granisetron hcl</i> .....	46
<b>FOSRENOL</b> .....	121	<b>GILDESS 1.5/30</b> .....	88	<b>GRANISOL</b> .....	46
<b>FRAGMIN</b> .....	33	<b>GILDESS 1/20</b> .....	88	<b>GRASTEK</b> .....	81
<i>freds pharmacy unilet lanc 28g</i> .....	140	<b>GILDESS 24 FE</b> .....	88	<b>GRIFULVIN V</b> .....	47
<i>freds pharmacy unilet lanc 30g</i> .....	140	<b>GILDESS FE 1.5/30</b> .....	88	<i>griseofulvin microsize</i> .....	47
<b>FREESTYLE LANCETS</b> .....	140	<b>GILDESS FE 1/20</b> .....	88	<i>griseofulvin ultramicrosize</i> .....	47
<b>FREESTYLE LIBRE 14 DAY READER</b> .....	140	<b>GILENYA</b> .....	176	<b>GRIS-PEG</b> .....	47
<b>FREESTYLE LIBRE 14 DAY SENSOR</b> .....	140	<b>GILOTRIF</b> .....	61	<i>grx hicort 25</i> .....	25
<b>FREESTYLE LIBRE READER</b> .....	140	<b>GLASSIA</b> .....	177	<i>guaifenesin</i> .....	97
		<b>GLATOPA</b> .....	174	<i>guaifenesin-codeine</i> .....	97
		<b>GLEEVEC</b> .....	61, 62	<i>guanfacine hcl er</i> .....	7
		<b>GLEOSTINE</b> .....	67	<i>guanidine hcl</i> .....	56
				<b>GYNAZOLE-1</b> .....	187
				<b>H&amp;H THINLET LANCETS 26G</b> .....	141
				<b>H&amp;H THINLET LANCETS 30G</b> .....	141

HAEGARDA.....	128	HUMATE-P.....	125	IFEX.....	198
HAEMOLANCE.....	141	HUMATROPE.....	113	<i>ifosfamide</i> .....	198
HAEMOLANCE LOW FLOW		HUMIRA.....	10, 11	<i>ifosfamide-mesna</i> .....	198
LANCETS.....	141	HUMIRA PEDIATRIC CROHNS		ILARIS.....	12
HAEMOLANCE PLUS.....	141	START.....	10, 11	ILARIS (150MG DELIVERED).....	12
HAEMOLANCE PLUS HIGH		HUMIRA PEN.....	10, 11	<i>imatinib mesylate</i> .....	62
FLOW.....	141	HUMIRA PEN-CD/UC/HS		IMBRUVICA.....	62
HAEMOLANCE PLUS LOW		STARTER.....	10, 11	IMFINZI.....	198
FLOW.....	141	HUMIRA PEN-PS/UV/ADOL HS		<i>imipramine hcl</i> .....	39
HAEMOLANCE PLUS MAX		START.....	10, 11	<i>imipramine pamoate</i> .....	39
FLOW.....	141	HUMULIN 70/30.....	41	IMLYGIC.....	198
HAEMOLANCE PLUS PEDIATRIC		HUMULIN 70/30 KWIKPEN.....	41	INATAL ADVANCE.....	155
FLOW.....	141	HUMULIN N.....	41	INATAL GT.....	155
HAILEY 24 FE.....	88	HUMULIN N KWIKPEN.....	41	INATAL ULTRA.....	155
HALAVEN.....	197	HUMULIN R.....	41	INCASSIA.....	94
<i>halobetasol propionate</i> .....	105	HUMULIN R U-500		INCRELEX.....	115
HALOG.....	105	(CONCENTRATED).....	41	INCRUSE ELLIPTA.....	30
<i>haloperidol</i> .....	71	HUMULIN R U-500 KWIKPEN.....	41	<i>indapamide</i> .....	110
<i>haloperidol lactate</i> .....	70	HYALGAN.....	197	INDOCIN.....	13
HARVONI.....	132	HYCANTIN.....	68, 197	<i>indomethacin</i> .....	13
HAVRIX.....	187	<i>hydralazine hcl</i> .....	54	<i>indomethacin er</i> .....	13
<i>healthwise lancets 30g</i> .....	141	HYDREA.....	64	INFANRIX.....	181
<i>healthy accents unilet lancets</i> .....	141	<i>hydrochlorothiazide</i> .....	110	INFASURF.....	178
HEALTHY KIDS VITAMIN D3.....	190	<i>hydrocodone-acetaminophen</i> .....	20	INFLECTRA.....	122
HEATHER.....	94	<i>hydrocodone-guaifenesin</i> .....	97	INGREZZA.....	172
<i>h-e-b incontrol lancets 28g</i> .....	141	<i>hydrocodone-homatropine</i> .....	97	INJECTAFER.....	198
<i>h-e-b incontrol lancets 30g</i> .....	141	<i>hydrocodone-ibuprofen</i> .....	20	INLYTA.....	62
HECTOROL.....	115	<i>hydrocortisone</i> .....	25, 96, 105	INSPIRACHAMBER/LARGE.....	149
HELIDAC.....	183	<i>hydrocortisone ace-pramoxine</i> .....	25, 108	INSPIRACHAMBER/MEDIUM.....	149
HELIXATE FS.....	125	<i>hydrocortisone acetate</i> .....	25	INSPIRACHAMBER/MOUTHPIEC	
HEMANGEOL.....	81	<i>hydrocortisone acetate-aloe</i> .....	108	E.....	149
HEMLIBRA.....	48	<i>hydrocortisone acetate-aloe</i> .....	108	INSPIRACHAMBER/SMALL.....	149
HEMMOREX-HC.....	25	<i>hydrocortisone butyrate</i> .....	105	INSPIREASE.....	149
HEMOFIL M.....	125	<i>hydrocortisone valerate</i> .....	105	INSPIREASE RESERVOIR BAGS.....	149
<i>heparin sodium (porcine)</i> .....	32	HYDROGESIC.....	20	<i>insulin syringe</i> .....	147
<i>heparin sodium (porcine) pf</i> .....	32	<i>hydromet</i> .....	97	<i>insulin syringe/needle</i> .....	147
HEPLISAV-B.....	187	<i>hydromorphone hcl</i> .....	21	INSUPEN ULTRAFIN.....	147
HEPSERA.....	75	<i>hydromorphone hcl pf</i> .....	198	INTEGRA F.....	131
HERCEPTIN.....	197	<i>hydroxyzine hcl</i> .....	26	INTELENCE.....	74
HETLIOZ.....	134	<i>hydroxyzine pamoate</i> .....	26	INTRON A.....	64
HEXALEN.....	57	HYMOVIS.....	198	INTROVALE.....	93
HIZENTRA.....	167	HYOMAX-SL.....	182	INVANZ.....	198
<i>hm aspirin</i> .....	17	<i>hyoscyamine sulfate</i> .....	182	INVEGA.....	70
<i>hm aspirin ec</i> .....	17	<i>hyoscyamine sulfate er</i> .....	182	INVELTYS.....	163
<i>hm aspirin ec low dose</i> .....	17	<i>hyosyne</i> .....	182	INVIRASE.....	73
<i>hm lancets micro thin 33g</i> .....	141	HYPERRHO S/D.....	167	INVOKAMET.....	179
<i>hm lancets ultra thin 30g</i> .....	141	HYPERSAL.....	97	INVOKAMET XR.....	179
<i>hm nicotine</i> .....	175	HYQVIA.....	165	INVOKANA.....	43
<i>hm nicotine polacrilex</i> .....	175	HYSINGLA ER.....	21	IODOSORB.....	72
<i>hm vitamin d</i> .....	190	HY-VEE LANCETS.....	141	<i>ipratropium bromide</i> .....	30, 158
<i>hm vitamin d3</i> .....	190	<i>hy-vee thin lancets</i> .....	141	<i>ipratropium-albuterol</i> .....	29
HOMATROPAIRE.....	160	<i>ibandronate sodium</i> .....	111	<i>irbesartan</i> .....	52
HUMALOG.....	41	IBRANCE.....	98	<i>irbesartan-hydrochlorothiazide</i> .....	52
HUMALOG JUNIOR KWIKPEN.....	41	IBUDONE.....	20	IRESSA.....	62
HUMALOG KWIKPEN.....	41	<i>ibuprofen</i> .....	13	<i>irinotecan hcl</i> .....	198
HUMALOG MIX 50/50.....	41	ICLUSIG.....	62	<i>iron supplement childrens</i> .....	132
HUMALOG MIX 50/50 KWIKPEN.....	41	IDAMYCIN PFS.....	198	ISENTRESS.....	73
HUMALOG MIX 75/25.....	41	<i>idarubicin hcl</i> .....	198	ISENTRESS HD.....	73
HUMALOG MIX 75/25 KWIKPEN.....	41	IDELVION.....	125	ISIBLOOM.....	88
		IDHIFA.....	135		

<i>isometheptene-apap-dichloral</i> .....	150	<b>KELNOR 1/35</b> .....	88	<b>LACRISERT</b> .....	160
<i>isoniazid</i> .....	57	<b>KELNOR 1/50</b> .....	89	<i>lactulose</i> .....	135
<i>isosorbide dinitrate</i> .....	26	<b>KENALOG</b> .....	105	<i>lactulose encephalopathy</i> .....	121
<i>isosorbide dinitrate er</i> .....	25	<b>KERAFOAM 42</b> .....	106	<i>lady lite lancets</i> .....	141
<i>isosorbide mononitrate</i> .....	26	<b>KERYDIN</b> .....	165	<b>LAMICTAL</b> .....	34
<i>isosorbide mononitrate er</i> .....	26	<b>KETEK</b> .....	55	<b>LAMICTAL ODT</b> .....	34
<i>isradipine</i> .....	82	<b>KETOCARE</b> .....	109	<b>LAMICTAL XR</b> .....	34
<b>ISTALOL</b> .....	160	<i>ketoconazole</i> .....	47, 106	<b>LAMISIL</b> .....	47
<b>ISTODAX</b> .....	198	<i>ketoprofen</i> .....	13	<i>lancets 28g</i> .....	142
<b>ITCH-X</b> .....	108	<i>ketorolac tromethamine</i> .....	13, 162	<i>lancets 30g</i> .....	142
<i>itraconazole</i> .....	47	<b>KETOSTIX</b> .....	109	<i>lancets micro thin 33g</i> .....	142
<i>ivermectin</i> .....	25	<b>KEVEYIS</b> .....	110	<i>lancets super thin 28g</i> .....	142
<b>IXEMPRA KIT</b> .....	198	<b>KEVZARA</b> .....	12	<i>lancets thin</i> .....	142
<b>IXIARO</b> .....	198	<b>KEYTRUDA</b> .....	198	<b>LANCETS ULTRA FINE</b> .....	142
<b>IXINITY</b> .....	125, 126	<b>KIMIDESS</b> .....	86	<b>LANCETS ULTRA THIN</b> .....	142
<b>JADENU</b> .....	45	<b>KINERET</b> .....	12	<i>lancets ultra thin 30g</i> .....	142
<b>JADENU SPRINKLE</b> .....	45	<i>kinney lancets</i> .....	141	<b>LANOXIN</b> .....	83
<b>JAKAFI</b> .....	65	<i>kinney thin lancets</i> .....	141	<i>lansoprazole</i> .....	183
<b>JALYN</b> .....	123	<b>KINRIX</b> .....	181	<i>lanthanum carbonate</i> .....	122
<b>JANTOVEN</b> .....	32	<b>KIONEX</b> .....	80, 170	<b>LANTUS</b> .....	42
<b>JANUMET</b> .....	40	<b>KISQALI 200 DOSE</b> .....	98	<b>LANTUS SOLOSTAR</b> .....	41
<b>JANUMET XR</b> .....	40	<b>KISQALI 400 DOSE</b> .....	98	<b>LARIN 1.5/30</b> .....	89
<b>JANUVIA</b> .....	40	<b>KISQALI 600 DOSE</b> .....	98	<b>LARIN 1/20</b> .....	89
<b>JARDIANCE</b> .....	43	<b>KITABIS PAK</b> .....	9	<b>LARIN 24 FE</b> .....	89
<b>JENCYCLA</b> .....	94	<b>KLOR-CON</b> .....	152, 153	<b>LARIN FE 1.5/30</b> .....	89
<b>JENTADUETO</b> .....	40	<b>KLOR-CON 10</b> .....	152	<b>LARIN FE 1/20</b> .....	89
<b>JENTADUETO XR</b> .....	40	<b>KLOR-CON M10</b> .....	152	<b>LARISSIA</b> .....	89
<i>jevantique lo</i> .....	118	<b>KLOR-CON M15</b> .....	152	<b>LARTRUVO</b> .....	60
<b>JEVTANA</b> .....	198	<b>KLOR-CON M20</b> .....	152	<b>LASTACAPT</b> .....	161
<b>JIVI</b> .....	126	<b>KLOR-CON/EF</b> .....	153	<i>latanoprost</i> .....	164
<i>johnson grass</i> .....	198	<i>kls aspirin ec</i> .....	17	<b>LATUDA</b> .....	70
<b>JOLESSA</b> .....	93	<i>kls aspirin low dose</i> .....	17	<b>LAYOLIS FE</b> .....	89
<b>JOLIVETTE</b> .....	94	<b>KLS QUIT2</b> .....	175	<b>LAZANDA</b> .....	21
<b>JUBLIA</b> .....	106	<b>KLS QUIT4</b> .....	175	<b>LEENA</b> .....	95
<b>JULEBER</b> .....	88	<b>KOATE-DVI</b> .....	126	<b>LEMTRADA</b> .....	173
<b>JULUCA</b> .....	72	<b>KOGENATE FS</b> .....	126	<b>LENVIMA 10 MG DAILY DOSE</b> .....	62
<b>JUNEL 1.5/30</b> .....	88	<b>KOGENATE FS BIO-SET</b> .....	126	<b>LENVIMA 14 MG DAILY DOSE</b> .....	62
<b>JUNEL 1/20</b> .....	88	<b>KOMBIGLYZE XR</b> .....	40	<b>LENVIMA 18 MG DAILY DOSE</b> .....	62
<b>JUNEL FE 1.5/30</b> .....	88	<b>KORLYM</b> .....	43	<b>LENVIMA 20 MG DAILY DOSE</b> .....	62
<b>JUNEL FE 1/20</b> .....	88	<b>KOVALTRY</b> .....	126	<b>LENVIMA 24 MG DAILY DOSE</b> .....	62
<b>JUNEL FE 24</b> .....	88	<i>kp aspirin</i> .....	17	<b>LENVIMA 8 MG DAILY DOSE</b> .....	63
<b>JUXTAPID</b> .....	51	<i>kp vitamin d</i> .....	190	<b>LESCOL XL</b> .....	50
<b>JYNARQUE</b> .....	116	<b>K-PHOS</b> .....	152	<b>LESSINA</b> .....	89
<b>KADCYLA</b> .....	198	<b>K-PRIME</b> .....	153	<b>LETAIRIS</b> .....	84
<b>KADIAN</b> .....	21	<b>KRISTALOSE</b> .....	135	<i>leucovorin calcium</i> .....	65
<b>KAITLIB FE</b> .....	88	<i>kroger lancets</i> .....	141	<b>LEUKERAN</b> .....	67
<b>KALBITOR</b> .....	128	<i>kroger lancets 21g</i> .....	141	<b>LEUKINE</b> .....	131
<b>KALETRA</b> .....	72	<i>kroger lancets micro thin 33g</i> .....	141	<i>leuprolide acetate</i> .....	66
<b>KALYDECO</b> .....	177, 178	<i>kroger lancets super thin</i> .....	141	<i>levabuterol hcl</i> .....	29
<i>kanamycin sulfate</i> .....	198	<i>kroger lancets thin</i> .....	141	<b>LEVATOL</b> .....	81
<b>KANUMA</b> .....	198	<i>kroger lancets thin 26g</i> .....	141	<b>LEVEMIR</b> .....	42
<b>KAPSPARGO SPRINKLE</b> .....	80	<i>kroger lancets ultrathin 30g</i> .....	141	<b>LEVEMIR FLEXTOUCH</b> .....	42
<b>KARBINAL ER</b> .....	48	<b>KRYSTEXXA</b> .....	124	<i>levetiracetam</i> .....	34
<b>KARIDIUM</b> .....	152	<b>K-TAB</b> .....	153	<i>levetiracetam er</i> .....	34
<b>KARIGEL</b> .....	154	<b>KURVELO</b> .....	89	<i>levobunolol hcl</i> .....	160
<b>KARIGEL-N</b> .....	154	<b>KUVAN</b> .....	116	<i>levocetirizine dihydrochloride</i> .....	48
<b>KARIVA</b> .....	86	<i>k-vescent</i> .....	153	<i>levofloxacin</i> .....	120, 161
<b>KAYEXALATE</b> .....	80, 170	<b>KYPROLIS</b> .....	60	<b>LEVONEST</b> .....	95
<b>KCENTRA</b> .....	126	<i>labetalol hcl</i> .....	80	<i>levonorgestrel-ethinyl estrad</i> .....	89, 92

<i>levonorg-eth estrad triphasic</i> .....	95	<b>LOTROXEX</b> .....	120	<b>MEDLANCE PLUS LANCETS</b> .....	142
<b>LEVORA 0.15/30 (28)</b> .....	89	<i>lovastatin</i> .....	50	<b>MEDLANCE PLUS LITE 25G</b> .....	142
<i>levorphanol tartrate</i> .....	21	<b>LOVENOX</b> .....	33	<b>MEDLANCE PLUS SPECIAL</b>	
<b>LEVO-T</b> .....	180	<b>LOW-OGESTREL</b> .....	89	<b>0.8MM</b> .....	142
<i>levothyroxine-liothyronine</i> .....	180	<i>loxapine succinate</i> .....	71	<b>MEDLANCE PLUS SUPERLITE</b>	
<b>LEVOXYL</b> .....	180	<b>LOZI-FLUR</b> .....	152	<b>30G</b> .....	142
<b>LEXAPRO</b> .....	38	<b>LUCEMYRA</b> .....	9	<b>MEDLANCE PLUS UNIVERSAL</b>	
<b>LEXIVA</b> .....	73	<b>LUCENTIS</b> .....	164	<b>21G</b> .....	142
<i>lexuss 210</i> .....	98	<b>LUDENT</b> .....	152	<b>MEDLANCE UNIVERSAL 21G</b> .....	142
<b>LIALDA</b> .....	121	<b>LUFYLLIN</b> .....	32	<b>MEDROL</b> .....	96
<b>LIDAZONE HC</b> .....	25	<b>LUMIGAN</b> .....	164	<i>medroxyprogesterone acetate</i> .....	93, 170
<i>lidocaine</i> .....	107	<b>LUMIZYME</b> .....	112	<i>mefloquine hcl</i> .....	55
<i>lidocaine viscous</i> .....	153	<b>LUPRON DEPOT (1-MONTH)</b> .....	66	<b>MEGACE ES</b> .....	170
<i>lidocaine-prilocaine</i> .....	108	<b>LUPRON DEPOT (3-MONTH)</b> .....	66	<b>MEGACE ORAL</b> .....	67
<b>LIDODERM</b> .....	107	<b>LUPRON DEPOT (4-MONTH)</b> .....	66	<i>megestrol acetate</i> .....	67, 170
<b>LIFESCAN UNISTIK 2</b> .....	142	<b>LUPRON DEPOT (6-MONTH)</b> .....	66	<i>meijer aspirin ec</i> .....	17
<b>LIFESCAN UNISTIK II LANCETS</b> .....	142	<b>LUPRON DEPOT-PED (1-</b>		<b>MEIJER LANCETS</b> .....	142
<b>LILLOW</b> .....	89	<b>MONTH)</b> .....	115	<b>MEIJER LANCETS THIN</b> .....	142
<b>LINCOCIN</b> .....	198	<b>LUPRON DEPOT-PED (3-</b>		<b>MEIJER LANCETS UNIVERSAL</b>	
<i>lindane</i> .....	108	<b>MONTH)</b> .....	115	<b>21G</b> .....	142
<i>linezolid</i> .....	55	<b>LURIDE</b> .....	152	<b>MEIJER LANCETS UNIVERSAL</b>	
<b>LINZESS</b> .....	120	<i>lusair</i> .....	97	<b>30G</b> .....	142
<b>LIPODOX</b> .....	198	<b>LUTERA</b> .....	89	<b>MEIJER LANCETS UNIVERSAL</b>	
<b>LIPODOX 50</b> .....	198	<b>LUVOX CR</b> .....	38	<b>33G</b> .....	142
<b>LIPOFEN</b> .....	49	<b>LUXIQ</b> .....	105	<b>MEIJER SUPER THIN LANCETS</b> .....	143
<i>lisinopril</i> .....	51	<b>LYNPARZA</b> .....	169	<b>MEKINIST</b> .....	60
<i>lisinopril-hydrochlorothiazide</i> .....	51	<b>LYRICA</b> .....	34	<b>MEKTOVI</b> .....	60
<i>lite touch lancets</i> .....	142	<b>LYSODREN</b> .....	58	<b>MELODETTA 24 FE</b> .....	89
<b>LITEAIRE</b> .....	149	<b>LYSTEDA</b> .....	132	<i>meloxicam</i> .....	13
<b>LITETOUCH LANCETS</b> .....	142	<b>LYZA</b> .....	94	<i>melfalan hcl</i> .....	199
<i>lithium</i> .....	70	<b>MACNATAL CN DHA</b> .....	157	<i>memantine hcl</i> .....	174
<i>lithium carbonate</i> .....	70	<b>MACUGEN</b> .....	164	<i>memantine hcl er</i> .....	174
<i>lithium carbonate er</i> .....	70	<i>major comfort lancets</i> .....	142	<b>MENACTRA</b> .....	185
<b>LIVALO</b> .....	50	<b>MAKENA</b> .....	170	<b>M-END PE</b> .....	98
<i>live better lancet super thin</i> .....	142	<b>MALARONE</b> .....	55	<b>MENEST</b> .....	119
<i>live better lancet ultra thin</i> .....	142	<i>malathion</i> .....	108	<b>MENOMUNE</b> .....	185
<b>LO LOESTRIN FE</b> .....	86	<i>maprotiline hcl</i> .....	37	<b>MENOSTAR</b> .....	119
<b>LOESTRIN 1.5/30 (21)</b> .....	89	<b>MARCAINE/EPINEPHRINE PF</b> .....	136	<b>MENTAX</b> .....	101
<b>LOFIBRA</b> .....	49	<b>MARINOL</b> .....	46	<b>MENVEO</b> .....	185
<b>LOKELMA</b> .....	80	<b>MARPLAN</b> .....	37	<i>meperidine hcl</i> .....	21
<b>LOMEDIA 24 FE</b> .....	89	<b>MARQIBO</b> .....	198	<i>meperitab</i> .....	21
<b>LOMOTIL</b> .....	44	<i>marten-tab</i> .....	14	<i>meprobamate</i> .....	26
<i>longs lancets standard</i> .....	142	<b>MASK VORTEX</b> .....	149	<i>mercaptapurine</i> .....	58
<i>longs lancets thin</i> .....	142	<b>MATULANE</b> .....	64	<i>meropenem</i> .....	199
<i>longs lancets ultra thin</i> .....	142	<b>MAVYRET</b> .....	132	<i>mesalamine</i> .....	121
<b>LONHALA MAGNAIR REFILL KIT</b> .....	30	<b>MAXIDEX</b> .....	164	<i>mesalamine-cleanser</i> .....	121
<b>LONHALA MAGNAIR STARTER</b>		<b>MAXIMUM D3</b> .....	190	<b>MESNEX</b> .....	68
<b>KIT</b> .....	30	<i>meclizine hcl</i> .....	46	<b>MESTINON</b> .....	56
<b>LONSURF</b> .....	64	<i>meclofenamate sodium</i> .....	13	<b>METADATE ER</b> .....	8
<i>loperamide hcl</i> .....	44	<i>medichoic safety lancet</i> .....	142	<i>metaproterenol sulfate</i> .....	29
<i>lopinavir-ritonavir</i> .....	72	<i>medichoic safety lancet extra</i> .....	142	<b>METASTRON</b> .....	199
<i>lorazepam</i> .....	27	<i>medichoic safety lancet norm</i> .....	142	<i>metaxalone</i> .....	158
<b>LORAZEPAM INTENSOL</b> .....	27	<i>medicine shoppe lancets</i> .....	142	<i>metformin hcl</i> .....	40
<b>LORBRENA</b> .....	63	<i>medicine shoppe lancets thin</i> .....	142	<i>metformin hcl er</i> .....	40
<b>LORYNA</b> .....	89	<i>medi-lance lancets</i> .....	142	<i>metformin hcl er (mod)</i> .....	40
<i>losartan potassium</i> .....	52	<b>MEDISENSE THIN LANCETS</b> .....	142	<i>metformin hcl er (osm)</i> .....	40
<i>losartan potassium-hctz</i> .....	52	<b>MEDLANCE EXTRA 21G</b> .....	142	<i>methadone hcl</i> .....	21, 22
<b>LOTEMAX</b> .....	163, 164	<b>MEDLANCE LITE 25G</b> .....	142	<b>METHADONE HCL INTENSOL</b> .....	21
<b>LOTRISONE</b> .....	101	<b>MEDLANCE PLUS EXTRA 21G</b> .....	142	<b>METHADOSE</b> .....	22



<b>METHADOSE SUGAR-FREE</b> .....	22	<b>MINIVELLE</b> .....	119	<b>MYFORTIC</b> .....	79
<i>methamphetamine hcl</i> .....	7	<b>MINOCIN</b> .....	179	<b>MYGLUCOHEALTH LANCETS</b>	
<i>methazolamide</i> .....	110	<i>minocycline hcl</i> .....	179	<b>30G</b> .....	143
<i>methenamine hippurate</i> .....	184	<i>minoxidil</i> .....	54	<b>MYLERAN</b> .....	57
<i>methenamine mandelate</i> .....	184	<b>MIRAPEX ER</b> .....	69	<b>MYLOTARG</b> .....	64
<b>METHERGINE</b> .....	165	<b>MIRCERA</b> .....	130	<b>MYNATAL</b> .....	155
<i>methitest</i> .....	24	<i>mirtazapine</i> .....	36	<b>MYNATAL ADVANCE</b> .....	155
<i>methocarbamol</i> .....	158	<b>MIRVASO</b> .....	107	<b>MYOBLOC</b> .....	160
<i>methotrexate</i> .....	58	<i>misoprostol</i> .....	183	<b>MYORISAN</b> .....	100
<i>methotrexate sodium</i> .....	58, 199	<i>mite (d. farinae)</i> .....	199	<b>MYOZYME</b> .....	112
<i>methotrexate sodium (pf)</i> .....	58	<i>mite (d. pteronyssinus)</i> .....	199	<b>MYRBETRIQ</b> .....	184, 185
<i>methoxsalen rapid</i> .....	102	<i>mitomycin</i> .....	199	<b>MYTESI</b> .....	44
<i>methscopolamine bromide</i> .....	183	<i>mitoxantrone hcl</i> .....	63	<b>MYZILRA</b> .....	95
<i>methyclothiazide</i> .....	110	<i>mixed ragweed</i> .....	199	<i>nabumetone</i> .....	13
<i>methyl dopa</i> .....	53	<i>mm aspirin</i> .....	17	<i>nadolol</i> .....	81
<i>methyl dopate hcl</i> .....	199	<b>M-M-R II</b> .....	186	<i>nafcillin sodium</i> .....	199
<i>methylphenidate hcl</i> .....	8, 9	<i>m-natal plus</i> .....	155	<b>NAFRINSE</b> .....	152
<i>methylphenidate hcl er</i> .....	8	<i>modafinil</i> .....	9	<b>NAFRINSE DAILY/NEUTRAL</b> .....	154
<i>methylphenidate hcl er (cd)</i> .....	8	<b>MODERIBA</b> .....	76	<b>NAFRINSE DROPS</b> .....	152
<i>methylphenidate hcl er (la)</i> .....	8	<b>MODERIBA 1200 DOSE PACK</b> .....	76	<i>naftifine hcl</i> .....	101
<i>methylprednisolone</i> .....	96	<b>MODERIBA 800 DOSE PACK</b> .....	76	<b>NAFTIN</b> .....	101
<i>methylprednisolone (pak)</i> .....	96	<b>MODICON (28)</b> .....	90	<b>NAGLAZYME</b> .....	116
<i>methyltestosterone</i> .....	24	<i>moexipril hcl</i> .....	52	<i>naloxone hcl</i> .....	45, 199
<i>metipranolol</i> .....	160	<i>moexipril-hydrochlorothiazide</i> .....	51	<i>naltrexone hcl</i> .....	45
<i>metoclopramide hcl</i> .....	120	<i>mometasone furoate</i> .....	105	<b>NAMENDA</b> .....	174
<i>metolazone</i> .....	110	<b>MONDOXYNE NL</b> .....	180	<b>NAMENDA TITRATION PAK</b> .....	174
<i>metoprolol succinate er</i> .....	80	<b>MONOCLATE-P</b> .....	126	<b>NAMENDA XR TITRATION PAK</b> .....	174
<i>metoprolol tartrate</i> .....	80	<b>MONOLET LANCETS</b> .....	143	<i>naphazoline hcl</i> .....	162
<i>metoprolol-hydrochlorothiazide</i> .....	53	<b>MONOLET OPD LANCETS</b> .....	143	<i>naproxen</i> .....	13
<b>METZOZLV ODT</b> .....	120	<b>MONOLETTOR SAFETY</b>		<i>naproxen sodium</i> .....	13
<i>metronidazole</i> .....	54, 107	<b>LANCETS</b> .....	143	<i>naratriptan hcl</i> .....	151
<b>METVIXIA</b> .....	107	<b>MONO-LINYAH</b> .....	90	<b>NARCAN</b> .....	45
<i>mexiletine hcl</i> .....	27	<b>MONONESSA</b> .....	90	<b>NARDIL</b> .....	37
<b>MIACALCIN</b> .....	112	<b>MONONINE</b> .....	126	<b>NASCOBAL</b> .....	129
<b>MIBELAS 24 FE</b> .....	90	<i>montelukast sodium</i> .....	30, 31	<b>NATACYN</b> .....	161
<b>MICARDIS</b> .....	53	<b>MONUROL</b> .....	184	<b>NATALVIRT 90 DHA</b> .....	157
<i>miconazole</i> .....	47	<b>MORGIDOX</b> .....	180	<b>NATALVIRT CA</b> .....	157
<b>MICRHOGAM ULTRA-FILTERED</b>		<i>morphine sulfate</i> .....	22	<b>NATAZIA</b> .....	93
<b>PLUS</b> .....	167	<i>morphine sulfate (concentrate)</i> .....	22	<i>nateglinide</i> .....	43
<b>MICROCHAMBER</b> .....	149	<i>morphine sulfate er</i> .....	22	<b>NATELLE ONE</b> .....	155
<b>MICROGESTIN 1.5/30</b> .....	90	<i>morphine sulfate er beads</i> .....	22	<b>NATPARA</b> .....	199
<b>MICROGESTIN 1/20</b> .....	90	<b>MOTOFEN</b> .....	44	<b>NATROBA</b> .....	108
<b>MICROGESTIN 24 FE</b> .....	90	<i>mountain cedar</i> .....	199	<b>NATURE-THROID</b> .....	180
<b>MICROGESTIN FE 1.5/30</b> .....	90	<b>MOVANTIK</b> .....	121	<b>NAVELBINE</b> .....	199
<b>MICROGESTIN FE 1/20</b> .....	90	<b>MOVIPREP</b> .....	135	<b>NEBUPENT</b> .....	54
<b>MICROLET LANCETS</b> .....	143	<b>MOXATAG</b> .....	168	<b>NECON 0.5/35 (28)</b> .....	90
<i>micronized colestipol hcl</i> .....	49	<b>MOXEZA</b> .....	161	<b>NECON 1/35 (28)</b> .....	90
<b>MICROSPACER</b> .....	149	<b>MOZOBIL</b> .....	129	<b>NECON 1/50 (28)</b> .....	90
<b>MICROTAINER SAFETY FLOW</b>		<b>MULPLETA</b> .....	132	<b>NECON 10/11 (28)</b> .....	86
<b>LANCET</b> .....	143	<b>MULTAQ</b> .....	28	<b>NECON 7/7/7</b> .....	95
<i>midazolam hcl</i> .....	133	<i>mupirocin</i> .....	100	<i>nefazodone hcl</i> .....	37, 178
<i>midodrine hcl</i> .....	188	<b>MUSTARGEN</b> .....	199	<b>NEOFRIN</b> .....	162
<b>MIGERGOT</b> .....	150	<b>M-VIT</b> .....	155	<i>neomycin sulfate</i> .....	9
<b>MIGRANAL</b> .....	150	<b>MY CHOICE</b> .....	92	<i>neomycin-polymyxin-dexameth</i> .....	163
<b>MILLIPRED</b> .....	96	<b>MY WAY</b> .....	92	<i>neomycin-polymyxin-gramicidin</i> .....	161
<b>MIMVEY</b> .....	118	<b>MYALEPT</b> .....	136	<i>neomycin-polymyxin-hc</i> .....	163, 165
<b>MIMVEY LO</b> .....	118	<b>MYAMBUTOL</b> .....	57	<b>NEO-POLYCIN</b> .....	161
<b>MINIMED 530G INSULIN PUMP</b> ...	199	<b>MYCAMINE</b> .....	199	<b>NEORAL</b> .....	79
<b>MINIPRIN LOW DOSE</b> .....	17	<b>MYDRIACYL</b> .....	160	<i>neostigmine methylsulfate</i> .....	56, 199

NEPTAZANE.....	110	NIZORAL.....	107	NUWIQ.....	126, 127
NERLYNX.....	63	NOCDURNA.....	118	NYAMYC.....	101
NESINA.....	40	NOCTIVA.....	118	<i>nystatin</i> .....	47, 101, 153
NESSI SPACER WITH MASK		NOLIX.....	105	<i>nystatin-triamcinolone</i> .....	101
LARGE.....	149	NORA-BE.....	94	NYSTOP.....	101
NESSI SPACER WITH MASK		NORDITROPIN FLEXPRO.....	113	OB COMPLETE.....	155
SM/MED.....	149	NORDITROPIN NORDIFLEX PEN.....	113	OB COMPLETE ONE.....	155
NESSI SPACER WITH		<i>norethindrone acetate</i> .....	170	OB COMPLETE PETITE.....	155
MOUTHPIECE.....	149	<i>norethindrone acet-ethinyl est</i> .....	90	OB COMPLETE/DHA.....	155
NETGROUP LANCETS.....	143	<i>norethin-eth estradiol-fe</i> .....	90	<i>obizur</i> .....	127
NEULASTA.....	131	NORINYL 1+50 (28).....	90	OB-NATAL ONE.....	155
NEULASTA DELIVERY KIT.....	130	NORITATE.....	107	O-CAL FA.....	155
NEULASTA ONPRO.....	130	NORLYDA.....	94	OCALIVA.....	119
NEUMEGA.....	131	NORLYROC.....	94	OCELLA.....	91
NEUPOGEN.....	131	NOROXIN.....	120	OCREVUS.....	173
NEUPRO.....	69	NORPACE CR.....	27	OCTAGAM.....	167
NEUTRAGARD ADVANCED.....	154	NORTHERA.....	159	<i>octreotide acetate</i> .....	117
NEUTRASAL.....	153	NORTREL 0.5/35 (28).....	90	ODACTRA.....	153
NEVANAC.....	162	NORTREL 1/35 (21).....	90	ODEFSEY.....	72
<i>nevirapine er</i> .....	74	NORTREL 1/35 (28).....	91	ODOMZO.....	59
NEXA PLUS.....	157	NORTREL 7/7/7.....	95	OFEV.....	177
NEXAVAR.....	60	<i>nortriptyline hcl</i> .....	39	<i>ofloxacin</i> .....	120, 161, 165
NEXT CHOICE ONE DOSE.....	92	NORVIR.....	73	OGESTREL.....	91
<i>niacin er (antihyperlipidemic)</i> .....	51	NORWICH ASPIRIN.....	17	OKEBO.....	180
NIASPAN.....	51	NOVA SAFETY LANCETS 23G.....	143	<i>olanzapine</i> .....	72
<i>nicardipine hcl</i> .....	82	NOVA SAFETY LANCETS 28G.....	143	<i>olanzapine-fluoxetine hcl</i> .....	176, 177
NICODERM CQ.....	175	NOVA SUREFLEX LANCETS.....	143	<i>olmesartan medoxomil</i> .....	53
NICORELIEF.....	175	NOVAREL.....	199	<i>olmesartan medoxomil-hctz</i> .....	52
NICORETTE.....	175	NOVOEIGHT.....	126	<i>olmesartan-amlodipine-hctz</i> .....	53
NICORETTE MINI.....	175	NOVOLIN 70/30.....	42	<i>olopatadine hcl</i> .....	161
NICORETTE STARTER KIT.....	175	NOVOLIN 70/30 FLEXPEN.....	42	OLUMIANT.....	9
<i>nicotine</i> .....	176	NOVOLIN 70/30 FLEXPEN		OLUX.....	106
<i>nicotine step 1</i> .....	175	RELION.....	42	OLUX-E.....	106
<i>nicotine step 2</i> .....	176	NOVOLIN 70/30 RELION.....	42	OLYSIO.....	76
<i>nicotine step 3</i> .....	176	NOVOLIN N.....	42	<i>omega-3-acid ethyl esters</i> .....	49
NICOTROL.....	176	NOVOLIN N RELION.....	42	<i>omeprazole</i> .....	183
NICOTROL NS.....	176	NOVOLIN R.....	42	OMEPRAZOLE+SYRSPEND SF	
NIFEDIAC CC.....	82	NOVOLIN R RELION.....	42	ALKA.....	183
NIFEDICAL XL.....	82	NOVOLOG.....	42	OMNIFLEX DIAPHRAGM.....	137
<i>nifedipine</i> .....	82	NOVOLOG FLEXPEN.....	42	OMNIPRED.....	164
<i>nifedipine er osmotic release</i> .....	82	NOVOLOG MIX 70/30.....	42	OMNITROPE.....	114
NIKKI.....	90	NOVOLOG MIX 70/30 FLEXPEN.....	42	ON CALL LANCETS.....	143
NILANDRON.....	58	NOVOLOG PENFILL.....	42	ON CALL PLUS LANCETS.....	143
<i>nimodipine</i> .....	82	NOVOSEVEN RT.....	126	ONCASPAR.....	199
NINLARO.....	61	NOXAFIL.....	47	<i>ondansetron</i> .....	46
NIPENT.....	199	NPLATE.....	132	<i>ondansetron hcl</i> .....	46
<i>nisoldipine er</i> .....	82, 83	NUCALA.....	134	ONETOUCH CLUB LANCETS	
NITRO-BID.....	26	NUCYNTA.....	22	FINE PT.....	143
NITRO-DUR.....	26	NUCYNTA ER.....	22	ONETOUCH COMBO PACK.....	143
<i>nitrofurantoin</i> .....	184	NUDEXTA.....	174	ONETOUCH DELICA LANCETS	
<i>nitrofurantoin macrocrystal</i> .....	184	NULOJIX.....	80	33G.....	143
<i>nitrofurantoin monohyd macro</i> .....	184	NULYTELY WITH FLAVOR		ONETOUCH DELICA LANCETS	
<i>nitroglycerin</i> .....	26	PACKS.....	135	FINE.....	143
NITROLINGUAL.....	26	NUTROPIN AQ.....	113	ONETOUCH FINEPOINT	
NITRO-TIME.....	26	NUTROPIN AQ NUSPIN 10.....	113	LANCETS.....	143
NITYR.....	114	NUTROPIN AQ NUSPIN 20.....	113	ONETOUCH LANCETS.....	143
NIVA-PLUS.....	155	NUTROPIN AQ NUSPIN 5.....	113	ONETOUCH TEST.....	109
NIVESTYM.....	131	NUTROPIN AQ PEN.....	113	ONETOUCH ULTRA BLUE.....	109
<i>nizatidine</i> .....	183	NUVARING.....	92		

<b>ONETOUCH ULTRASOFT</b>		<i>oscimin sr</i> .....	182	<b>PEGASYS PROCLICK</b> .....	76
<b>LANCETS</b> .....	143	<i>oseltamivir phosphate</i> .....	78	<b>PEGINTRON</b> .....	76
<b>ONETOUCH VERIO</b> .....	109	<b>OSMOLEX ER</b> .....	68	<b>PEG-INTRON</b> .....	77
<b>ONFI</b> .....	33	<b>OSMOPREP</b> .....	135	<b>PEG-INTRON REDIPEN</b> .....	76
<b>ONGLYZA</b> .....	40	<b>OSPHERA</b> .....	116	<b>PEG-INTRON REDIPEN PAK 4</b> .....	76
<b>ONIVYDE</b> .....	199	<b>OTEZLA</b> .....	169	<b>PEG-PREP</b> .....	135
<b>ONMEL</b> .....	47	<b>OTIPRIO</b> .....	199	<i>pen needles</i> .....	147
<b>ONSOLIS</b> .....	22	<b>OTREXUP</b> .....	10	<i>pen needles 1/2"</i> .....	147
<b>OPANA</b> .....	22	<b>OVACE PLUS WASH</b> .....	103	<i>penicillin g pot in dextrose</i> .....	200
<b>OPANA ER</b> .....	22	<b>OVIDE</b> .....	108	<i>penicillin g potassium</i> .....	200
<b>OPCICON ONE-STEP</b> .....	92	<i>oxacillin sodium</i> .....	199	<i>penicillin g procaine</i> .....	200
<b>OPDIVO</b> .....	199	<i>oxaliplatin</i> .....	199, 200	<i>penicillin g sodium</i> .....	200
<i>opium</i> .....	44	<i>oxandrolone</i> .....	24	<i>penicillin v potassium</i> .....	168
<b>OPSUMIT</b> .....	84	<i>oxaprozin</i> .....	13	<b>PENLAC</b> .....	101
<b>OPTICAMBER ADVANTAGE</b> ....	149	<b>OXAYDO</b> .....	22	<b>PENNSAID</b> .....	101
<b>OPTICAMBER ADVANTAGE-LG</b>		<i>oxazepam</i> .....	27	<b>PENTAM</b> .....	200
<b>MASK</b> .....	149	<i>oxcarbazepine</i> .....	34	<b>PENTASA</b> .....	121
<b>OPTICAMBER ADVANTAGE-</b>		<b>OXERVATE</b> .....	165	<i>pentazocine-acetaminophen</i> .....	24
<b>MED MASK</b> .....	149	<i>oxiconazole nitrate</i> .....	107	<i>pentazocine-naloxone hcl</i> .....	24
<b>OPTICAMBER ADVANTAGE-</b>		<b>OXISTAT</b> .....	107	<i>pentoxifylline er</i> .....	128
<b>SM MASK</b> .....	149	<i>oxybutynin chloride</i> .....	184, 185	<b>PERFECT LANCETS 28G</b> .....	143
<b>OPTICAMBER DIAMOND</b> .....	149	<i>oxybutynin chloride er</i> .....	185	<b>PERFECT LANCETS 30G</b> .....	143
<b>OPTICAMBER DIAMOND-LG</b>		<i>oxycodone hcl</i> .....	22, 23	<b>PERFOROMIST</b> .....	29
<b>MASK</b> .....	149	<i>oxycodone-acetaminophen</i> .....	23	<i>perindopril erbumine</i> .....	52
<b>OPTICAMBER DIAMOND-MD</b>		<i>oxycodone-aspirin</i> .....	23	<b>PERIOGARD</b> .....	153
<b>MASK</b> .....	149	<i>oxycodone-ibuprofen</i> .....	23	<b>PERJETA</b> .....	200
<b>OPTICAMBER DIAMOND-SM</b>		<b>OXYCONTIN</b> .....	23	<i>permethrin</i> .....	108
<b>MASK</b> .....	150	<i>oxymorphone hcl er</i> .....	23	<i>perphenazine</i> .....	71
<b>OPTICAMBER FACE MASK-</b>		<b>OZEMPIC</b> .....	43	<i>perphenazine-amitriptyline</i> .....	174
<b>LARGE</b> .....	150	<i>pa vitamin d-3</i> .....	190	<b>PERTZYE</b> .....	109
<b>OPTICAMBER FACE MASK-</b>		<i>pa vitamin d-3 gummy</i> .....	190	<b>PHARMACIST CHOICE</b>	
<b>MEDIUM</b> .....	150	<b>PACERONE</b> .....	28	<b>LANCETS</b> .....	143
<b>OPTICAMBER FACE MASK-</b>		<i>paclitaxel</i> .....	200	<b>PHARMACY COUNTER</b>	
<b>SMALL</b> .....	150	<i>paliperidone er</i> .....	70	<b>LANCETS</b> .....	143
<b>OPTIHALER</b> .....	150	<b>PALYNZIQ</b> .....	116	<b>PHENADOZ</b> .....	48
<b>OPTIMAL-D</b> .....	190	<i>pamidronate disodium</i> .....	111	<b>PHENAZO</b> .....	123
<b>OPTION 2</b> .....	93	<b>PAMINE FORTE</b> .....	183	<i>phendimetrazine tartrate</i> .....	8
<b>OPTIONS CONCEPTROL</b> .....	188	<b>PANCREAZE</b> .....	109	<i>phenelzine sulfate</i> .....	37
<b>OPTIONS GYNOL II</b>		<b>PANDA MASK LARGE</b> .....	150	<b>PHENERGAN</b> .....	48
<b>CONTRACEPTIVE</b> .....	188	<b>PANDA MASK MEDIUM</b> .....	150	<i>phenobarbital</i> .....	133
<b>OPTIVAR</b> .....	161	<b>PANDA MASK SMALL</b> .....	150	<i>phenobarbital-belladonna alk</i> .....	182
<b>ORALAIR</b> .....	153	<b>PANRETIN</b> .....	102	<b>PHENOHYTRO</b> .....	182
<b>ORALONE</b> .....	155	<i>pantoprazole sodium</i> .....	183	<i>phentermine hcl</i> .....	8
<b>ORAP</b> .....	174	<i>paricalcitol</i> .....	115	<b>PHENYTEK</b> .....	35
<b>ORAPRED</b> .....	97	<b>PARNATE</b> .....	37	<i>phenytoin</i> .....	35
<b>ORAPRED ODT</b> .....	96	<i>paromomycin sulfate</i> .....	9	<b>PHILITH</b> .....	91
<b>ORENCIA</b> .....	14	<i>paroxetine hcl</i> .....	38	<b>PHOS-FLUR</b> .....	154
<b>ORENCIA CLICKJECT</b> .....	14	<i>paroxetine hcl er</i> .....	38	<b>PHOSPHA 250 NEUTRAL</b> .....	152
<b>ORENITRAM</b> .....	83	<b>PASER</b> .....	57	<b>PHOSPHASAL</b> .....	184
<b>ORFADIN</b> .....	114	<b>PATANASE</b> .....	159	<b>PHOSPHOLINE IODIDE</b> .....	160
<b>ORILISSA</b> .....	113	<b>PAXIL</b> .....	38	<b>PHOTOFRIN</b> .....	200
<b>ORKAMBI</b> .....	99	<i>pc lancets super thin 30g</i> .....	143	<b>PHRENILIN FORTE</b> .....	14
<i>orphenadrine citrate er</i> .....	158	<b>PCP 100</b> .....	135	<b>PHYSIOLYTE</b> .....	200
<i>orphenadrine-aspirin-caffeine</i> .....	158	<b>PEDIADERM AF COMPLETE</b> .....	101	<b>PHYSIOSOL IRRIGATION</b> .....	200
<b>ORSYTHIA</b> .....	91	<b>PEDIARIX</b> .....	181	<i>phytonadione</i> .....	191
<b>ORTHO DIAPHRAGM COIL</b> .....	137	<b>PEDIATEX TD</b> .....	97	<b>PICATO</b> .....	102
<b>ORTHO DIAPHRAGM FLAT</b> .....	137	<b>PEDIATRIC PANDA MASK</b> .....	150	<b>PIFELTRO</b> .....	74
<b>ORTHO EVRA</b> .....	92	<b>PEGANONE</b> .....	35	<i>pilocarpine hcl</i> .....	155, 160
<i>oscimin</i> .....	182	<b>PEGASYS</b> .....	76	<i>pimecrolimus</i> .....	107

<i>pimozide</i> .....	174	<b>PRED-G</b> .....	163	<i>prochlorperazine</i> .....	71
<b>PIMTREA</b> .....	86	<b>PRED-G S.O.P.</b> .....	163	<i>prochlorperazine maleate</i> .....	71
<i>pindolol</i> .....	81	<i>prednicarbate</i> .....	106	<b>PROCRIT</b> .....	130
<i>pioglitazone hcl</i> .....	44	<i>prednisolone</i> .....	97	<b>PROCTOFOAM HC</b> .....	25
<i>pioglitazone hcl-glimepiride</i> .....	44	<i>prednisolone sodium phosphate</i>	97, 164	<b>PROCTOSOL HC</b> .....	25
<i>pioglitazone hcl-metformin hcl</i> .....	44	<i>prednisone</i> .....	97	<b>PROCTOZONE-HC</b> .....	25
<i>piperacillin sod-tazobactam so</i> .....	200	<i>prednisone (pak)</i> .....	97	<b>PROCYSBI</b> .....	123
<b>PIRMELLA 1/35</b> .....	91	<b>PREDNISON INTENSOL</b> .....	97	<b>PRODIGY LANCETS 21G</b> .....	143
<b>PIRMELLA 7/7/7</b> .....	95	<b>PREFERA OB</b> .....	156	<b>PRODIGY LANCETS 26G</b> .....	143
<i>piroxicam</i> .....	13	<b>PREFERA OB + DHA</b> .....	156	<b>PRODIGY LANCETS 28G</b> .....	144
<b>PLAN B</b> .....	93	<b>PREFERAOB ONE</b> .....	157	<b>PRODIGY SAFETY LANCETS</b>	
<b>PLAN B ONE-STEP</b> .....	93	<i>preferred plus lancets colored</i> .....	143	<b>26G</b> .....	144
<b>PLAQUENIL</b> .....	55	<i>preferred plus lancets thin</i> .....	143	<b>PRODIGY TWIST TOP LANCETS</b>	
<b>PLEGRIDY</b> .....	172	<b>PREGNYL</b> .....	200	<b>28G</b> .....	144
<b>PLEGRIDY STARTER PACK</b> .....	172	<b>PREMARIN</b> .....	119, 188	<b>PROFILNINE</b> .....	127
<b>PNEUMOVAX 23</b> .....	185	<b>PREMPHASE</b> .....	118	<b>PROFILNINE SD</b> .....	127
<i>pnv fe fum/docusate/folic acid</i> .....	156	<b>PREMPRO</b> .....	118	<i>progesterone</i> .....	170
<i>pnv folic acid + iron</i> .....	156	<i>prenaisance</i> .....	157	<i>progesterone micronized</i> .....	170
<i>pnv prenatal plus multivitamin</i> .....	156	<i>prenaisance dha</i> .....	157	<b>PROGLYCEM</b> .....	40
<i>pnv tabs 29-1</i> .....	156	<b>PRENATABS RX</b> .....	156	<b>PROGRAF</b> .....	79, 200
<b>POCKET CHAMBER</b> .....	150	<i>prenatal</i> .....	156	<b>PROLASTIN-C</b> .....	177
<b>POCKET SPACER</b> .....	150	<i>prenatal 19</i> .....	156	<b>PROLEUKIN</b> .....	200
<i>podofilox</i> .....	107	<b>PRENATAL AD</b> .....	156	<b>PROLIA</b> .....	116
<b>POLY HIST NC</b> .....	98	<i>prenatal formula</i> .....	156	<b>PROMACTA</b> .....	132
<b>POLYGIN</b> .....	162	<i>prenatal low iron</i> .....	156	<i>promethazine hcl</i> .....	48, 49
<i>poly-dex</i> .....	163	<i>prenatal plus</i> .....	156	<i>promethazine vc</i> .....	97
<i>polyethylene glycol 3350</i> .....	135	<i>prenatal plus iron</i> .....	156	<i>promethazine vc plain</i> .....	97
<i>polymyxin b sulfate</i> .....	55	<b>PRENATAL/FOLIC ACID</b> .....	156	<i>promethazine vcl/codeine</i> .....	98
<i>polymyxin b-trimethoprim</i> .....	162	<b>PRENATE DHA</b> .....	157	<i>promethazine-codeine</i> .....	98
<b>POMALYST</b> .....	59	<b>PRENATE ELITE</b> .....	156	<i>promethazine-dm</i> .....	98
<b>PONSTEL</b> .....	13	<b>PRENATE ESSENTIAL</b> .....	156	<i>promethazine-phenyleph-codeine</i> .....	98
<b>PORTIA-28</b> .....	91	<b>PRENATE MINI</b> .....	157	<i>promethazine-phenylephrine</i> .....	97
<b>PORTRAZZA</b> .....	200	<b>PRENTIF CAVITY-RIM CERV</b>		<b>PROMETHEGAN</b> .....	49
<b>POTABA</b> .....	189	<b>CAP</b> .....	137	<b>PRONUTRIENTS VITAMIN D3</b> .....	190
<i>potassium acetate</i> .....	200	<b>PRENTIF FITTING SET</b> .....	137	<i>propafenone hcl</i> .....	27
<i>potassium bicarbonate</i> .....	153	<i>preplus</i> .....	156	<i>propafenone hcl er</i> .....	27
<i>potassium chloride</i> .....	153, 200	<b>PREPOPIK</b> .....	135	<i>propantheline bromide</i> .....	183
<i>potassium chloride er</i> .....	153	<i>pretab</i> .....	156	<i>proparacaine hcl</i> .....	162
<i>potassium chloride in nacl</i> .....	200	<b>PREVACID SOLUTAB</b> .....	183	<i>propranolol hcl</i> .....	81
<i>potassium phosphates</i> .....	200	<b>PREVALITE</b> .....	49	<i>propranolol hcl er</i> .....	81
<b>POTIGA</b> .....	34	<b>PREVIDENT</b> .....	154	<i>propranolol-hctz</i> .....	53
<b>PR NATAL 400</b> .....	157	<b>PREVIDENT 5000 BOOSTER</b> .....	154	<i>propylthiouracil</i> .....	180
<b>PR NATAL 400 EC</b> .....	157	<b>PLUS</b> .....	154	<b>PROSTIGMIN</b> .....	56
<b>PRADAXA</b> .....	33	<b>PREVIDENT 5000 PLUS</b> .....	154	<b>PROTOPIC</b> .....	107
<b>PRALUENT</b> .....	167	<b>PREVIFEM</b> .....	91	<i>protriptyline hcl</i> .....	39
<i>pramipexole dihydrochloride</i> .....	69	<b>PREVNAR 13</b> .....	186	<b>PROVENGE</b> .....	200
<i>pramipexole dihydrochloride er</i> .....	69	<b>PREVYMIS</b> .....	75	<b>PROVENTIL HFA</b> .....	30
<b>PRAMOSONE</b> .....	108	<b>PREZCOBIX</b> .....	72	<b>PRUDOXIN</b> .....	102
<b>PRAMOSONE E</b> .....	108	<b>PREZISTA</b> .....	73	<i>pseudoeph-chlorphen-hydrocod</i> .....	98
<b>PRANDIN</b> .....	43	<b>PRIFTIN</b> .....	57	<b>PSS SELECT GP LANCETS</b> .....	144
<b>PRASCION</b> .....	99	<i>primaquine phosphate</i> .....	55	<b>PSS SELECT SAFETY LANCETS</b> .....	144
<i>pravastatin sodium</i> .....	50	<b>PRIMAXIN IV</b> .....	200	<b>PULMICORT</b> .....	32
<i>praziquantel</i> .....	25	<i>primidone</i> .....	34	<b>PULMICORT FLEXHALER</b> .....	31
<i>prazosin hcl</i> .....	53	<b>PRIVIGEN</b> .....	167	<b>PULMOZYME</b> .....	178
<b>PRECISION THIN LANCETS</b> .....	143	<b>PROAIR HFA</b> .....	29	<b>PURIXAN</b> .....	58
<b>PRECISION THINS GP LANCETS</b> .....	143	<b>PROAIR RESPICLICK</b> .....	30	<i>px aspirin</i> .....	17, 18
<b>PRECISION ULTRA LANCET</b> .....	143	<i>probenecid</i> .....	124	<i>px enteric aspirin</i> .....	18
<b>PRED FORTE</b> .....	164			<i>px lancets</i> .....	144
<b>PRED MILD</b> .....	164			<i>px lancets ultra thin</i> .....	144

<i>px stop smoking aid</i> .....	176	<b>REA LO 40</b> .....	106	<b>REXALL LANCETS ULTRA THIN</b>	
<i>pyrazinamide</i> .....	57	<b>REACT</b> .....	93	<b>30G</b> .....	144
<b>PYRIDIUM</b> .....	123	<i>reality lancets</i> .....	144	<b>REXULTI</b> .....	72
<i>qc aspirin</i> .....	18	<i>reality trigger lancets</i> .....	144	<b>REYATAZ</b> .....	73
<i>qc aspirin low dose</i> .....	18	<b>REBETOL</b> .....	77	<b>RHEUMATREX</b> .....	10
<i>qc childrens aspirin</i> .....	18	<b>REBIF</b> .....	173	<b>RHOGAM ULTRA-FILTERED</b>	
<i>qc lancets super thin 30g</i> .....	144	<b>REBIF REBIDOSE</b> .....	172	<b>PLUS</b> .....	167
<i>qc lancets ultra thin</i> .....	144	<b>REBIF REBIDOSE TITRATION</b>		<b>RHOPHYLAC</b> .....	167
<b>QTERN</b> .....	178	<b>PACK</b> .....	172	<b>RHOPRESSA</b> .....	165
<b>QUADRACEL</b> .....	181	<b>REBIF TITRATION PACK</b> .....	173	<b>RIASTAP</b> .....	127
<b>QUADRAMET</b> .....	200	<b>REBINYN</b> .....	127	<b>RIBASPHERE</b> .....	77
<b>QUALAQUIN</b> .....	55	<b>RECLAST</b> .....	111	<b>RIBATAB</b> .....	77
<b>QUARTETTE</b> .....	93	<b>RECLIPSEN</b> .....	91	<i>ribavirin</i> .....	77
<b>QUASENSE</b> .....	93	<b>RECOMBINATE</b> .....	127	<b>RIDAURA</b> .....	11
<b>QUDEXY XR</b> .....	34	<b>RECOMBIVAX HB</b> .....	187	<i>rifabutin</i> .....	57
<i>quetiapine fumarate</i> .....	71	<i>rectacort-hc</i> .....	25	<b>RIFADIN</b> .....	57
<i>quetiapine fumarate er</i> .....	71	<b>RECTIV</b> .....	25	<b>RIFAMATE</b> .....	56
<b>QUILLIVANT XR</b> .....	9	<b>REGONOL</b> .....	56, 200	<b>RIFATER</b> .....	56
<i>quinapril hcl</i> .....	52	<b>REGRANEX</b> .....	108	<b>RIGHTEST GL300 LANCETS</b> .....	144
<i>quinapril-hydrochlorothiazide</i> .....	51	<b>RELAGARD</b> .....	188	<b>RILUTEK</b> .....	159
<i>quinidine gluconate er</i> .....	27	<b>RELENZA DISKHALER</b> .....	78	<i>ringers irrigation</i> .....	200
<i>quinidine sulfate</i> .....	27	<b>RELION KETONE</b> .....	109	<i>risedronate sodium</i> .....	111
<i>quinidine sulfate er</i> .....	27	<b>RELION LANCETS MICRO-THIN</b>		<i>risperidone</i> .....	70
<b>QVAR</b> .....	32	<b>33G</b> .....	144	<b>RISPERIDONE M-TAB</b> .....	70
<b>QVAR REDIHALER</b> .....	32	<b>RELION LANCETS STANDARD</b>		<b>RITEFLO</b> .....	150
<i>ra aspirin</i> .....	18	<b>21G</b> .....	144	<i>ritonavir</i> .....	74
<i>ra aspirin adult low dose</i> .....	18	<b>RELION LANCETS THIN 26G</b> .....	144	<b>RITUXAN</b> .....	60
<i>ra aspirin adult low strength</i> .....	18	<b>RELION LANCETS ULTRA-THIN</b>		<b>RITUXAN HYCELA</b> .....	64
<i>ra aspirin childrens</i> .....	18	<b>30G</b> .....	144	<i>rivastigmine</i> .....	171
<i>ra aspirin ec</i> .....	18	<b>RELION ULTRA THIN LANCETS</b>		<i>rivastigmine tartrate</i> .....	171
<i>ra aspirin ec adult low st</i> .....	18	<b>30G</b> .....	144	<b>RIVELSA</b> .....	93
<i>ra childrens aspirin</i> .....	18	<b>RELION ULTRA THIN PLUS</b>		<i>rizatriptan benzoate</i> .....	151
<b>RA E-ZJECT COLOR LANCETS</b>		<b>LANCETS</b> .....	144	<b>ROBINUL</b> .....	183
<b>33G</b> .....	144	<b>RELISTOR</b> .....	121	<b>ROBINUL-FORTE</b> .....	183
<b>RA E-ZJECT LANCETS 28G</b> .....	144	<b>REMERON</b> .....	36	<b>ROCALTROL</b> .....	115
<b>RA E-ZJECT LANCETS THIN 26G</b>		<b>REMERON SOLTAB</b> .....	36	<i>romycin</i> .....	161
.....	144	<b>REMICADE</b> .....	122	<i>ropinirole hcl</i> .....	70
<b>RA E-ZJECT LANCETS THIN 28G</b>		<b>REMODULIN</b> .....	83	<i>ropinirole hcl er</i> .....	69, 70
.....	144	<b>RENACIDIN</b> .....	123	<b>ROSADAN</b> .....	107
<b>RA E-ZJECT LANCETS ULTRA</b>		<b>RENAGEL</b> .....	122	<i>rosuvastatin calcium</i> .....	50
<b>THIN</b> .....	144	<b>RENEW ADV CARTRIDGE</b>		<b>ROWEEPRA</b> .....	34
<i>ra mini nicotine</i> .....	176	<b>REFILLS</b> .....	144	<b>ROWEEPRA XR</b> .....	35
<i>ra nicotine</i> .....	176	<b>RENFLEXIS</b> .....	122	<b>ROXICET</b> .....	23
<i>ra nicotine polacrilex</i> .....	176	<i>repan</i> .....	14	<b>ROXICODONE</b> .....	23
<i>ra vitamin d-3</i> .....	190	<b>REPATHA</b> .....	168	<b>ROXYBOND</b> .....	23
<i>rabeprazole sodium</i> .....	183	<b>REPATHA PUSHTRONEX</b>		<b>ROZEREM</b> .....	134
<b>RADIOGARDASE</b> .....	44, 45	<b>SYSTEM</b> .....	168	<b>RUBRACA</b> .....	169, 170
<b>RAGWITEK</b> .....	81	<b>REPATHA SURECLICK</b> .....	168	<b>RUCONEST</b> .....	128
<i>raloxifene hcl</i> .....	116	<b>REPREXAIN</b> .....	20	<i>rulavite dha</i> .....	157
<i>ramipril</i> .....	52	<b>REQUIP XL</b> .....	69	<b>RYCLORA</b> .....	48
<b>RANEXA</b> .....	25	<b>RESCRIPTOR</b> .....	74	<b>RYDAPT</b> .....	60
<i>ranitidine hcl</i> .....	183	<i>reserpine</i> .....	54	<b>RYTARY</b> .....	69
<b>RAPAFLO</b> .....	122	<b>RESTASIS</b> .....	162	<b>SABRIL</b> .....	35
<b>RAPAMUNE</b> .....	80	<b>RESTASIS MULTIDOSE</b> .....	162	<b>SAFE-T-LANCE</b> .....	144
<b>RASUVO</b> .....	10	<b>RETROVIR</b> .....	74	<b>SAFE-T-LANCE PLUS</b> .....	144
<b>RAVICTI</b> .....	117	<b>REVIATIO</b> .....	84	<i>safety lancet 21gl/pressure act</i> .....	144
<b>RAYALDEE</b> .....	115	<b>REVINA</b> .....	106	<i>safety lancet 28gl/pressure act</i> .....	144
<b>RAZADYNE</b> .....	171	<b>REVLIMID</b> .....	79	<b>SAFETY LANCET 2MM</b> .....	144
<b>RAZADYNE ER</b> .....	171			<b>SAFETY LANCETS</b> .....	144

<b>SAFETY LANCETS 21G</b> .....	144	<b>SHOPKO UNILET LANCETS 30G</b>	145	<b>SOMAVERT</b> .....	113
<i>safety lancets 28g</i> .....	144	<b>SHUR-SEAL CONTRACEPTIVE</b> ..	188	<b>SORIATANE</b> .....	102
<b>SAFETY LET LANCETS</b> .....	144	<b>SIGNIFOR</b> .....	117	<b>SORINE</b> .....	81
<b>SAFETY SEAL LANCETS</b> .....	144	<b>SIGNIFOR LAR</b> .....	117	<i>sotalol hcl (af)</i> .....	81
<b>SAFYRAL</b> .....	91	<b>SIKLOS</b> .....	129	<b>SOVALDI</b> .....	77
<b>SAIZEN</b> .....	114	<i>sildenafil citrate</i> .....	85	<b>SPATONE PUR-ABSORB IRON</b> ..	132
<b>SAIZEN CLICK.EASY</b> .....	114	<b>SILENOR</b> .....	133	<b>SPINRAZA</b> .....	201
<b>SALACYN</b> .....	107	<b>SILIQ</b> .....	102	<b>SPIRIVA HANDIHALER</b> .....	30
<i>salicylic acid</i> .....	107	<i>silver nitrate</i> .....	104	<b>SPIRIVA RESPIMAT</b> .....	30
<i>salicylic acid wart remover</i> .....	107	<b>SIMBRINZA</b> .....	160	<i>spironolactone</i> .....	110
<i>saline bacteriostatic</i> .....	168	<b>SIMPONI</b> .....	10, 11	<i>spironolactone-hctz</i> .....	110
<b>SALIVAMAX</b> .....	154	<b>SIMPONI ARIA</b> .....	10, 11	<b>SPORANOX</b> .....	48
<b>SALIVATE RX</b> .....	154	<b>SIMULECT</b> .....	200	<b>SPRINTEC 28</b> .....	91
<i>salsalate</i> .....	18	<i>simvastatin</i> .....	50	<b>SPRYCEL</b> .....	63
<b>SAMSCA</b> .....	117	<b>SINGLE-LET</b> .....	145	<b>SPS</b> .....	80, 170
<b>SANCTURA</b> .....	184, 185	<b>SIRTURO</b> .....	57	<b>SRONYX</b> .....	91
<b>SANCTURA XR</b> .....	184, 185	<b>SITAVIG</b> .....	77	<i>ss 10-2</i> .....	99
<b>SANCUSO</b> .....	46	<b>SIVEXTRO</b> .....	55	<b>SSD</b> .....	104
<b>SANDIMMUNE</b> .....	79	<b>SKELID</b> .....	111	<b>SSKI</b> .....	97
<b>SANDOSTATIN LAR DEPOT</b> .....	117	<b>SKLICE</b> .....	108	<i>sss 10-5</i> .....	99
<b>SANTYL</b> .....	106	<i>sm anticavity fluoride rinse</i> .....	154	<b>ST JOSEPH ADULT</b> .....	19
<b>SAPHRIS</b> .....	71	<i>sm aspirin</i> .....	19	<b>ST JOSEPH ADULT LOW DOSE</b> ...	19
<i>sash kit</i> .....	32	<i>sm aspirin adult low strength</i> .....	18	<b>ST JOSEPH ASPIRIN</b> .....	19
<b>SAVAYSA</b> .....	32	<i>sm aspirin ec</i> .....	19	<b>STALEVO 100</b> .....	69
<b>SAVELLA</b> .....	171	<i>sm aspirin ec low strength</i> .....	19	<b>STALEVO 125</b> .....	69
<b>SAVELLA TITRATION PACK</b> .....	172	<i>sm aspirin low dose</i> .....	19	<b>STALEVO 150</b> .....	69
<i>sb aspirin</i> .....	18	<i>sm childrens aspirin</i> .....	19	<b>STALEVO 200</b> .....	69
<i>sb aspirin ec</i> .....	18	<i>sm lancets 21g</i> .....	145	<b>STALEVO 50</b> .....	69
<i>sb childrens aspirin</i> .....	18	<i>sm lancets 33g</i> .....	145	<b>STALEVO 75</b> .....	69
<i>sb lancets thin</i> .....	144	<i>sm nicotine</i> .....	176	<b>STAVZOR</b> .....	36
<i>sb lancets ultra thin</i> .....	144	<i>sm nicotine polacrilex</i> .....	176	<b>STELARA</b> .....	103, 201
<i>sb low dose asa ec</i> .....	18	<i>sm super thin lancets 30g</i> .....	145	<b>STERILANCE TL</b> .....	145
<i>scopolamine</i> .....	46	<i>sm thin lancets 26g</i> .....	145	<b>STIMATE</b> .....	118
<i>scopolamine hbr</i> .....	200	<i>sm vitamin d</i> .....	190	<b>STIVARGA</b> .....	60
<b>SCYTERA</b> .....	108	<i>sm vitamin d3</i> .....	190	<b>STRATTERA</b> .....	7
<b>SECONAL</b> .....	133	<b>SMART DIABETES VANTAGE</b>		<b>STRENSIQ</b> .....	201
<b>SEEBRI NEOHALER</b> .....	30	<b>LANCETS</b> .....	145	<i>streptomycin sulfate</i> .....	201
<b>SEGLUROMET</b> .....	179	<b>SMART SENSE COLOR</b>		<b>STRIBILD</b> .....	72
<b>SELECT-OB+DHA</b> .....	158	<b>LANCETS 33G</b> .....	145	<b>STRIVERDI RESPIMAT</b> .....	30
<i>selegiline hcl</i> .....	68	<b>SMART SENSE STANDARD</b>		<b>STROMECTOL</b> .....	25
<i>selenium sulfide</i> .....	103	<b>LANCETS</b> .....	145	<b>SUBOXONE</b> .....	24
<i>selenium sulf-pyrithione-urea</i> .....	103	<b>SMART SENSE SUPER THIN</b>		<b>SUBSYS</b> .....	23
<b>SELZENTRY</b> .....	73	<b>LANCETS</b> .....	145	<b>SUCRAID</b> .....	109
<i>se-natal 19</i> .....	156	<b>SMART SENSE THIN LANCETS</b>		<i>sucralfate</i> .....	183
<b>SENSIPAR</b> .....	112	<b>26G</b> .....	145	<i>sulfacetamide sodium</i> .....	103, 164
<b>SENSORCAINE-</b>		<b>SMARTEST LANCETS 28G</b> .....	145	<i>sulfacetamide sodium (acne)</i> .....	99
<b>MPF/EPINEPHRINE</b> .....	136	<i>sodium chloride</i> .....	98, 201	<i>sulfacetamide sodium-sulfur</i> ....	99, 100
<b>SEREVENT DISKUS</b> .....	30	<i>sodium fluoride</i> .....	152	<i>sulfacetamide-prednisolone</i> .....	163
<b>SEROQUEL XR</b> .....	71	<i>sodium phenylbutyrate</i> .....	117	<i>sulfacetamide-sulfur in urea</i> .....	100
<b>SEROSTIM</b> .....	114	<i>sodium phosphate</i> .....	201	<i>sulfadiazine</i> .....	179
<i>sertraline hcl</i> .....	38	<i>sodium sulfacetamide</i> .....	103	<i>sulfamethoxazole-trimethoprim</i> .....	54
<b>SETLAKIN</b> .....	93	<b>SOLIA</b> .....	91	<b>SULFAMYLON</b> .....	104
<i>sevelamer carbonate</i> .....	122	<b>SOLIQUA</b> .....	134	<b>SULFAZINE</b> .....	121
<b>SFROWASA</b> .....	121	<b>SOLIRIS</b> .....	128	<b>SULFAZINE EC</b> .....	121
<b>SHAROBEL</b> .....	94	<b>SOLOSEC</b> .....	9	<i>sulindac</i> .....	13
<b>SHINGRIX</b> .....	187	<b>SOLTAMOX</b> .....	58	<i>sumatriptan</i> .....	151
<b>SHOPKO ON-THE-GO LANCETS</b>		<b>SOLUS V2 LANCETS 28G</b> .....	145	<i>sumatriptan succinate</i> .....	151
<b>30G</b> .....	145	<b>SOLUS V2 TWIST LANCETS 30G</b>	145	<i>sumatriptan succinate refill</i> .....	151
<b>SHOPKO UNILET LANCETS 28G</b>	145	<b>SOMATULINE DEPOT</b> .....	117	<i>super daily d3</i> .....	190

<i>super thin lancets</i> .....	145	<b>TASIGNA</b> .....	63	<i>theophylline in d5w</i> .....	201
<b>SUPRAX</b> .....	86	<b>TASMAR</b> .....	68	<b>THERACYS</b> .....	201
<b>SUPREP BOWEL PREP KIT</b> .....	135	<b>TAVALISSE</b> .....	179	<b>THERA-D 2000</b> .....	190
<i>sure comfort lancets 28g</i> .....	145	<b>TAXOTERE</b> .....	201	<b>THERA-D 4000</b> .....	190
<i>sure comfort lancets 30g</i> .....	145	<b>TAZORAC</b> .....	103	<b>THERA-D RAPID REPLETION</b> .....	190
<b>SURE-LANCE FLAT LANCETS</b> ...	145	<b>TAZTIA XT</b> .....	83	<b>THERA-FLUR-N</b> .....	154
<b>SURE-LANCE LANCETS 26G</b> .....	145	<b>TECFIDERA</b> .....	173	<b>THERANATAL CORE NUTRITION</b>	
<b>SURE-LANCE THIN LANCETS</b>		<b>TECHLITE AST LANCETS</b> .....	145	.....	156
<b>28G</b> .....	145	<b>TECHLITE LANCETS</b> .....	145	<b>THERATEARS</b> .....	160
<b>SURE-LANCE ULTRA THIN</b>		<b>TECHLITE LANCETS 30G</b> .....	145	<b>THERMAZENE</b> .....	104
<b>LANCETS</b> .....	145	<b>TECHNIVIE</b> .....	132	<b>THINLETS GP LANCETS</b> .....	145
<b>SURELITE LANCETS</b> .....	145	<b>TEFLARO</b> .....	201	<b>THINLETS LANCET</b> .....	146
<b>SURESTEP PRO TEST</b> .....	109	<b>TEGRETOL-XR</b> .....	35	<b>THIOLA</b> .....	123
<b>SURESTEP TEST</b> .....	109	<b>TEKAMLO</b> .....	54	<i>thioridazine hcl</i> .....	71
<b>SURE-TOUCH LANCETS</b>		<b>TEKTURNA</b> .....	54	<i>thiothixene</i> .....	72
<b>UNIVERSAL</b> .....	145	<b>TEKTURNA HCT</b> .....	54	<b>THRIVE</b> .....	176
<b>SURMONTIL</b> .....	39	<i>temazepam</i> .....	133	<i>thrivite rx</i> .....	156
<b>SUTENT</b> .....	60	<b>TEMODAR</b> .....	65, 201	<b>THYMOGLOBULIN</b> .....	201
<i>sw nicotine polacrilex</i> .....	176	<b>TEMOVATE</b> .....	106	<b>THYROGEN</b> .....	109
<b>SYEDA</b> .....	91	<b>TENEX</b> .....	53	<b>THYROLAR-1</b> .....	180
<b>SYLATRON</b> .....	64, 201	<i>teniposide</i> .....	201	<b>THYROLAR-1/2</b> .....	180
<b>SYLVANT</b> .....	134	<b>TENIVAC</b> .....	181	<b>THYROLAR-1/4</b> .....	181
<b>SYMBICORT</b> .....	29	<i>tenofovir disoproxil fumarate</i> .....	74	<b>THYROLAR-2</b> .....	181
<b>SYMDEKO</b> .....	99	<b>TERAZOL 3</b> .....	187	<b>THYROLAR-3</b> .....	181
<b>SYMFI</b> .....	73	<b>TERAZOL 7</b> .....	187	<i>tiagabine hcl</i> .....	35
<b>SYMFI LO</b> .....	73	<i>terazosin hcl</i> .....	53	<b>TIBSOVO</b> .....	135
<b>SYMLIN</b> .....	39	<i>terbutaline sulfate</i> .....	30	<i>ticarcillin-pot clavulanate</i> .....	201
<b>SYMLINPEN 120</b> .....	39	<b>TESTIM</b> .....	24	<b>TICE BCG</b> .....	201
<b>SYMLINPEN 60</b> .....	39	<i>testosterone cypionate</i> .....	24	<i>ticlopidine hcl</i> .....	129
<b>SYMPAZAN</b> .....	33	<i>testosterone enanthate</i> .....	24	<b>TIGAN</b> .....	46
<b>SYMPROIC</b> .....	121	<i>tetanus-diphtheria toxoids td</i> .....	181	<b>TIGLUTIK</b> .....	159
<b>SYMTUZA</b> .....	73	<b>TETCAINE</b> .....	162	<b>TIKOSYN</b> .....	28
<b>SYNAGIS</b> .....	166	<i>tetracycline hcl</i> .....	180	<b>TILIA FE</b> .....	95
<b>SYNALGOS-DC</b> .....	20	<b>TEV-TROPIN</b> .....	114	<b>TIMENTIN</b> .....	201
<b>SYNAREL</b> .....	115	<i>tgq 50pse/3brm/30dm</i> .....	98	<i>timolol maleate</i> .....	81, 160
<b>SYNDROS</b> .....	47	<i>tgt aspirin</i> .....	19	<b>TIMOPTIC-XE</b> .....	160
<b>SYNJARDY</b> .....	179	<i>tgt aspirin ec</i> .....	19	<i>timothy grass pollen allergen</i> .....	201
<b>SYNJARDY XR</b> .....	179	<i>tgt aspirin low dose</i> .....	19	<i>tinidazole</i> .....	54
<b>SYNRIBO</b> .....	64	<i>tgt childrens aspirin</i> .....	19	<b>TIROSINT</b> .....	181
<b>SYNTHROID</b> .....	180	<i>tgt lancet alternate site</i> .....	145	<b>TIS-U-SOL</b> .....	201
<b>TABLOID</b> .....	58	<i>tgt lancet micro thin 33g</i> .....	145	<b>TIVICAY</b> .....	73
<b>TACLONEX</b> .....	108	<i>tgt lancet super thin 30g</i> .....	145	<i>tizanidine hcl</i> .....	158
<i>tacrolimus</i> .....	107	<i>tgt lancet thin 23g</i> .....	145	<i>tl-select</i> .....	158
<b>TAFINLAR</b> .....	59	<i>tgt lancet thin 26g</i> .....	145	<b>TOBI</b> .....	9
<b>TAGRISSO</b> .....	63	<i>tgt lancet ultra thin 28g</i> .....	145	<b>TOBI PODHALER</b> .....	9
<b>TAKE ACTION</b> .....	93	<i>tgt lancet ultra thin 30g</i> .....	145	<b>TOBRADEX</b> .....	163
<b>TAKHZYRO</b> .....	169	<i>tgt nicotine</i> .....	176	<b>TOBRADEX ST</b> .....	163
<b>TALTZ</b> .....	103	<i>tgt nicotine polacrilex</i> .....	176	<i>tobramycin-dexamethasone</i> .....	163
<b>TALZENNA</b> .....	169	<i>tgt nicotine step one</i> .....	176	<b>TOBREX</b> .....	161
<i>tamoxifen citrate</i> .....	58	<i>tgt nicotine step three</i> .....	176	<b>TODAY SPONGE</b> .....	188
<i>tamsulosin hcl</i> .....	123	<i>tgt nicotine step two</i> .....	176	<i>today's health thin lancets 28g</i> .....	146
<b>TANZEUM</b> .....	43	<i>th aspirin</i> .....	19	<i>today's health thin lancets 30g</i> .....	146
<b>TAPAZOLE</b> .....	180	<i>th aspirin low dose</i> .....	19	<b>TOFRANIL-PM</b> .....	39
<b>TARCEVA</b> .....	63	<i>th enteric aspirin</i> .....	19	<b>TOLAK</b> .....	102
<b>TARGRETIN</b> .....	68, 108	<i>th vitamin d3</i> .....	190	<i>tolazamide</i> .....	44
<b>TARINA FE 1/20</b> .....	91	<b>THALOMID</b> .....	78	<i>tolbutamide</i> .....	44
<b>TARKA</b> .....	51	<b>THEO-24</b> .....	32	<i>tolmetin sodium</i> .....	13
<b>TARON-C DHA</b> .....	156	<i>theophylline</i> .....	32	<i>tolterodine tartrate</i> .....	185
<b>TARON-PREX</b> .....	158	<i>theophylline er</i> .....	32	<b>TOPIRAGEN</b> .....	35

<i>topiramate</i> .....	35	TRINESSA LO.....	96	UNILET COMFORTOUCH	
<i>topiramate er</i> .....	35	TRI-NORINYL (28).....	96	LANCET.....	146
<b>TOPOSAR</b> .....	201	TRINTELLIX.....	37, 178	UNILET EXCELITE.....	146
<i>topotecan hcl</i> .....	201	TRI-PREVIFEM.....	96	UNILET EXCELITE II.....	146
<b>TORISEL</b> .....	201	TRISENOX.....	201	UNILET G.P. LANCET.....	146
<i>torseamide</i> .....	110	TRI-SPRINTEC.....	96	UNILET G.P. SUPERLITE	
<b>TOUJEO MAX SOLOSTAR</b> .....	42	TRIUMEQ.....	73	LANCET.....	146
<b>TOUJEO SOLOSTAR</b> .....	42	TRIVEEN-DUO DHA.....	157	UNILET GP 28 ULTRA THIN.....	146
<b>TOVIAZ</b> .....	184, 185	TRIVEEN-TEN.....	158	UNILET LANCET.....	146
<b>TRACLEER</b> .....	84	TRIVORA (28).....	96	UNILET SUPERLITE LANCET.....	146
<b>TRADJENTA</b> .....	40	TRIZIVIR.....	73	UNISTIK 3 GENTLE.....	146
<i>tramadol hcl</i> .....	23	TROKENDI XR.....	35	UNITHROID.....	181
<i>tramadol hcl er</i> .....	23	<i>tropicamide</i> .....	160	UNITHROID DIRECT.....	181
<i>tramadol hcl er (biphasic)</i> .....	23	<i>trospium chloride</i> .....	184, 185	UNITUXIN.....	202
<i>tramadol-acetaminophen</i> .....	24	<i>trospium chloride er</i> .....	184, 185	UNIVERSAL 1 LANCETS THIN	
<i>trandolapril</i> .....	52	<b>TRUEPLUS LANCETS 26G</b> .....	146	<b>26G</b> .....	146
<i>tranexamic acid</i> .....	201	<b>TRUEPLUS LANCETS 28G</b> .....	146	UNIVERSAL 1 LANCETS ULTRA	
<i>tranylcypromine sulfate</i> .....	37	<b>TRUEPLUS LANCETS 30G</b> .....	146	<b>THIN</b> .....	146
<b>TRAVATAN Z</b> .....	164	<b>TRUEPLUS LANCETS 33G</b> .....	146	UPTRAVI.....	177
<i>trazodone hcl</i> .....	37, 178	<b>TRUEPLUS SAFETY LANCETS</b>		<i>ur n-c</i> .....	184
<b>TREANDA</b> .....	201	<b>28G</b> .....	146	<b>URAMAXIN</b> .....	106
<b>TRECTOR</b> .....	57	TRULICITY.....	43	<i>urea</i> .....	106
<b>TRELEGY ELLIPTA</b> .....	29	TRUMENBA.....	186	<i>urea-c40</i> .....	106
<b>TRELSTAR</b> .....	66	TRUVADA.....	73	<b>UROCIT-K 10</b> .....	123
<b>TRELSTAR MIXJECT</b> .....	67	TUDORZA PRESSAIR.....	30	<b>UROCIT-K 15</b> .....	123
<b>TREMFYA</b> .....	103	TULANA.....	94	<b>UROCIT-K 5</b> .....	123
<i>tretinoin</i> .....	67, 100	TUSSIGON.....	97	<b>UROGESIC-BLUE</b> .....	184
<i>tretinoin microsphere</i> .....	100	TUSSIONEX PENNKINETIC ER.....	98	<b>UROQID #2</b> .....	184
<b>TRETEN</b> .....	127	TWINRIX.....	186	<b>UROXATRAL</b> .....	123
<b>TREXALL</b> .....	58	TWYNSTA.....	52	<i>ursodiol</i> .....	120
<b>TREZIX</b> .....	20	TYBOST.....	72	<b>USTELL</b> .....	184
<b>TRI FEMYNOR</b> .....	95	TYDEMY.....	91	<b>UTIRA-C</b> .....	184
<i>triadvance</i> .....	156	TYGACIL.....	202	<b>UTRONA-C</b> .....	184
<i>triamcinolone acetonide</i> .....	106	TYKERB.....	63	<b>UVADEX</b> .....	202
<i>triamterene-hctz</i> .....	110	TYMLOS.....	116	<b>VABOMERE</b> .....	55
<b>TRIANEX</b> .....	106	TYSABRI.....	173	<i>valacyclovir hcl</i> .....	77
<i>triazolam</i> .....	133	TYVASO.....	83	<b>VALCHLOR</b> .....	101
<b>TRICARE</b> .....	156	TYVASO REFILL.....	83	<b>VALCYTE</b> .....	75
<b>TRICARE PRENATAL DHA ONE</b> .....	156	TYVASO STARTER.....	84	<i>valganciclovir hcl</i> .....	75
<b>TRI-CHLOR</b> .....	104	TYZEKA.....	76	<i>valsartan</i> .....	53
<i>tricitrates</i> .....	123	TYZINE.....	159	<i>valsartan-hydrochlorothiazide</i> .....	52
<b>TRICOR</b> .....	49	<b>U-CORT</b> .....	108	<b>VALSTAR</b> .....	202
<i>trientine hcl</i> .....	78	UDENYCA.....	131	<i>value plus lancet standard 21g</i> .....	146
<b>TRI-ESTARYLLA</b> .....	95	<b>U-KERA E</b> .....	106	<i>value plus lancets super thin</i> .....	146
<i>trifluoperazine hcl</i> .....	71	<b>ULESFA</b> .....	108	<i>value plus lancets thin 26g</i> .....	146
<i>trifluridine</i> .....	162	<b>ULORIC</b> .....	124	<i>valumark lancet super thin 30g</i> .....	146
<b>TRIGLIDE</b> .....	50	<b>ULTICARE INSULIN SYRINGE</b> .....	147	<i>valumark lancet ultra thin 28g</i> .....	146
<i>trihexyphenidyl hcl</i> .....	68	<b>ULTICARE THIN LANCETS 30G</b> .....	146	<i>vancomycin hcl</i> .....	86, 123
<b>TRI-LEGEST FE</b> .....	95	<b>ULTILET BASIC LANCETS 30G</b> .....	146	<b>VANDAZOLE</b> .....	188
<b>TRI-LINYAH</b> .....	95	<b>ULTILET CLASSIC LANCETS</b> .....	146	<b>VANTAS</b> .....	67
<b>TRILIPIX</b> .....	50	<b>ULTILET LANCETS</b> .....	146	<b>VAQTA</b> .....	187
<b>TRI-LO-ESTARYLLA</b> .....	95	<b>ULTILET SAFETY LANCETS 23G</b> .....	146	<b>VARIVAX</b> .....	187
<b>TRI-LO-MARZIA</b> .....	95	<i>ultra tabs</i> .....	156	<b>VARUBI</b> .....	47
<b>TRI-LO-SPRINTEC</b> .....	95	<i>ultra thin lancets 28g</i> .....	146	<b>VASCEPA</b> .....	49
<b>TRILYTE</b> .....	135	<i>ultra thin lancets 30g</i> .....	146	<b>VASOLEX</b> .....	106
<i>trimethoprim</i> .....	54	<b>ULTRA-THIN II AUTO LANCET</b> .....	146	<b>VCF VAGINAL CONTRACEPTIVE</b>	
<i>trinatal gt</i> .....	156	<b>ULTRA-THIN II LANCETS</b> .....	146	.....	188
<i>trinatal ultra</i> .....	156	<b>ULTRESA</b> .....	109	<b>VECTIBIX</b> .....	202
<b>TRINESSA (28)</b> .....	95	<b>UMECTA</b> .....	106	<b>VECTICAL</b> .....	103



VELCADE.....	202	<i>virt-pn dha</i> .....	158	WELLBUTRIN SR.....	37
VELETRI.....	84	<i>virt-select</i> .....	158	WELLBUTRIN XL.....	37
VELIVET.....	96	VISTARIL.....	26	WERA.....	92
VELPHORO.....	122	VISTIDE.....	202	WESTHROID.....	181
VELTASSA.....	80, 170	VISUDYNE.....	163	<i>white oak</i> .....	202
VEMAVITE-PRX 2.....	158	VITALET PRO LANCETS.....	146	WIDE-SEAL DIAPHRAGM 60.....	137
VEMLIDY.....	76	VITALET PRO PLUS LANCETS.....	146	WIDE-SEAL DIAPHRAGM 65.....	137
VENCLEXTA.....	57	VITAMEDMD ONE		WIDE-SEAL DIAPHRAGM 70.....	137
VENCLEXTA STARTING PACK.....	57	RX/QUATREFOLIC.....	158	WIDE-SEAL DIAPHRAGM 75.....	137
<i>venlafaxine hcl</i> .....	38	VITAMEDMD PLUS		WIDE-SEAL DIAPHRAGM 80.....	137
<i>venlafaxine hcl er</i> .....	38	RX/QUATREFOLIC.....	158	WIDE-SEAL DIAPHRAGM 85.....	137
VENTAVIS.....	84	VITAMEDMD REDICHEW RX.....	158	WIDE-SEAL DIAPHRAGM 90.....	137
VENTOLIN HFA.....	30	<i>vitamin d</i> .....	190	WIDE-SEAL DIAPHRAGM 95.....	137
<i>verapamil hcl</i> .....	83	<i>vitamin d (cholecalciferol)</i> .....	190	WILATE.....	127
<i>verapamil hcl er</i> .....	83	<i>vitamin d (ergocalciferol)</i> .....	190	WINRHO SDF.....	167
VEREGEN.....	100	<i>vitamin d high potency</i> .....	190	WP THYROID.....	181
VERIPRED 20.....	97	VITAMIN D-1000 MAX ST.....	190	WYMZYA FE.....	92
VERZENIO.....	98	<i>vitamin d3</i> .....	191	XADAGO.....	68
VESICARE.....	184, 185	<i>vitamin d-3</i> .....	191	XALKORI.....	63
VESTURA.....	91	<i>vitamin d3 high potency</i> .....	190	XARELTO.....	32
VEXOL.....	164	<i>vitamin d3 maximum strength</i> .....	191	XARELTO STARTER PACK.....	32
VFEND.....	48	<i>vitamin d3 super strength</i> .....	191	XARTEMIS XR.....	23
VFEND IV.....	202	<i>vitamin d-400</i> .....	191	XATMEP.....	59
VIBATIV.....	124, 202	VITEKTA.....	73	XELJANZ.....	9, 10
VIBERZI.....	134	VITUZ.....	98	XELJANZ XR.....	10
VIBRAMYCIN.....	180	VIVA DHA.....	157	XELODA.....	59
VICODIN.....	20	VIVELLE-DOT.....	119	XELPROS.....	164
VICODIN ES.....	20	VIVITROL.....	46	XENAZINE.....	172
VICODIN HP.....	20	VIZIMPRO.....	63	XEOMIN.....	160
VICTOZA.....	43	<i>vol-plus</i> .....	157	XEPI.....	100
VICTRELIS.....	77	VONVENDI.....	127	XERESE.....	103
VIDA MIA UNILET LANCETS 28G		<i>voriconazole</i> .....	202	XERMELO.....	182
.....	146	VORTEX HOLDING		XGEVA.....	116
VIDA MIA UNILET LANCETS 30G		CHAMBER/MASK.....	147	XIAFLEX.....	79
.....	146	VORTEX VALVED HOLDING		XIFAXAN.....	54
VIDAZA.....	202	CHAMBER.....	150	XIGDUO XR.....	179
VIDEX.....	74	VOSEVI.....	133	XIIDRA.....	136
VIDEX EC.....	74	VOSPIRE ER.....	30	XOFIGO.....	202
VIEKIRA PAK.....	132	VOTRIENT.....	63	XOLAIR.....	29
VIEKIRA XR.....	132	<i>vp-heme ob</i> .....	157	XOPENEX HFA.....	30
VIENVA.....	91	<i>vp-heme ob + dha</i> .....	157	XTAMPZA ER.....	23
VIGAMOX.....	161	VPRIV.....	129	XTANDI.....	58
VIIBRYD.....	37, 178	VYFEMLA.....	92	XULANE.....	92
VIIBRYD STARTER PACK.....	37, 178	VYLIBRA.....	92	XURIDEN.....	133
VIMIZIM.....	155	VYTORIN.....	50	X-VIATE.....	106
VIMPAT.....	35	VYVANSE.....	8	XYLOCAINE.....	107
VINATE DHA.....	156	VYZULTA.....	164	XYLON.....	20
VINATE GT.....	156	W&F LANCETS 26G.....	146	XYNTHA.....	127
VINATE M.....	156	W&F LANCETS COLORED 21G.....	146	XYNTHA SOLOFUSE.....	128
<i>vinblastine sulfate</i> .....	202	<i>walgreens adv travel lancets</i> .....	146	XYOSTED.....	24
VINCASAR PFS.....	202	WALGREENS LANCETS.....	146	XYREM.....	171
<i>vincristine sulfate</i> .....	202	<i>walgreens lancets micro thin</i> .....	147	YERVOY.....	202
<i>vinorelbine tartrate</i> .....	202	<i>walgreens lancets super thin</i> .....	147	YONSA.....	58
VIOKACE.....	109	WALGREENS THIN LANCETS.....	147	YUPELRI.....	30
VIRACEPT.....	74	WALGREENS ULTRA THIN		YUVAFEM.....	188
VIRAMUNE.....	74	LANCETS.....	147	<i>zafirlukast</i> .....	31
VIREAD.....	74, 75	WATCHHALER.....	150	<i>zaleplon</i> .....	133
<i>virt-nate dha</i> .....	156	WELCHOL.....	49	ZALTRAP.....	202
<i>virt-pn</i> .....	156	WELLBUTRIN.....	37	ZANOSAR.....	202

ZARAH .....	92	ZYVOX .....	55
ZARXIO .....	131		
ZATEAN-PN .....	157		
ZATEAN-PN DHA .....	158		
ZAVESCA .....	129		
ZAZOLE .....	187		
ZEJULA .....	169, 170		
ZELBORAF .....	59		
ZEMAIRA .....	177		
ZEMPLAR .....	115, 202		
ZENATANE .....	100		
ZENCHENT .....	92		
ZENCHENT FE .....	92		
ZENPEP .....	109, 110		
<i>zenpep</i> .....	109		
ZENZEDI .....	8		
ZEPATIER .....	133		
ZERIT .....	74		
ZETONNA .....	159		
ZEVALIN Y-90 .....	202		
ZIAGEN .....	74		
<i>zidovudine</i> .....	74		
<i>zileuton er</i> .....	28		
ZINBRYTA .....	173		
ZIOPTAN .....	164		
<i>ziprasidone hcl</i> .....	70		
ZIRGAN .....	162		
<b>ZOEY OPTICHAMBER</b>			
ADVANTAGE .....	150		
ZOHYDRO ER .....	23		
ZOLADEX .....	67		
<i>zoledronic acid</i> .....	111		
ZOLINZA .....	59		
<i>zolpidem tartrate</i> .....	134		
<i>zolpidem tartrate er</i> .....	134		
ZOMACTON .....	114		
ZOMETA .....	111		
ZOMIG .....	151		
ZOMIG ZMT .....	151		
ZONALON .....	102		
ZONEGRAN .....	35		
<i>zonisamide</i> .....	35		
ZONTIVITY .....	170		
ZORBTIVE .....	114		
ZORTRESS .....	80		
ZOSTAVAX .....	187		
ZOVIA 1/35E (28) .....	92		
ZOVIRAX .....	103, 104		
ZUBSOLV .....	24		
ZUPLENZ .....	46		
ZURAMPIC .....	124		
ZYBAN .....	176		
ZYDELIG .....	169		
ZYFLO .....	28		
ZYFLO CR .....	28		
ZYKADIA .....	63		
ZYMAXID .....	161		
ZYPITAMAG .....	50		
ZYTIGA .....	58		

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

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



