



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona’s Prescription Medication

Formulary for Portfolio and SimpleHealth Plans

Effective 1/1/18

Your prescription medications fall into one of four categories or “tiers.” Each tier has a different out of pocket cost or coinsurance. Medications are categorized by—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.

Drug Benefit	Description
Tier 1	Retail and Mail Order Co-Insurance
Tier 2	Specialty Co-Insurance *Limited to a 30 day supply at the In-Network Specialty Pharmacies or Retail Pharmacy
Tier 3	Certain generic preventive drugs will have a very low or no cost share
Tier 4	Medical Benefit *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
- Quantity Limits
- 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. 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. 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 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.

For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services

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Pharmacy Member Services	
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
Portfolio and SimpleHealth**

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List of Abbreviations

\$0: Zero Cost Share Preventive

MB: Medical Benefit

SP: Co-Insurance Specialty

T1: Co-Insurance Retail and Mail Order

\$0: \$0 cost share Prevention Drug

AI: Additional Information

AL: Age Limit

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

Portfolio and SimpleHealth

CURRENT AS OF 1/1/2018

Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*adhd agent - selective alpha adrenergic agonists***			
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>		T1	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)
*adhd agent - selective norepinephrine reuptake inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg</i>		T1	RM; AI (Max #900 Mail Order); QL (3 EA per 1 day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 80 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg</i>		T1	RM; AI (Max #450 Mail Order); QL (2 EA per 1 day); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 25 mg</i>		T1	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>		T1	RM; AI (Max #180 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T1		RM; QL (1 EA per 1 day); AL (Min 6 Years)
*amphetamine mixtures***			
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	T1		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)
*amphetamines***			
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML	T1		PA; RM; QL (8 ML per 1 day); AL (Min 6 Years)
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	T1		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)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	T1		PA; RM; QL (8 ML per 1 day); AL (Min 6 Years)
EVEKEO ORAL TABLET (Amphetamine Sulfate) 10 MG, 5 MG	T1	T1	PA; ST; RM

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

Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T1	RM; QL (30 ML per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T1	RM; QL (60 ML per 1 day); AL (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>		T1	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>		T1	RM; QL (2 EA per 1 day); AL (Min 6 Years)
<i>modafinil oral tablet 100 mg, 200 mg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 16 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	T1		RM; QL (10 ML per 1 day); AL (Min 6 Years)
*Agents For Narcotic Withdrawal***			
*agents for narcotic withdrawal***			
LUCEMYRA ORAL TABLET 0.18 MG	T1		PA; RM; QL (224 EA per 14 days)
*Agents For Opioid Withdrawal***			
*agents for opioid withdrawal***			
LUCEMYRA ORAL TABLET 0.18 MG	T1		PA; RM; QL (224 EA per 14 days)
Amebicides			
*amebicides***			
SOLOSEC ORAL PACKET 2 GM	T1		RM; QL (1 EA per 6 Monthss)
Aminoglycosides			
*aminoglycosides***			
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	SP		PA; RM; AI (Limited Distribution PantheRx)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KITABIS PAK INHALATION NEBULIZATION SOLUTION (Tobramycin) 300 MG/5ML	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>		T1	RM
<i>paromomycin sulfate oral capsule 250 mg</i>		T1	RO
TOBI INHALATION NEBULIZATION SOLUTION (Tobramycin) 300 MG/5ML	SP	SP	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TOBI PODHALER INHALATION CAPSULE 28 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Analgesics - Anti-Inflammatory			
*antirheumatic - janus kinase (jak) inhibitors***			
OLUMIANT ORAL TABLET 2 MG	SP		PA; RM
XELJANZ ORAL TABLET 10 MG	SP		PA; RM

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

Drug Name	Brand	Generic	Additional Information
XELJANZ ORAL TABLET 5 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antirheumatic antimetabolites***			
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	T1		PA; RM
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	T1		RM
RHEUMATREX ORAL TABLET 2.5 MG	T1		RM
*anti-tnf-alpha - monoclonal antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	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
*anti-tnf-alpha - monoclonal antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*cyclooxygenase 2 (cox-2) inhibitors***			
<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)
*gold compounds***			
RIDAURA ORAL CAPSULE 3 MG	T1		RM

Drug Name	Brand	Generic	Additional Information
*interleukin-1 blockers***			
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)
*interleukin-1 receptor antagonist (il-1ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	SP		PA; SP
*interleukin-1beta blockers***			
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)
*interleukin-6 receptor inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	SP		PA; RM
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 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)
*nonsteroidal anti-inflammatory agent combinations***			
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>		T1	RM
*nonsteroidal anti-inflammatory agents (nsaids)***			
<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
EC-NAPROSYN ORAL TABLET DELAYED RELEASE (Naproxen DR) 375 MG, 500 MG	T1	T1	RM

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Drug Name	Brand	Generic	Additional Information
<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>		T1	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
INDOCIN ORAL SUSPENSION 25 MG/5ML	T1		RM
INDOCIN RECTAL SUPPOSITORY 50 MG	T1		RM
<i>indomethacin er oral capsule extended release 75 mg</i>		T1	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, 50 mg</i>		T1	RM
<i>meloxicam oral suspension 7.5 mg/5ml</i>		T1	RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		T1	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>		T1	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
PONSTEL ORAL CAPSULE (Mefenamic Acid) 250 MG	T1	T1	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>		T1	RM
*pyrimidine synthesis inhibitors***			
ARAVA ORAL TABLET (Leflunomide) 10 MG, 20 MG	T1	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
*selective costimulation modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	SP		PA; SP
*soluble tumor necrosis factor receptor agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SUBCUTANEOUS KIT 25 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Analgesics - Nonnarcotic			
*analgesics-sedatives***			
<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
CAPACET ORAL CAPSULE (Margesic) 50-325-40 MG	T1	T1	RM
FIORICET ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG	T1	T1	RM; AI (;); QL (4 EA per 1 day)
<i>marten-tab oral tablet 50-325 mg</i>		T1	RM
PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG	T1		RM; QL (4 EA per 1 day)
<i>repan oral tablet 50-325-40 mg</i>		T1	RM
*salicylate combinations***			
BUFFERIN LOW DOSE ORAL TABLET 81 MG	\$0		RM; QL (1 EA per 1 day); AL (Min 45 Years)

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

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

Drug Name	Brand	Generic	Additional Information
<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)
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG	\$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)
NORWICH ASPIRIN ORAL TABLET (Aspirin) 325 MG	\$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)
<i>px aspirin oral tablet chewable 81 mg</i>		\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<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)
<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)

Drug Name	Brand	Generic	Additional Information
<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)
ST JOSEPH ADULT LOW DOSE ORAL TABLET CHEWABLE 75 MG	\$0		RM; QL (1 EA per 1 Day); AL (Min 45 Years)
ST JOSEPH ADULT ORAL TABLET CHEWABLE 75 MG	\$0		RM; QL (1 EA per 1 Day); AL (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE (Aspirin) 81 MG	\$0	\$0	RM; QL (1 EA per 1 Day); AL (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG	\$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)
Analgesics - Opioid			
*codeine combinations***			
<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
ASCOMP-CODEINE ORAL CAPSULE (Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG	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)
FIORINAL/CODEINE #3 ORAL CAPSULE (Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG	T1	T1	RM; QL (6 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
*dihydrocodeine combinations***			
<i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i>		T1	RM; QL (5 EA per 1 Day)
SYNALGOS-DC ORAL CAPSULE (<i>Aspirin-Caff-Dihydrocodeine</i>) 356.4-30-16 MG	T1	T1	PA; ST; RM
TREZIX ORAL CAPSULE (<i>APAP-Caff-Dihydrocodeine</i>) 320.5-30-16 MG	T1	T1	RM
*hydrocodone combinations***			
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml, 7.5-500 mg/15ml</i>		T1	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)
HYDROGESIC ORAL CAPSULE (<i>Stagesic</i>) 5-500 MG	T1	T1	RM; QL (8 EA per 1 Day)
IBUDONE ORAL TABLET 10-200 MG	T1		RM; QL (5 EA per 1 Day)
IBUDONE ORAL TABLET (<i>Hydrocodone-Ibuprofen</i>) 5-200 MG	T1	T1	RM; QL (5 EA per 1 Day)
REPREXAIN ORAL TABLET 10-200 MG	T1		RM; QL (5 EA per 1 Day)
REPREXAIN ORAL TABLET (<i>Hydrocodone-Ibuprofen</i>) 5-200 MG	T1	T1	RM; QL (5 EA per 1 Day)
VICODIN ES ORAL TABLET (<i>Hydrocodone-Acetaminophen</i>) 7.5-300 MG	T1	T1	RM; QL (13 EA per 1 Day)
VICODIN HP ORAL TABLET (<i>Hydrocodone-Acetaminophen</i>) 10-300 MG	T1	T1	RM; QL (13 EA per 1 Day)
VICODIN ORAL TABLET (<i>Hydrocodone-Acetaminophen</i>) 5-300 MG	T1	T1	RM; QL (13 EA per 1 Day)
XYLON ORAL TABLET 10-200 MG	T1		RM
*opioid agonists***			
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AL (Min 18 Years)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; ST; RO; AI (90 lollipops per copay); QL (30 EA per 1 Copay); AL (Min 16 Years)
ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG	T1		PA; ST; RM; AI (90 lollipops per copay); QL (30 EA Max Qty Per Fill Retail); AL (Min 16 Years)
<i>codeine sulfate oral solution 30 mg/5ml</i>		T1	RM
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		T1	RM
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>TraMADol HCl ER</i>) 100 MG, 200 MG, 300 MG	T1	T1	RM; QL (1 EA per 1 day); AL (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
DEMEROL ORAL TABLET 100 MG, 50 MG	T1		ST; RM
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML	T1		PA; ST; RM
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	T1		PA; ST; RM
DOLOPHINE ORAL TABLET (Methadone HCl) 10 MG, 5 MG	T1	T1	PA; RM
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	T1		RM
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROMORPHONE HCl ER) 12 MG, 16 MG, 32 MG, 8 MG	T1	T1	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>		T1	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>		T1	RM; QL (0.34 EA per 1 day)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		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>		T1	RM
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	T1		RM; QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Morphine Sulfate ER) 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	T1	T1	RO; AI (30 capsules per copay); QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	T1		RO; AI (30 capsules per copay); QL (1 EA per 1 day)
LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT	T1		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T1	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
METHADONE HCL INTENSOL ORAL CONCENTRATE (Methadone HCl) 10 MG/ML	T1	T1	PA; RM
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		T1	PA; RM
METHADOSE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML, 5 MG/0.5ML	T1	T1	PA; RM
METHADOSE ORAL TABLET SOLUBLE (Methadone HCl) 40 MG	T1	T1	PA; RM
METHADOSE SUGAR-FREE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML	T1	T1	PA; RM
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		T1	RM; 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>		T1	RM
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		T1	RM
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	T1		RO; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	T1		RM
ONSOLIS BUCCAL FILM 1200 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		RM
OPANA ORAL TABLET (Oxymorphone HCl) 10 MG, 5 MG	T1	T1	RM
OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG, 7.5 MG	T1		PA; RM
<i>oxycodone hcl oral capsule 5 mg</i>		T1	RM
<i>oxycodone hcl oral concentrate 100 mg/5ml, 20 mg/ml</i>		T1	RM
<i>oxycodone hcl oral solution 5 mg/5ml</i>		T1	RM
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>		T1	RM
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	T1	T1	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>		T1	PA; RO; QL (2 EA per 1 day)
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	T1		PA; ST; RM
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	T1		PA; RM
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T1		PA; ST; RO; AI (Limited to 30 day supply.); QL (60 EA per 1 Copay); AL (Min 18 Years)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		T1	RO; AI (;); QL (1 EA per 1 day); AL (Min 16 Years)
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		T1	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)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG	T1		PA; RM; AI (Max #630 Mail Order); QL (7 EA per 1 day); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG	T1		PA; RM; QL (2 EA per 1 day); AL (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG, 9 MG	T1		PA; RM; QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	T1		RM; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	T1		PA; ST; RM; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
*opioid combinations***			
ENDOCET ORAL TABLET (Oxycodone-Acetaminophen) 10-325 MG, 5-325 MG, 7.5-325 MG	T1	T1	RM; QL (12 EA per 1 Day)
ENDODAN ORAL TABLET 4.8355-325 MG	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 solution 5-325 mg/5ml</i>		T1	RM
<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)
ROXICET ORAL TABLET (Oxycodone-Acetaminophen) 5-325 MG	T1	T1	RM; QL (12 EA per 1 Day)
XARTEMIS XR ORAL TABLET EXTENDED RELEASE 7.5-325 MG	T1		PA; RM
*opioid partial agonists***			
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	T1		PA; RM
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	T1		RM
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1	RM; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1	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>		T1	RM
BUTRANS TRANSDERMAL PATCH WEEKLY (Buprenorphine) 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	T1	T1	RM; QL (1 EA per 1 Week); AL (Min 18 Years)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		T1	RM; QL (12 EA per 1 Day)
SUBOXONE SUBLINGUAL FILM 12-3 MG	T1		RM; QL (2 EA per 1 Day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	T1		RM; QL (8 EA per 1 Day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T1		RM; QL (6 EA per 1 Day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	T1		RM; QL (3 EA per 1 Day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	T1		RM; QL (3 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	T1		RM; AI (;); QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG	T1		RM; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	T1		RM; AI (;); QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T1		RM; QL (22 EA per 1 day)
*pentazocine combinations***			
<i>pentazocine-acetaminophen oral tablet 25-650 mg</i>		T1	RM; QL (6 EA per 1 Day)
tramadol combinations*			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		T1	RM; QL (8 EA per 1 Day)
Androgens-Anabolic			
*anabolic steroids***			
ANADROL-50 ORAL TABLET 50 MG	T1		PA; RM
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>		T1	RM
*androgens***			
ANDROXY ORAL TABLET 10 MG	T1		PA; RM
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		T1	RM
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>Testosterone Cypionate</i>) 100 MG/ML, 200 MG/ML	T1	T1	RM; M
<i>methitest oral tablet 10 mg</i>		T1	PA; RM
<i>methyltestosterone oral capsule 10 mg</i>		T1	PA; RM
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	T1		PA; RM; M
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		T1	RM; M
XYOSTED SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	T1		PA; RM
Anorectal Agents			
*intrarectal steroids***			
<i>hydrocortisone rectal enema 100 mg/60ml</i>		T1	RM
*nitrate vasodilating agents***			
RECTIV RECTAL OINTMENT 0.4 %	T1		RM
*rectal anesthetic/steroids***			
ANALPRAM-HC RECTAL LOTION 1-2.5 %	T1		RM
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %</i>		T1	RM
LIDAZONE HC RECTAL CREAM (<i>Lidocaine- Hydrocortisone Ace</i>) 3-0.5 %	T1	T1	RM
PROCTOFOAM HC RECTAL FOAM 1-1 %	T1		RM
*rectal steroids***			
ANUSOL-HC RECTAL SUPPOSITORY (<i>Anucort-HC</i>) 25 MG	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
<i>grx hicort 25 rectal suppository 25 mg</i>		T1	RM
HEMMOREX-HC RECTAL SUPPOSITORY (Anucort-HC) 25 MG	T1	T1	RM
HEMMOREX-HC RECTAL SUPPOSITORY (Hydrocortisone Acetate) 30 MG	T1	T1	RM
<i>hydrocortisone acetate rectal suppository 25 mg</i>		T1	RM
PROCTOSOL HC RECTAL CREAM 2.5 %	T1		RM
PROCTOZONE-HC RECTAL CREAM 2.5 %	T1		RM
<i>rectacort-hc rectal suppository 25 mg</i>		T1	RM
Antacids			
*antacids - calcium salts***			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T1	PA; RM
Anthelmintics			
*anthelmintics***			
ALBENZA ORAL TABLET (Albendazole) 200 MG	T1	T1	PA; RM
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		T1	PA; RM; AL (Min 2 Years and Max 12 Years)
<i>ivermectin oral tablet 3 mg</i>		SP	RM
<i>praziquantel oral tablet 600 mg</i>		SP	RM
STROMEKTOL ORAL TABLET 3 MG	SP		PA; ST; RM
Antianginal Agents			
*antianginals-other***			
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years)
*nitrates***			
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	T1		RM
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>		T1	RM
<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
NITRO-BID TRANSDERMAL OINTMENT 2 %	T1		RM
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T1		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>		T1	RM; AI (8.5gm per copay retail or mail.); QL (8.5 GM Max Qty Per Fill Retail)
NITROLINGUAL TRANSLINGUAL SOLUTION (Nitroglycerin) 0.4 MG/SPRAY	T1	T1	RM

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Drug Name	Brand	Generic	Additional Information
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (Nitroglycerin ER) 2.5 MG, 6.5 MG, 9 MG	T1	T1	RM
Antianxiety Agents			
*antianxiety agents - misc.***			
<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>		T1	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>		T1	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>		T1	RM
<i>meprobamate oral tablet 200 mg</i>		T1	RM
VISTARIL ORAL CAPSULE (HydrOXYzine Pamoate) 25 MG, 50 MG	T1	T1	RM
*benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 3 mg</i>		T1	RM; QL (3 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>		T1	RM; QL (1 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>		T1	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)
<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>		T1	RM; QL (3 EA per 1 Day); AL (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		T1	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>		T1	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>		T1	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)

Drug Name	Brand	Generic	Additional Information
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	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>		T1	RM; QL (4 EA per 1 day); AL (Min 6 Years)
Antiarrhythmics			
*antiarrhythmics type i-a***			
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>		T1	RM
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T1		RM
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		T1	RM
<i>quinidine sulfate er oral tablet extended release 300 mg</i>		T1	RM
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		T1	RM
*antiarrhythmics type i-b***			
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		T1	RM
*antiarrhythmics type i-c***			
<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>		T1	RM
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		T1	RM
*antiarrhythmics type iii***			
<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)
MULTAQ ORAL TABLET 400 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG	T1	T1	RM
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
Antiasthmatic And Bronchodilator Agents			
*5-lipoxygenase inhibitors***			
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>		T1	PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 day); AL (Min 12 Years)
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	T1		PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
ZYFLO ORAL TABLET 600 MG	T1		PA; RM
*adrenergic combinations***			
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	T1		RM; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AL (Min 3 Years)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	T1		PA; ST; RM; QL (0.04 EA per 2 days); AL (Min 12 Years)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	T1		PA; ST; RM; QL (0.04 EA per 2 days); AL (Min 12 Years)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	T1		PA; ST; RM; QL (0.04 EA per 2 days); AL (Min 12 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	T1		RM
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	T1		ST; RM
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	T1		RM
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	T1		RM; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	T1		PA; RM; AI (Max #39gm Mail Order); QL (13 GM per 30 Days)
<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)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	T1		RM; AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T1		PA; ST; RM
*anti-ige monoclonal antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*anti-inflammatory agents***			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		T1	RM
*beta adrenergics***			
ACCUNEB INHALATION NEBULIZATION SOLUTION 0.63 MG/3ML, 1.25 MG/3ML	T1		RM; QL (375 ML per 30 Days); AL (Max 13 Years)

Drug Name	Brand	Generic	Additional Information
<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
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	T1		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>		T1	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>		T1	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
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	T1		RM; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years)
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	T1		RM
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T1		RM
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	T1		ST; RM; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	T1		RM; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T1		PA; ST; RM
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		T1	RM
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	T1		RM
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 4 MG	T1	T1	RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 8 MG	T1	T1	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
XOPENEX HFA INHALATION AEROSOL (Levalbuterol Tartrate) 45 MCG/ACT	T1	T1	ST; RM; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)

Drug Name	Brand	Generic	Additional Information
*bronchodilators - anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	T1		RM; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	T1		RM
<i>ipratropium bromide inhalation solution 0.02 %</i>		T1	RM
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	T1		PA; RM
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML	T1		PA; RM
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG	T1		RM
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T1		RM
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T1		RM; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T1		RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	T1		PA; RM
*leukotriene receptor antagonists***			
<i>montelukast sodium oral packet 4 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet 10 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*selective phosphodiesterase 4 (pde4) inhibitors***			
DALIRESP ORAL TABLET 250 MCG	T1		PA; RM
DALIRESP ORAL TABLET 500 MCG	T1		PA; ST; RM
*steroid inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T1		RM; AI (Max #36.6GM Mail Order); QL (12.2 GM per 30 Days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		RM; AI (Max #18.3GM Mail Order); QL (6.1 GM per 30 Days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	T1		RM
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	T1		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	T1		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	T1		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	T1		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH	T1		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	T1		RM
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>		T1	RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	T1		RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	T1		RM; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	T1		RM; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	T1		RM; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	T1		RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
PULMICORT INHALATION SUSPENSION (Budesonide) 1 MG/2ML	T1	T1	RM; AI (Max #180ml per 90 days); QL (60 ML per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	T1		RM; AI (;); QL (1.2 GM per 1 day)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	T1		RM; AI (;); QL (0.6 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	T1		RM
*xanthines***			
<i>aminophylline anhydrous powder</i>		T1	PA; RM
LUFYLLIN ORAL TABLET 200 MG, 400 MG	T1		RM
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	T1		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

Drug Name	Brand	Generic	Additional Information
Anticoagulants			
*coumarin anticoagulants***			
COUMADIN INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	T1		RM
COUMADIN ORAL TABLET (<i>Warfarin Sodium</i>) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	T1	T1	RM
JANTOVEN ORAL TABLET (<i>Warfarin Sodium</i>) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	T1	T1	RM
*direct factor xa inhibitors***			
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	T1		PA; RM; QL (1 EA per 1 day); AL (Min 18 Years)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	T1		RM
ELIQUIS STARTER PACK ORAL TABLET 5 MG	T1		RM
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	T1		PA; RM; QL (1 EA per 1 day); AL (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T1		RM; AI (;)
XARELTO ORAL TABLET 2.5 MG	T1		RM
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	T1		RM; AI (;)
*heparins and heparinoid-like agents***			
<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>		T1	RM
*low molecular weight heparins***			
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	T1		RM
LOVENOX INJECTION SOLUTION (<i>Enoxaparin Sodium</i>) 300 MG/3ML	T1	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	T1	T1	RM
*synthetic heparinoid-like agents***			
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	T1	T1	RM
thrombin inhibitors - selective direct & reversible*			
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	T1		RM

Drug Name	Brand	Generic	Additional Information
Anticonvulsants			
*ampa glutamate receptor antagonists***			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	T1		RM
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*anticonvulsants - benzodiazepines***			
<i>clobazam oral tablet 10 mg, 20 mg</i>		T1	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 (DiazePAM) 10 MG, 20 MG	T1	T1	RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	T1		RM; QL (3 EA per 1 day)
<i>diazepam rectal gel 2.5 mg</i>		T1	RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
ONFI ORAL SUSPENSION (CloBAZam) 2.5 MG/ML	T1	T1	RM; QL (8 ML per 1 day)
ONFI ORAL TABLET 10 MG, 20 MG	T1		RM; QL (2 EA per 1 Day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	SP		RM; QL (2 EA per 1 Day)
*anticonvulsants - misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG	T1		PA; RM; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	T1		PA; RM; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	T1		PA; RM
BANZEL ORAL TABLET 200 MG, 400 MG	T1		PA; RM
BRIVIACT ORAL SOLUTION 10 MG/ML	T1		RM; QL (20 ML per 1 day); AL (Min 4 Years)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	T1		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
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 100 MG, 200 MG, 300 MG	T1	T1	RM
EPIDIOLEX ORAL SOLUTION 100 MG/ML	T1		PA; RM
EPITOL ORAL TABLET (CarBAMazepine) 200 MG	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
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG, 25 (21)-50 (7) MG, 50 (42)-100(14) MG	T1		RM; AL (Max 6 Years)

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Drug Name	Brand	Generic	Additional Information
LAMICTAL ODT ORAL TABLET DISPERSIBLE <i>(LamoTRlgine)</i> 100 MG, 200 MG, 25 MG, 50 MG	T1	T1	RM
LAMICTAL ORAL TABLET <i>(LamoTRlgine)</i> 100 MG, 150 MG, 200 MG, 25 MG	T1	T1	RM
LAMICTAL ORAL TABLET CHEWABLE 2 MG	T1		RM
LAMICTAL ORAL TABLET CHEWABLE <i>(LamoTRlgine)</i> 25 MG, 5 MG	T1	T1	RM
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR <i>(LamoTRlgine ER)</i> 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	T1	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
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T1		RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years)
LYRICA ORAL SOLUTION 20 MG/ML	T1		RM
<i>oxcarbazepine oral suspension 300 mg/5ml</i>		T1	RM
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>		T1	RM
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	T1		PA; RM
<i>primidone oral tablet 250 mg, 50 mg</i>		T1	RM
ROWEEPRAL ORAL TABLET <i>(LevETIRAcetam)</i> 750 MG	T1	T1	RM
ROWEEPRAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		RM; QL (6 EA per 1 day); AL (Min 12 Years)
ROWEEPRAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR <i>(LevETIRAcetam ER)</i> 750 MG	T1	T1	RM; AL (Min 12 Years)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR <i>(CarBAMazepine ER)</i> 100 MG	T1	T1	RM
TOPIRAGEN ORAL TABLET <i>(Topiramate)</i> 100 MG, 200 MG, 25 MG, 50 MG	T1	T1	RM
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		T1	RM
VIMPAT ORAL SOLUTION 10 MG/ML	T1		RM
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T1		RM
ZONEGRAN ORAL CAPSULE 100 MG	T1		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
*carbamates***			
<i>felbamate oral suspension 600 mg/5ml</i>		T1	RM
<i>felbamate oral tablet 400 mg, 600 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
*gaba modulators***			
SABRIL ORAL PACKET (Vigabatrin) 500 MG	SP	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SABRIL ORAL TABLET 500 MG	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>		T1	RM
*hydantoins***			
DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended) 100 MG	T1	T1	RM
DILANTIN ORAL CAPSULE 30 MG	T1		RM
PEGANONE ORAL TABLET 250 MG	T1		RM
PHENYTEK ORAL CAPSULE (Phenytoin Sodium Extended) 200 MG, 300 MG	T1	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable 50 mg</i>		T1	RM
*succinimides***			
CELONTIN ORAL CAPSULE 300 MG	T1		RM
<i>ethosuximide oral capsule 250 mg</i>		T1	RM
<i>ethosuximide oral solution 250 mg/5ml</i>		T1	RM
*valproic acid***			
DEPAKENE ORAL CAPSULE (Valproic Acid) 250 MG	T1	T1	RM
DEPAKENE ORAL SOLUTION (Valproic Acid) 250 MG/5ML	T1	T1	RM
DEPAKENE ORAL SYRUP (Valproic Acid) 250 MG/5ML	T1	T1	RM
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR (Divalproex Sodium ER) 250 MG, 500 MG	T1	T1	RM
DEPAKOTE ORAL TABLET DELAYED RELEASE (Divalproex Sodium) 125 MG, 250 MG, 500 MG	T1	T1	RM
DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE (Divalproex Sodium) 125 MG	T1	T1	RM
STAVZOR ORAL CAPSULE DELAYED RELEASE 125 MG, 250 MG, 500 MG	T1		PA; RM
Antidepressants			
*alpha-2 receptor antagonists (tetracyclics)***			
<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

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Drug Name	Brand	Generic	Additional Information
<i>mirtazapine oral tablet dispersible 15 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON ORAL TABLET 15 MG	T1		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
REMERON ORAL TABLET 30 MG	T1		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON ORAL TABLET 45 MG	T1		PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	T1		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG	T1		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG	T1		PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*antidepressants - misc.***			
<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
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	T1		RM
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>		T1	RM
WELLBUTRIN ORAL TABLET 100 MG, 75 MG	T1		PA; ST; RM
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR (BuPROPion HCl ER (SR)) 100 MG, 150 MG, 200 MG	T1	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T1		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR (BuPROPion HCl ER (XL)) 300 MG	T1	T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
*modified cyclics***			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		T1	RM
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	RM
<i>trazodone hcl oral tablet 300 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T1		RM; QL (1 EA per 1 day); AL (Min 16 Years)
VIIBRYD ORAL KIT 10 & 20 & 40 MG	T1		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	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	T1		RM; QL (1 EA per 1 Lifetime); AL (Min 12 Years)
*monoamine oxidase inhibitors (maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	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)
MARPLAN ORAL TABLET 10 MG	T1		RM
NARDIL ORAL TABLET 15 MG	T1		PA; ST; RM
PARNATE ORAL TABLET 10 MG	T1		PA; ST; RM
<i>phenelzine sulfate oral tablet 15 mg</i>		T1	RM
<i>tranylcypromine sulfate oral tablet 10 mg</i>		T1	RM
*selective serotonin reuptake inhibitors (ssris)***			
<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>		T1	RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
LEXAPRO ORAL SOLUTION (Escitalopram Oxalate) 5 MG/5ML	T1	T1	RM
LEXAPRO ORAL TABLET (Escitalopram Oxalate) 10 MG	T1	T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
LEXAPRO ORAL TABLET (Escitalopram Oxalate) 20 MG, 5 MG	T1	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LUVOX CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	T1		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)
PAXIL ORAL SUSPENSION 10 MG/5ML	T1		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
*serotonin-norepinephrine reuptake inhibitors (snris)***			
<i>desvenlafaxine fumarate er oral tablet extended release 24 hour 100 mg, 50 mg</i>		T1	RM; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>		T1	RM; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<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)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	T1		PA; ST; RM
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	T1		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>		T1	RM
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		T1	RM
*tricyclic agents***			
<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
<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>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>imipramine pamoate oral capsule 75 mg</i>		T1	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
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	T1		RM
TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG	T1		PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TOFRANIL-PM ORAL CAPSULE 75 MG	T1		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Antidiabetics			
*alpha-glucosidase inhibitors***			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
GLYSET ORAL TABLET 25 MG	T1		RM
*antidiabetic - amylin analogs***			
SYMLIN SUBCUTANEOUS SOLUTION 600 MCG/ML	T1		RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	T1		RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	T1		RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years)
*biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	T1		ST; RM; AI (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2.5 EA per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	T1		ST; RM; AI (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (5 EA per 1 day)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	T1		PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (MetFORMIN HCl ER (MOD)) 1000 MG	T1	T1	PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 day); AL (Min 18 Years)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (MetFORMIN HCl ER (MOD)) 500 MG	T1	T1	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
*diabetic other - combinations***			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	T1		RM
*diabetic other***			
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	T1		RM
GLUCAGON EMERGENCY INJECTION KIT 1 MG	T1		RM
PROGLYCEM ORAL SUSPENSION 50 MG/ML	T1		RM
*dipeptidyl peptidase-4 (dpp-4) inhibitors***			
<i>alogliptin benzoate oral tablet 25 mg, 6.25 mg</i>		T1	RM
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
NESINA ORAL TABLET (Alogliptin Benzoate) 12.5 MG	T1	T1	PA; ST; RM
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years)
TRADJENTA ORAL TABLET 5 MG	T1		PA; ST; RM

Drug Name	Brand	Generic	Additional Information
*dipeptidyl peptidase-4 inhibitor-biguanide combinations***			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	T1		RM
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	T1		RM
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T1		RM; QL (1 EA per 1 day); AL (Min 18 Years)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	T1		RM
*dopamine receptor agonists - ergot derivatives***			
CYCLOSET ORAL TABLET 0.8 MG	T1		RM
*human insulin***			
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		PA; RM
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	T1		PA; RM; AL (Min 18 Years)
APIDRA INJECTION SOLUTION 100 UNIT/ML	T1		PA; RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		PA; RM
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		PA; RM
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		RM; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		RM; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T1		RM
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	T1		RM
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	T1		RM; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	T1		RM
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	T1		RM; QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	T1		RM; AI (;); QL (2 ML per 1 day)

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Drug Name	Brand	Generic	Additional Information
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	T1		RM
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T1		PA; RM; \$0; QL (2 ML per 1 day)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T1		RM; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	T1		RM
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T1		RM; QL (2 ML per 1 day)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	T1		RM; AI (;); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	T1		RM; AI (;); QL (0.67 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	T1		RM; QL (0.5 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		RM
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	T1		RM; AI (;); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		PA; RM
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	T1		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	T1		PA; RM; \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T1		PA; RM; \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	T1		PA; RM; AI (;); QL (2 ML per 1 day)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	T1		PA; RM; AI (;); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	T1		PA; RM
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	T1		PA; RM
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	T1		PA; RM; QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	T1		PA; RM

Drug Name	Brand	Generic	Additional Information
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	T1		PA; RM; AI (;); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	T1		RM
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	T1		RM
*incretin mimetic agents (glp-1 receptor agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	T1		RM
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	T1		RM; AI (Max #12 Mail Order); QL (4 EA per 30 days); AL (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	T1		RM; QL (4 EA per 30 days); AL (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	T1		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	T1		RM; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AL (Min 18 Years)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	T1		PA; ST; RM; AI (Electronic Step: Throught Trulicity and Victoza in last 12 months.)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG	T1		RM; QL (0.14 MG per 1 day); AL (Min 18 Years)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 50 MG	T1		RM; QL (0.14 GM per 1 day); AL (Min 18 Years)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T1		RM; QL (1 ea per 1 Week); AL (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	T1		RM; AI (Max #3 Cartons Mail Order); QL (0.3 ML per 1 day); AL (Min 18 Years)
*meglitinide analogues***			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
PRANDIN ORAL TABLET (<i>Repaglinide</i>) 0.5 MG, 1 MG, 2 MG	T1	T1	RM
*progesterone receptor antagonists***			
KORLYM ORAL TABLET 300 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*sodium-glucose co-transporter 2 (sglt2) inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	T1		RM; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	T1		RM
JARDIANCE ORAL TABLET 10 MG, 25 MG	T1		RM
*sulfonylurea-biguanide combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<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)
*sulfonylureas***			
<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
<i>tolazamide oral tablet 250 mg, 500 mg</i>		T1	RM
<i>tolbutamide oral tablet 500 mg</i>		T1	RM
*sulfonylurea-thiazolidinedione combinations***			
AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG	T1		RM
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 16 Years)
*thiazolidinedione-biguanide combinations***			
AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
AVANDAMET ORAL TABLET 2-500 MG	T1		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)
*thiazolidinediones***			
AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG	T1		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)
Antidiarrheals			
*antidiarrheal - chloride channel antagonists***			
FULYZAQ ORAL TABLET DELAYED RELEASE 125 MG	T1		RM
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	T1		RM
*antiperistaltic agents***			
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
LOMOTIL ORAL TABLET (Diphenoxylate-Atropine) 2.5-0.025 MG	T1	T1	RM
<i>loperamide hcl oral capsule 2 mg</i>		T1	RM
MOTOFEN ORAL TABLET 1-0.025 MG	T1		RM
<i>opium oral tincture 10 mg/ml (1%)</i>		T1	ST; RM
Antidotes And Specific Antagonists			
*antidotes and specific antagonists***			
<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)
DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RADIOGARDASE ORAL CAPSULE 0.5 GM	T1		PA; RM
Antidotes			
*antidotes - chelating agents***			
CHEMET ORAL CAPSULE 100 MG	T1		PA; RM
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXJADE ORAL TABLET SOLUBLE 500 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)
FERRIPROX ORAL SOLUTION 100 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FERRIPROX ORAL TABLET 500 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	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)

Drug Name	Brand	Generic	Additional Information
*antidotes***			
<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)
DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RADIOGARDASE ORAL CAPSULE 0.5 GM	T1		PA; RM
*opioid antagonists***			
<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
NARCAN NASAL LIQUID 4 MG/0.1ML	T1		RM; QL (0.14 EA per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antiemetics			
*5-ht3 receptor antagonists***			
ANZEMET ORAL TABLET 100 MG, 50 MG	T1		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)
GRANISOL ORAL SOLUTION 2 MG/10ML	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>		T1	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>		T1	RM; AI (#15 per Copay Retail or Mail); QL (2 EA per 1 day)
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	T1		RO; AI (;); QL (1 EA per 1 Copay)
ZUPLENZ ORAL FILM 4 MG, 8 MG	T1		RM; AI (#10 per copay retail or mail); QL (10 EA per 1 Copay)
*antiemetic combinations***			
AKYNZEO ORAL CAPSULE 300-0.5 MG	T1		PA; RM

Drug Name	Brand	Generic	Additional Information
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG	T1		PA; RM; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	T1		PA; ST; RM; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
*antiemetics - anticholinergic***			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T1	RM
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>		T1	RM; QL (0.34 EA per 1 day)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	T1		RM
TIGAN ORAL CAPSULE (Trimethobenzamide HCl) 300 MG	T1	T1	RM
*antiemetics - miscellaneous***			
CESAMET ORAL CAPSULE 1 MG	T1		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>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
MARINOL ORAL CAPSULE 10 MG	T1		RM; QL (2 EA per 1 Day)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	T1		RM; QL (3 EA per 1 Day)
SYNDROS ORAL SOLUTION 5 MG/ML	T1		PA; RM
*substance p/neurokinin 1 (nk1) receptor antagonists***			
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>		T1	RM; AI (;)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	T1		RM
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VARUBI ORAL TABLET 90 MG	T1		RO; QL (8 EA Max Qty Per Fill Retail)
Antifungals			
*antifungals***			
ANCOBON ORAL CAPSULE (Flucytosine) 250 MG, 500 MG	T1	T1	RM
GRIFULVIN V ORAL TABLET (Griseofulvin Microsize) 500 MG	T1	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
GRIS-PEG ORAL TABLET 125 MG, 250 MG	T1		ST; RM

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Drug Name	Brand	Generic	Additional Information
LAMISIL ORAL PACKET 125 MG	T1		RM; AI (Max #180 Mail Order); QL (60 EA per 30 Days)
LAMISIL ORAL PACKET 187.5 MG	T1		RM; AI (Max #90 Mail Order); QL (30 EA per 30 Days)
LAMISIL ORAL TABLET (<i>Terbinafine HCl</i>) 250 MG	T1	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nystatin oral tablet 500000 unit</i>		T1	RM
*imidazoles***			
<i>ketoconazole oral tablet 200 mg</i>		T1	RM
<i>miconazole powder</i>		T1	RM
triazoles*			
CRESEMBA ORAL CAPSULE 186 MG	T1		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>		T1	RM
NOXAFIL ORAL SUSPENSION 40 MG/ML	T1		RM
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	T1		RM
ONMEL ORAL TABLET 200 MG	T1		RM
SPORANOX ORAL SOLUTION (<i>Itraconazole</i>) 10 MG/ML	T1	T1	RM
VFEND ORAL SUSPENSION RECONSTITUTED (<i>Voriconazole</i>) 40 MG/ML	T1	T1	RM; AI (;)
VFEND ORAL TABLET (<i>Voriconazole</i>) 200 MG, 50 MG	T1	T1	RM; AI (;)
*Antihemophilic Products - Monoclonal Antibodies***			
*antihemophilic products - monoclonal antibodies***			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	SP		PA; SP
Antihistamines			
*antihistamines - alkylamines***			
<i>dexchlorpheniramine maleate oral syrup 2 mg/5ml</i>		T1	RM
RYCLORA ORAL SYRUP 2 MG/5ML	T1		RM; QL (3.93 ML per 1 Day)
*antihistamines - ethanolamines***			
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>		T1	RM
<i>clemastine fumarate oral tablet 2.68 mg</i>		T1	RM
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		T1	PA; RM
*antihistamines - non-sedating***			
<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

Drug Name	Brand	Generic	Additional Information
CLARINEX ORAL SYRUP 0.5 MG/ML	T1		PA; ST; RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
CLARINEX ORAL TABLET 5 MG	T1		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
*antihistamines - phenothiazines***			
PHENADOZ RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG	T1	T1	RM
PHENERGAN INJECTION SOLUTION (Promethazine HCl) 25 MG/ML, 50 MG/ML	T1	T1	RM
PHENERGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG	T1	T1	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
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		T1	RM
PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG, 50 MG	T1	T1	RM
*antihistamines - piperidines***			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		T1	RM
<i>cyproheptadine hcl oral tablet 4 mg</i>		T1	RM
Antihyperlipidemics			
*antihyperlipidemics - misc.***			
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>		T1	RM
VASCEPA ORAL CAPSULE 0.5 GM	T1		PA; RM
*bile acid sequestrants***			
<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>		T1	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
PREVALITE ORAL PACKET (Cholestyramine Light) 4 GM	T1	T1	RM
PREVALITE ORAL POWDER (Cholestyramine Light) 4 GM/DOSE	T1	T1	RM
WELCHOL ORAL PACKET 3.75 GM	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
*fibrin acid derivatives***			
<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)

Drug Name	Brand	Generic	Additional Information
<i>fenofibrate oral tablet 54 mg</i>		T1	RM; AI (Max #90 Mail Order)
<i>fenofibric acid oral tablet 105 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FENOGLIDE ORAL TABLET (Fenofibrate) 120 MG, 40 MG	T1	T1	RM
<i>gemfibrozil oral tablet 600 mg</i>		T1	RM
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	T1		RM
LOFIBRA ORAL TABLET 160 MG, 54 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TRICOR ORAL TABLET 145 MG	T1		RM; QL (1 EA per 1 Day)
TRICOR ORAL TABLET (Fenofibrate) 48 MG	T1	T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TRIGLIDE ORAL TABLET 160 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
*hmg coa reductase inhibitors***			
<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)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	T1		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>		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)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	T1		ST; RM
*intest cholest absorp inhib-hmg coa reductase inhib comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1	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)

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Drug Name	Brand	Generic	Additional Information
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
VYTORIN ORAL TABLET 10-80 MG	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)
*intestinal cholesterol absorption inhibitors***			
<i>ezetimibe oral tablet 10 mg</i>		T1	RM; QL (1 EA per 1 day)
*microsomal triglyceride transfer protein inhibitors***			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*nicotinic acid derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG	T1		RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Antihypertensives			
*ace inhibitor & calcium channel blocker combinations***			
<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
TARKA ORAL TABLET EXTENDED RELEASE (Trandolapril-Verapamil HCl ER) 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG	T1	T1	RM
*ace inhibitors & thiazide/thiazide-like***			
<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>		T1	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>		T1	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
*ace inhibitors***			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1	RM

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Drug Name	Brand	Generic	Additional Information
<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
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		T1	RM
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		T1	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
*agents for pheochromocytoma***			
DIBENZYLINE ORAL CAPSULE 10 MG	T1		RM
*angiotensin ii receptor antag & ca channel blocker comb***			
<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>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TWYNSTA ORAL TABLET (Telmisartan-Amlodipine) 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	T1	T1	RM
*angiotensin ii receptor antag & thiazide/thiazide-like***			
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	T1		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>		T1	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>		T1	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)
*angiotensin ii receptor antagonists***			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
EDARBI ORAL TABLET 40 MG, 80 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>eprosartan mesylate oral tablet 600 mg</i>		T1	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
MICARDIS ORAL TABLET (Telmisartan) 20 MG, 40 MG, 80 MG	T1	T1	RM
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1	PA; ST; RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1	PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1	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)
*angiotensin ii receptor ant-ca channel blocker-thiazides***			
<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)
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	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T1	RM
*antiadrenergics - centrally acting***			
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR	T1		RM
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR	T1		RM
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR	T1		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>		T1	RM
<i>methyldopa oral tablet 250 mg, 500 mg</i>		T1	RM
TENEX ORAL TABLET (GuanFACINE HCl) 1 MG, 2 MG	T1	T1	RM
*antiadrenergics - peripherally acting***			
<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
*beta blocker & diuretic combinations***			
<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

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

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Drug Name	Brand	Generic	Additional Information
<i>atovaquone oral suspension 750 mg/5ml</i>		T1	RM
*carbapenem combinations***			
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)
*ketolides***			
KETEK ORAL TABLET 300 MG	T1		RM
*leprostatics***			
<i>dapsone oral tablet 100 mg, 25 mg</i>		T1	RM
*lincosamides***			
CLEOCIN ORAL CAPSULE (Clindamycin HCl) 75 MG	T1	T1	RM
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>		T1	RM
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>		T1	RM
*oxazolidinones***			
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>		T1	RM
<i>linezolid oral tablet 600 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
SIVEXTRO ORAL TABLET 200 MG	T1		PA; RO
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	T1		PA; RM
ZYVOX ORAL TABLET 600 MG	T1		PA; RM
Antimalarials			
*antimalarial combinations***			
COARTEM ORAL TABLET 20-120 MG	T1		RM
MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 250-100 MG, 62.5-25 MG	T1	T1	RM
*antimalarials***			
ARALEN ORAL TABLET (Chloroquine Phosphate) 500 MG	T1	T1	RM
<i>chloroquine phosphate oral tablet 250 mg</i>		T1	RM
DARAPRIM ORAL TABLET 25 MG	T1		PA; ST; RM
<i>mefloquine hcl oral tablet 250 mg</i>		T1	RM; AI (Max #15 per 90 days); QL (5 EA per 30 Days)
PLAQUENIL ORAL TABLET (Hydroxychloroquine Sulfate) 200 MG	T1	T1	RM
<i>primaquine phosphate oral tablet 26.3 mg</i>		T1	RM
QUALAQUIN ORAL CAPSULE (Quinine Sulfate) 324 MG	T1	T1	RM
Antimyasthenic Agents			
*antimyasthenic agents***			
FIRDAPSE ORAL TABLET 10 MG	T1		PA; RM
<i>guanidine hcl oral tablet 125 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
MESTINON ORAL SYRUP 60 MG/5ML	T1		RM
MESTINON ORAL TABLET (<i>Pyridostigmine Bromide</i>) 60 MG	T1	T1	RM
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	T1		ST; RM
PROSTIGMIN ORAL TABLET 15 MG	T1		RM
*antimyasthenic/cholinergic agents***			
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	MB		SP
ENLON INJECTION SOLUTION 10 MG/ML	MB		SP
FIRDAPSE ORAL TABLET 10 MG	T1		PA; RM
<i>guanidine hcl oral tablet 125 mg</i>		T1	RM
MESTINON ORAL SYRUP 60 MG/5ML	T1		RM
MESTINON ORAL TABLET (<i>Pyridostigmine Bromide</i>) 60 MG	T1	T1	RM
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	T1		ST; RM
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>		MB	SP
PROSTIGMIN ORAL TABLET 15 MG	T1		RM
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	MB		SP
Antimyasthenic/Cholinergic Agents			
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	MB		SP
ENLON INJECTION SOLUTION 10 MG/ML	MB		SP
FIRDAPSE ORAL TABLET 10 MG	T1		PA; RM
<i>guanidine hcl oral tablet 125 mg</i>		T1	RM
MESTINON ORAL SYRUP 60 MG/5ML	T1		RM
MESTINON ORAL TABLET (<i>Pyridostigmine Bromide</i>) 60 MG	T1	T1	RM
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	T1		ST; RM
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>		MB	SP
PROSTIGMIN ORAL TABLET 15 MG	T1		RM
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	MB		SP
Antimycobacterial Agents			
*anti tb combinations***			
RIFAMATE ORAL CAPSULE 150-300 MG	T1		RM
RIFATER ORAL TABLET 50-120-300 MG	T1		RM
*antimycobacterial agents***			
<i>cycloserine oral capsule 250 mg</i>		T1	RM
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		T1	RM
<i>isoniazid oral syrup 50 mg/5ml</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<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)
MYAMBUTOL ORAL TABLET 100 MG, 400 MG	T1		PA; ST; RM
PASER ORAL PACKET 4 GM	T1		PA; ST; RM
PRIFTIN ORAL TABLET 150 MG	T1		RM
<i>pyrazinamide oral tablet 500 mg</i>		T1	RM
<i>rifabutin oral capsule 150 mg</i>		T1	RM
RIFADIN ORAL CAPSULE (Rifampin) 150 MG, 300 MG	T1	T1	RM
SIRTURO ORAL TABLET 100 MG	T1		RM
TRECTOR ORAL TABLET 250 MG	T1		RM
*Antineoplastic - Bcl-2 Inhibitors***			
*antineoplastic - bcl-2 inhibitors***			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	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)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	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)
*Antineoplastic Or Premalignant Lesion Agent - Comb***			
*antineoplastic or premalignant lesion agent - comb***			
FLUORAC EXTERNAL CREAM 5-1 %	T1		RM
Antineoplastics And Adjunctive Therapies			
*alkylating agents***			
BENDEKA INTRAVENOUS SOLUTION (Bendamustine HCl) 100 MG/4ML	T1	T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HEXALEN ORAL CAPSULE 50 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYLERAN ORAL TABLET 2 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*androgen biosynthesis inhibitors***			
<i>abiraterone acetate oral tablet 250 mg</i>		T1	PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)

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Drug Name	Brand	Generic	Additional Information
YONSA ORAL TABLET 125 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA ORAL TABLET 250 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA ORAL TABLET 500 MG	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antiadrenals***			
LYSODREN ORAL TABLET 500 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antiandrogens***			
CASODEX ORAL TABLET (<i>Bicalutamide</i>) 50 MG	T1	T1	RM
ERLEADA ORAL TABLET 60 MG	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
NILANDRON ORAL TABLET (<i>Nilutamide</i>) 150 MG	T1	T1	RM; M
XTANDI ORAL CAPSULE 40 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antiestrogens***			
FARESTON ORAL TABLET 60 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	T1		RM
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		\$0	RM; \$0
*antimetabolites***			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	T1		PA; ST; RM
<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
PURIXAN ORAL SUSPENSION 2000 MG/100ML	T1		RM
TABLOID ORAL TABLET 40 MG	T1		RM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	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)
*antineoplastic - braf kinase inhibitors***			
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	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)
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)
*antineoplastic - hedgehog pathway inhibitors***			
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)
*antineoplastic - histone deacetylase inhibitors***			
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply 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)
*antineoplastic - immunomodulators***			
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)
*antineoplastic - mek inhibitors***			
COTELLIC ORAL TABLET 20 MG	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
MEKINIST ORAL TABLET 0.5 MG, 2 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI ORAL TABLET 15 MG	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)
*antineoplastic - monoclonal antibodies***			
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	MB		SP
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antineoplastic - mtor kinase inhibitors***			
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antineoplastic - multikinase inhibitors***			
NEXAVAR ORAL TABLET 200 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)
RYDAPT ORAL CAPSULE 25 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STIVARGA ORAL TABLET 40 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 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)

Drug Name	Brand	Generic	Additional Information
*antineoplastic - proteasome inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1		PA; RM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*antineoplastic - tyrosine kinase inhibitors***			
ALECENSA ORAL CAPSULE 150 MG	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)
ALUNBRIG ORAL TABLET 30 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BOSULIF ORAL TABLET 100 MG, 500 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CALQUENCE ORAL CAPSULE 100 MG	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA ORAL TABLET 100 MG, 300 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	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
GLEEVEC ORAL TABLET (Imatinib Mesylate) 100 MG	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)
GLEEVEC ORAL TABLET 400 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)
ICLUSIG ORAL TABLET 15 MG, 45 MG	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)
IMBRUVICA ORAL CAPSULE 140 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 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL TABLET 140 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 18 Years)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INLYTA ORAL TABLET 1 MG, 5 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IRESSA ORAL TABLET 250 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)

Drug Name	Brand	Generic	Additional Information
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	T1		PA; RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	T1		RM; AI (Limited to In-Network Specialty Pharmacies, 30 day supply 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 supply 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	SP		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)

Drug Name	Brand	Generic	Additional Information
*antineoplastic antibiotics***			
<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)
*antineoplastic antibody-drug complexes***			
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)
*antineoplastic combinations***			
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	T1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply 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)
*antineoplastics misc.***			
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)
*aromatase inhibitors***			
<i>anastrozole oral tablet 1 mg</i>		T1	RM; AI (;); 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; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
FEMARA ORAL TABLET (<i>Letrozole</i>) 2.5 MG	T1	T1	RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
*chemotherapy adjuncts - hyperuricemia agents***			
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)
*estrogen receptor antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*estrogens-antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*folic acid antagonists rescue agents***			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		T1	RM
*gonadotropin releasing hormone (gnrh) antagonists***			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*imidazotetrazines***			
TEMODAR ORAL CAPSULE (<i>Temozolomide</i>) 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*janus associated kinase (jak) inhibitors***			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*lhrh analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 INJ per 60 days); AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 INJ per 120 days); AL (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
ELIGARD SUBCUTANEOUS KIT 45 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 INJ per 180 days); AL (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); 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); M; QL (28 MG per 28 days); AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 30 days); AL (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 60 days); AL (Min 18 Years)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 120 days); AL (Min 18 Years)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 180 days); AL (Min 18 Years)
TRELSTAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	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
VANTAS SUBCUTANEOUS KIT 50 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*mitotic inhibitors***			
<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)
*nitrogen mustards***			
ALKERAN ORAL TABLET 2 MG	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
LEUKERAN ORAL TABLET 2 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*nitrosoureas***			
GLEOSTINE ORAL CAPSULE (<i>Lomustine</i>) 10 MG, 100 MG, 40 MG	T1	T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*progestins-antineoplastic***			
MEGACE ORAL ORAL SUSPENSION (<i>Megestrol Acetate</i>) 40 MG/ML	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
*retinoids***			
<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)
*selective retinoid x receptor agonists***			
<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)
TARGRETIN ORAL CAPSULE 75 MG	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
*topoisomerase i inhibitors***			
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*urinary tract protective agents***			
MESNEX ORAL TABLET 400 MG	SP		SP
Antiparkinson Agents			
*antiparkinson anticholinergics***			
<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>		T1	RM
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		T1	RM
*antiparkinson dopaminergics***			
<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
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	T1		PA; RM
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG	T1		PA; RM
*antiparkinson monoamine oxidase inhibitors***			
AZILECT ORAL TABLET (<i>Rasagiline Mesylate</i>) 0.5 MG, 1 MG	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
XADAGO ORAL TABLET 100 MG, 50 MG	T1		PA; RM
*decarboxylase inhibitors***			
<i>carbidopa oral tablet 25 mg</i>		T1	RM
*levodopa combinations***			
<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
STALEVO 100 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 25-100-200 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 125 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 31.25-125-200 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 150 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 37.5-150-200 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 200 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 50-200-200 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
STALEVO 50 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 12.5-50-200 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 75 ORAL TABLET (<i>Carbidopa-Levodopa-Entacapone</i>) 18.75-75-200 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
*nonergoline dopamine receptor agonists***			
APOKYN SUBCUTANEOUS SOLUTION 10 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	T1		RM; AI (;); QL (1 EA per 1 Day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	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, 4.5 mg</i>		T1	RM; QL (1 EA per 1 day)
<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
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR (ROPINIROLE HCl ER) 12 MG, 6 MG	T1	T1	RM
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	T1		RM; QL (8 EA per 1 Day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	T1		RM; QL (4 EA per 1 Day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	T1		RM; QL (3 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T1	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>		T1	RM; AI (Max #540 Mail Order); QL (4 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T1	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
*peripheral comt inhibitors***			
COMTAN ORAL TABLET (<i>Entacapone</i>) 200 MG	T1	T1	RM
Antipsychotics/Antimanic Agents			
*antimanic agents***			
<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

Drug Name	Brand	Generic	Additional Information
<i>lithium carbonate oral tablet 300 mg</i>		T1	RM
<i>lithium oral solution 8 meq/5ml</i>		T1	RM
*antipsychotics - misc.***			
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	T1		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)
*benzisoxazoles***			
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	T1		RM; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 6 MG	T1		RM; AI (90 tablets per copay); QL (2 EA per 1 Day); AL (Min 12 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	T1		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>		T1	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>		T1	RM; AI (90 tablets per copay); QL (1 EA per 1 day); AL (Min 12 Years)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG	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
*butyrophenones***			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1	RM
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		T1	RM
*dibenzodiazepines***			
<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)
*dibenzo-oxepino pyrroles***			
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T1		RM; QL (2 EA per 1 Day)
*dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>		T1	RM; QL (1 EA per 1 day); AL (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>		T1	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

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Drug Name	Brand	Generic	Additional Information
<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)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUETiapine Fumarate ER) 400 MG	T1	T1	RM; QL (2 EA per 1 day); AL (Min 10 Years)
*dibenzoxazepines***			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		T1	RM
*phenothiazines***			
<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>		T1	RM
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		T1	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>		T1	RM
<i>prochlorperazine rectal suppository 25 mg</i>		T1	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
*quinolinone derivatives***			
ABILIFY ORAL SOLUTION 1 MG/ML	T1		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)
<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)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T1		PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
*thienbenzodiazepines***			
<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>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*thioxanthenes***			
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		T1	RM
*Antiretrovirals Adjuvants***			
*antiretrovirals adjuvants***			
TYBOST ORAL TABLET 150 MG	T1		RM; AI (;)

Drug Name	Brand	Generic	Additional Information
Antiseptics & Disinfectants			
*antiseptics & disinfectants***			
FORMADON EXTERNAL SOLUTION (Formaldehyde) 10 %	T1	T1	RM
*iodine antiseptics***			
IODOSORB EXTERNAL GEL 0.9 %	T1		RM
Antivirals			
*antiretroviral combinations***			
<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)
ATRIPLA ORAL TABLET 600-200-300 MG	T1		RM; AI (;); QL (1 EA per 1 Day); AL (Min 18 Years)
BIKTARVY ORAL TABLET 50-200-25 MG	T1		RM; QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	T1		RM; QL (1 EA per 1 day)
COMBIVIR ORAL TABLET (Lamivudine-Zidovudine) 150-300 MG	T1	T1	RM; AI (;)
COMPLERA ORAL TABLET 200-25-300 MG	T1		RM; AI (;)
DELSTRIGO ORAL TABLET 100-300-300 MG	T1		PA; ST; RM
DESCOVY ORAL TABLET 200-25 MG	T1		RM; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	T1		RM; AI (;)
GENVOYA ORAL TABLET 150-150-200-10 MG	T1		RM; AI (;)
JULUCA ORAL TABLET 50-25 MG	T1		PA; RM
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	T1		RM; AI (;)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>		T1	RM
ODEFSEY ORAL TABLET 200-25-25 MG	T1		RM; AI (;)
PREZCOBIX ORAL TABLET 800-150 MG	T1		RM; AI (;)
STRIBILD ORAL TABLET 150-150-200-300 MG	T1		RM; AI (;)
SYMFI LO ORAL TABLET 400-300-300 MG	T1		RM; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	T1		RM; QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG	T1		PA; RM
TRIUMEQ ORAL TABLET 600-50-300 MG	T1		RM; AI (;); QL (1 EA per 1 day); AL (Min 16 Years)
TRIZIVIR ORAL TABLET 300-150-300 MG	T1		RM; AI (;); QL (2 EA per 1 Day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	T1		RM; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG	T1		RM; AI (;); QL (1 EA per 1 Day)
*antiretrovirals - ccr5 antagonists (entry inhibitor)***			
SELZENTRY ORAL SOLUTION 20 MG/ML	T1		RM
SELZENTRY ORAL TABLET 150 MG, 300 MG	T1		RM; AI (;)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T1		RM

Drug Name	Brand	Generic	Additional Information
*antiretrovirals - fusion inhibitors***			
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)
*antiretrovirals - integrase inhibitors***			
ISENTRESS HD ORAL TABLET 600 MG	T1		RM
ISENTRESS ORAL PACKET 100 MG	T1		RM; AI (;)
ISENTRESS ORAL TABLET 400 MG	T1		RM; AI (;)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	T1		RM; AI (;)
TIVICAY ORAL TABLET 10 MG, 25 MG	T1		RM
TIVICAY ORAL TABLET 50 MG	T1		RM; AI (;)
VITEKTA ORAL TABLET 150 MG, 85 MG	T1		RM; AI (;)
*antiretrovirals - protease inhibitors***			
APTIVUS ORAL CAPSULE 250 MG	T1		RM; AI (;)
APTIVUS ORAL SOLUTION 100 MG/ML	T1		RM; AI (;)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T1	RM; QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T1	RM; QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T1		RM; AI (;)
<i>fosamprenavir calcium oral tablet 700 mg</i>		T1	RM
INVIRASE ORAL CAPSULE 200 MG	T1		RM; AI (;)
INVIRASE ORAL TABLET 500 MG	T1		RM; AI (;)
LEXIVA ORAL SUSPENSION 50 MG/ML	T1		RM; AI (;)
NORVIR ORAL CAPSULE 100 MG	T1		RM; AI (;)
NORVIR ORAL PACKET 100 MG	T1		RM
NORVIR ORAL SOLUTION 80 MG/ML	T1		RM; AI (;)
PREZISTA ORAL SUSPENSION 100 MG/ML	T1		RM; AI (;)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T1		RM; AI (;)
REYATAZ ORAL PACKET 50 MG	T1		RM; AI (;)
<i>ritonavir oral tablet 100 mg</i>		T1	RM
VIRACEPT ORAL TABLET 250 MG, 625 MG	T1		RM; AI (;)
*antiretrovirals - rti-non-nucleoside analogues***			
EDURANT ORAL TABLET 25 MG	T1		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>		SP	RM; QL (2 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>		T1	RM; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	T1		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 (;)

Drug Name	Brand	Generic	Additional Information
PIFELTRO ORAL TABLET 100 MG	T1		PA; RM
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	T1		RM; AI (;)
VIRAMUNE ORAL SUSPENSION (<i>Nevirapine</i>) 50 MG/5ML	T1	T1	RM; AI (;)
VIRAMUNE ORAL TABLET (<i>Nevirapine</i>) 200 MG	T1	T1	RM; AI (;)
*antiretrovirals - rti-nucleoside analogues-purines***			
<i>abacavir sulfate oral solution 20 mg/ml</i>		T1	RM
VIDEX EC ORAL CAPSULE DELAYED RELEASE (<i>Didanosine</i>) 125 MG, 200 MG, 250 MG, 400 MG	T1	T1	RM; AI (;)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	T1		RM; AI (;)
ZIAGEN ORAL TABLET (<i>Abacavir Sulfate</i>) 300 MG	T1	T1	RM; AI (;)
*antiretrovirals - rti-nucleoside analogues-pyrimidines***			
EMTRIVA ORAL CAPSULE 200 MG	T1		RM; AI (;); QL (1 EA per 1 Day)
EMTRIVA ORAL SOLUTION 10 MG/ML	T1		RM; AI (;); QL (720 ML per 30 Days)
EPIVIR ORAL SOLUTION (<i>Lamivudine</i>) 10 MG/ML	T1	T1	RM; AI (;)
EPIVIR ORAL TABLET (<i>Lamivudine</i>) 150 MG, 300 MG	T1	T1	RM; AI (;)
*antiretrovirals - rti-nucleoside analogues-thymidines***			
RETROVIR ORAL CAPSULE (<i>Zidovudine</i>) 100 MG	T1	T1	RM; AI (;)
RETROVIR ORAL SYRUP (<i>Zidovudine</i>) 50 MG/5ML	T1	T1	RM; AI (;)
ZERIT ORAL CAPSULE (<i>Stavudine</i>) 15 MG, 20 MG, 30 MG, 40 MG	T1	T1	RM; AI (;)
ZERIT ORAL SOLUTION RECONSTITUTED (<i>Stavudine</i>) 1 MG/ML	T1	T1	RM; AI (;)
<i>zidovudine oral tablet 300 mg</i>		T1	RM; AI (;)
*antiretrovirals - rti-nucleotide analogues***			
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>		T1	RM
VIREAD ORAL POWDER 40 MG/GM	T1		RM; AI (;)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T1		RM; AI (;); QL (1 EA per 1 day)
*cmv agents***			
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PREVYMIS ORAL TABLET 240 MG, 480 MG	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)
VALCYTE ORAL TABLET 450 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<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)
*hepatitis b agents***			
BARACLUDE ORAL SOLUTION 0.05 MG/ML	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)
BARACLUDE ORAL TABLET 1 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)
<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)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPIVIR HBV ORAL TABLET 100 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HEPSERA ORAL TABLET 10 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>lamivudine oral tablet 100 mg</i>		SP	SP
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)
*hepatitis c agents***			
COPEGUS ORAL TABLET 200 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
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)
PEG-INTRON 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)
REBETOL ORAL CAPSULE 200 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBETOL ORAL SOLUTION 40 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIBASPHERE ORAL CAPSULE 200 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
RIBASPHERE ORAL TABLET 200 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIBASPHERE ORAL TABLET 400 MG, 600 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
RIBATAB ORAL TABLET 400 MG, 600 MG	SP		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ribavirin oral capsule 200 mg</i>		SP	RM
SOVALDI ORAL TABLET 400 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VICTRELIS ORAL CAPSULE 200 MG	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)
*herpes agents - purine analogues***			
<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
<i>valacyclovir hcl oral tablet 1 gm</i>		T1	RM; AI (;); QL (3 EA per 1 Day)
<i>valacyclovir hcl oral tablet 500 mg</i>		T1	RM; QL (2 EA per 1 Day)
*herpes agents - thymidine analogues***			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		T1	RM
*influenza agents***			
FLUMADINE ORAL TABLET (Rimantadine HCl) 100 MG	T1	T1	RM
*neuraminidase inhibitors***			
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>		T1	RM; AI (;); QL (0.67 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>		T1	RM; AI (;); QL (12 ML per 1 day)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	T1		RM; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)
Assorted Classes			
*antileptotics***			
THALOMID ORAL CAPSULE 100 MG, 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)

Drug Name	Brand	Generic	Additional Information
*b-lymphocyte stimulator (blys)-specific inhibitors***			
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*chelating agents***			
CUPRIMINE ORAL CAPSULE 250 MG	T1		RM
DEPEN TITRATABS ORAL TABLET 250 MG	T1		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)
*cyclosporine analogs***			
<i>cyclosporine modified oral capsule 25 mg</i>		SP	SP
<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)
GENGRAF ORAL CAPSULE (CycloSPORINE Modified) 100 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 25 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL SOLUTION (CycloSPORINE Modified) 100 MG/ML	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL ORAL CAPSULE (CycloSPORINE Modified) 100 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL ORAL CAPSULE 25 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL ORAL SOLUTION (CycloSPORINE Modified) 100 MG/ML	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
SANDIMMUNE INTRAVENOUS SOLUTION (CycloSPORINE) 50 MG/ML	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE ORAL CAPSULE (CycloSPORINE) 100 MG, 25 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*enzymes***			
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*immunomodulators for myelodysplastic syndromes***			
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 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)
*inosine monophosphate dehydrogenase inhibitors***			
CELLCEPT ORAL CAPSULE (Mycophenolate Mofetil) 250 MG	T1	T1	RM
CELLCEPT ORAL SUSPENSION RECONSTITUTED (Mycophenolate Mofetil) 200 MG/ML	T1	T1	RM
CELLCEPT ORAL TABLET (Mycophenolate Mofetil) 500 MG	T1	T1	RM
MYFORTIC ORAL TABLET DELAYED RELEASE (Mycophenolic Acid) 180 MG	T1	T1	RM; AI (;); QL (6 EA per 1 Day)
MYFORTIC ORAL TABLET DELAYED RELEASE (Mycophenolic Acid) 360 MG	T1	T1	RM; AI (;); QL (4 EA per 1 Day)
*macrolide immunosuppressants***			
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	T1		RM
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	T1		PA; RM
PROGRAF ORAL CAPSULE (Tacrolimus) 0.5 MG, 1 MG, 5 MG	T1	T1	RM
RAPAMUNE ORAL SOLUTION 1 MG/ML	T1		RM
RAPAMUNE ORAL TABLET (Sirolimus) 0.5 MG, 1 MG, 2 MG	T1	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)

Drug Name	Brand	Generic	Additional Information
*potassium removing resins***			
KAYEXALATE ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>)	T1	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	T1		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	T1		PA; RM
*purine analogs***			
<i>azathioprine oral tablet 50 mg</i>		T1	RM
*selective t-cell costimulation blockers***			
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)
Beta Blockers			
*alpha-beta blockers***			
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>		T1	RM
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		T1	RM
*beta blockers cardio-selective***			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		T1	RM
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
<i>betaxolol hcl oral tablet 10 mg</i>		T1	RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>betaxolol hcl oral tablet 20 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		T1	RM
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	T1		RM; AI (;)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	T1		PA; RM
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>		T1	RM
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		T1	RM
*beta blockers non-selective***			
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	T1		RM
LEVATOL ORAL TABLET 20 MG	T1		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

Drug Name	Brand	Generic	Additional Information
<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>		T1	RM
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		T1	RM
SORINE ORAL TABLET (Sotalol HCl) 120 MG, 160 MG, 240 MG, 80 MG	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>		T1	RM
*Bile Acid Synthesis Disorder Agents***			
*bile acid synthesis disorder agents***			
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)
Biologicals Misc			
*allergenic extracts***			
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	T1		PA; ST; RM
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	T1		PA; ST; RM
*biologicals misc***			
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)
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
*calcitonin gene-related peptide (cgrp) receptor antag***			
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)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	SP		PA; RM
Calcium Channel Blockers			
*calcium channel blockers***			
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER) 30 MG, 60 MG	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1	RM
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 120 MG	T1	T1	RM
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 180 MG, 240 MG, 300 MG	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>		T1	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
NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER) 30 MG, 60 MG, 90 MG	T1	T1	RM
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (NIFEdipine ER Osmotic Release) 30 MG, 60 MG	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>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Beads) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	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, 360 mg</i>		T1	RM

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Drug Name	Brand	Generic	Additional Information
<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
Cardiotonics			
*cardiac glycosides***			
DIGITEK ORAL TABLET (Digoxin) 125 MCG, 250 MCG	T1	T1	RM
DIGOX ORAL TABLET (Digoxin) 125 MCG, 250 MCG	T1	T1	RM
<i>digoxin oral solution 0.05 mg/ml</i>		T1	RM
LANOXIN ORAL TABLET (Digoxin) 125 MCG, 250 MCG	T1	T1	RM
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T1		RM
Cardiovascular Agents - Misc.			
*prostaglandin vasodilators***			
<i>epoprostenol sodium intravenous solution reconstituted 1.5 mg</i>		SP	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (Epoprostenol Sodium) 0.5 MG	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	SP		PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO INHALATION SOLUTION 0.6 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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 (Epoprostenol Sodium) 0.5 MG	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
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 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)
*pulm hyperten-soluble guanylate cyclase stimulator (sgc)***			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	SP		SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years)
*pulmonary hypertension - endothelin receptor antagonists***			
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)
*pulmonary hypertension - phosphodiesterase inhibitors***			
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)
<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)

Drug Name	Brand	Generic	Additional Information
*selective cgmp phosphodiesterase type 5 inhibitors***			
CIALIS ORAL TABLET (Tadalafil) 2.5 MG, 5 MG	T1	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 Jalyn)); M; QL (1 EA per 1 day); AL (Min 18 Years)
Cephalosporins			
*cephalosporins - 1st generation***			
cefadroxil oral capsule 500 mg		T1	RM
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		T1	RM
cefadroxil oral tablet 1 gm		T1	RM
cephalexin oral capsule 250 mg, 500 mg		T1	RM
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		T1	RM
*cephalosporins - 2nd generation***			
cefaclor er oral tablet extended release 12 hour 500 mg		T1	RM
cefaclor oral capsule 250 mg, 500 mg		T1	RM
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml		T1	RM
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		T1	RM
cefprozil oral tablet 250 mg, 500 mg		T1	RM
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	T1		RM
cefuroxime axetil oral suspension reconstituted 125 mg/5ml		T1	RM
cefuroxime axetil oral tablet 250 mg, 500 mg		T1	RM
*cephalosporins - 3rd generation***			
CEDAX ORAL CAPSULE (Ceftibuten) 400 MG	T1	T1	RM
CEDAX ORAL SUSPENSION RECONSTITUTED (Ceftibuten) 180 MG/5ML	T1	T1	RM
CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML	T1		RM
cefdinir oral capsule 300 mg		T1	RM
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		T1	RM
cefditoren pivoxil oral tablet 200 mg, 400 mg		T1	RM
cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		T1	RM
cefepodoxime proxetil oral tablet 100 mg, 200 mg		T1	RM
SUPRAX ORAL SUSPENSION RECONSTITUTED (Cefixime) 100 MG/5ML, 200 MG/5ML	T1	T1	RM

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Drug Name	Brand	Generic	Additional Information
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T1		RM
SUPRAX ORAL TABLET 400 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG	T1		RM
Chemicals			
*bulk chemicals - be's***			
<i>belladonna tincture</i>		T1	RM
*bulk chemicals - en***			
<i>enalapril maleate powder</i>		T1	RM
*bulk chemicals - fl's***			
<i>fluoymesterone powder</i>		T1	PA; RO
*bulk chemicals - va's***			
<i>vancomycin hcl powder</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Contraceptives			
*biphasic contraceptives - oral***			
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
BEKYREE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
KARIVA ORAL TABLET (<i>Viorele</i>) 0.15-0.02/0.01 MG (21/5)	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
KIMIDESS ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
NECON 10/11 (28) ORAL TABLET 35 MCG	\$0		RM
PIMTREA ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-0.02/0.01 MG (21/5)	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
*combination contraceptives - oral***			
ALTAVERA ORAL TABLET (<i>Marlissa</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
APRI ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply 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
AVIANE ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
BALZIVA ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
BLISOVI 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24)	\$0	\$0	RM; F; QL (28 EA per 30 days)
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.25 EA per 1 day)
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
CHATEAL ORAL TABLET (<i>Marlissa</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
CYCLAFEM 1/35 ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
CYRED ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
EMOQUETTE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$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)
FALMINA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
FEMCON FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)

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

Drug Name	Brand	Generic	Additional Information
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
LARIN 1/20 ORAL TABLET (Norethindrone Acet-Ethinyl Est) 1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
LARIN 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)	\$0	\$0	RM; F; QL (28 EA per 30 days)
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
LARIN FE 1/20 ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (125 EA per 1 day)
LAYOLIS FE ORAL TABLET CHEWABLE (Norethin-Eth Estradiol-Fe) 0.8-25 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
LESSINA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG	\$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)
LEVORA 0.15/30 (28) ORAL TABLET (Marlissa) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
LILLOW ORAL TABLET 0.15-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
LOMEDIA 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24)	\$0	\$0	RM; F; QL (28 EA per 30 days)
LORYNA ORAL TABLET (Drospirenone-Ethinyl Estradiol) 3-0.02 MG	\$0	\$0	RM; F; \$0; QL (1.25 EA per 1 day)
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
LUTERA ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
MELODETTA 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (1.25 EA Max Qty Per Fill Retail)

Drug Name	Brand	Generic	Additional Information
MIBELAS 24 FE ORAL TABLET CHEWABLE <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)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
MICROGESTIN 24 FE ORAL TABLET <i>(Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG</i>	\$0	\$0	RM; F; QL (28 EA per 30 days)
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0		RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
MODICON (28) ORAL TABLET 0.5-35 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
MONO-LINYAH ORAL TABLET <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)
MONONESSA ORAL TABLET <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)
NECON 0.5/35 (28) 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)
NECON 1/35 (28) ORAL TABLET <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)
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
NIKKI ORAL TABLET <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)
NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
NORTREL 0.5/35 (28) 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)
NORTREL 1/35 (21) ORAL TABLET <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)

Drug Name	Brand	Generic	Additional Information
NORTREL 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
OCELLA 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)
OGESTREL ORAL TABLET 0.5-50 MG-MCG	\$0		RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
ORSYTHIA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
PHILITH ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
PORTIA-28 ORAL TABLET (<i>Marlissa</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
PREVIFEM ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
RECLIPSEN ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
SAFYRAL ORAL TABLET (<i>Drospiren-Eth Estrad-Levomefol</i>) 3-0.03-0.451 MG	T1	T1	RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
SOLIA ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
SPRINTEC 28 ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
SRONYX ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
SYEDA 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)
TARINA FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG	\$0	\$0	RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
TYDEMY ORAL TABLET (<i>Drospiren-Eth Estrad-Levomefol</i>) 3-0.03-0.451 MG	T1	T1	RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
VESTURA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG	\$0	\$0	RM; F; \$0; QL (1.25 EA per 1 day)
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$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; 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)
*combination contraceptives - transdermal***			
ORTHO EVRA TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	T1		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)
*combination contraceptives - vaginal***			
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	\$0		RM; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days)
*continuous contraceptives - oral***			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>		\$0	RM; F; \$0; QL (1.25 EA per 1 day)
*emergency contraceptives***			
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); QL (3 EA per 30 days)
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 (<i>Levonorgestrel</i>) 1.5 MG	\$0	\$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)
TAKE ACTION ORAL TABLET 1.5 MG	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
*extended-cycle contraceptives - oral***			
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 & 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 & 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)
*four phase contraceptives - oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	\$0		RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
*progestin contraceptives - injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0		RM; \$0; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>		\$0	RM; F; QL (1 ML per 90 Days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>		\$0	RM; \$0; QL (1 ML per 90 days)

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

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

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

Drug Name	Brand	Generic	Additional Information
ORAPRED ODT ORAL TABLET DISPERSIBLE (PrednisoLONE Sodium Phosphate) 10 MG, 15 MG, 30 MG	T1	T1	RM
ORAPRED ORAL SOLUTION (PrednisoLONE Sodium Phosphate) 15 MG/5ML	T1	T1	RM
<i>prednisolone oral solution 15 mg/5ml</i>		T1	RM
<i>prednisolone oral syrup 15 mg/5ml</i>		T1	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
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	T1		RM
<i>prednisone oral solution 5 mg/5ml</i>		T1	RM
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>		T1	RM
VERIPRED 20 ORAL SOLUTION (PrednisoLONE Sodium Phosphate) 20 MG/5ML	T1	T1	RM
*mineralocorticoids***			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		T1	RM
Cough/Cold/Allergy			
*antitussive - nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1	RM
*antitussive - opioid***			
<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
TUSSIGON ORAL TABLET (Hydrocodone-Homatropine) 5-1.5 MG	T1	T1	RM
*antitussive-expectorant***			
<i>cheratussin ac oral syrup 100-10 mg/5ml</i>		T1	RM
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T1	RM
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5ml</i>		T1	PA; RM
*decongestant & antihistamine***			
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
PEDIATEX TD ORAL LIQUID 0.938-10 MG/ML	T1		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
*decongestant w/ expectorant***			
<i>lusair oral liquid 7.5-200 mg/5ml</i>		T1	RM
*expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1	RM
*iodine expectorants***			
SSKI ORAL SOLUTION 1 GM/ML	T1		RM

Drug Name	Brand	Generic	Additional Information
*misc. respiratory inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %	T1	T1	RM
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		T1	RM
*mucolytics***			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		T1	RM
*non-narc antitussive-antihistamine***			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		T1	RM
*non-narc antitussive-decongestant-antihistamine***			
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T1		RM
<i>tgq 50pse/3brm/30dm oral syrup 50-3-30 mg/5ml</i>		T1	RM
*opioid antitussive-antihistamine***			
<i>lexuss 210 oral liquid 2-10 mg/5ml</i>		T1	RM; QL (4 ML per 1 day)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		T1	RM
TUSSIONEX PENNKINETIC ER ORAL LIQUID EXTENDED RELEASE (Hydrocod Polst-CPM Polst ER) 10-8 MG/5ML	T1	T1	RM
VITUZ ORAL SOLUTION 5-4 MG/5ML	T1		RM; AI (Max #360 Mail Order); QL (120 ML per 30 days)
*opioid antitussive-decongestant-antihistamine***			
M-END PE ORAL LIQUID 3.33-1.33-6.33 MG/5ML	T1		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>		T1	RM
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
*cyclin-dependent kinases (cdk) inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	T1		PA; SP
KISQALI 200 DOSE ORAL TABLET 200 MG	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 400 DOSE ORAL TABLET 200 MG	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 600 DOSE ORAL TABLET 200 MG	T1		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	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
*Cystic Fibrosis Agent - Combinations***			
*cystic fibrosis agent - combinations***			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	SP		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
ORKAMBI ORAL TABLET 100-125 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	SP		PA; SP
Dermatologicals			
*acne antibiotics***			
ACZONE EXTERNAL GEL (<i>Dapsone</i>) 5 %	T1	T1	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>		T1	RM
<i>erythromycin external gel 2 %</i>		T1	RM
<i>erythromycin external pad 2 %</i>		T1	RM
<i>erythromycin external solution 2 %</i>		T1	RM
<i>sulfacetamide sodium (acne) external lotion 10 %</i>		T1	RM
*acne combinations***			
AVAR-E EMOLLIENT EXTERNAL CREAM (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %	T1	T1	RM
AVAR-E GREEN EXTERNAL CREAM (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %	T1	T1	RM
PRASCION EXTERNAL EMULSION (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 %	T1	T1	RM
<i>ss 10-2 external solution 10-2 %</i>		T1	RM
<i>sss 10-5 external cream 10-5 %</i>		T1	RM
<i>sss 10-5 external foam 10-5 %</i>		T1	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>		T1	RM
<i>sulfacetamide sodium-sulfur external foam 10-5 %</i>		T1	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 %, 9-4 %, 9-4.5 %</i>		T1	RM

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

Drug Name	Brand	Generic	Additional Information
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		T1	RM
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		T1	RM
*antifungals - topical***			
CICLODAN EXTERNAL CREAM (Ciclopirox Olamine) 0.77 %	T1	T1	RM
<i>ciclopirox external gel 0.77 %</i>		T1	RM
<i>ciclopirox external shampoo 1 %</i>		T1	RM
<i>ciclopirox external solution 8 %</i>		T1	RM
<i>ciclopirox olamine external suspension 0.77 %</i>		T1	RM
MENTAX EXTERNAL CREAM 1 %	T1		RM
<i>naftifine hcl external cream 1 %, 2 %</i>		T1	RM
NAFTIN EXTERNAL GEL 1 %	T1		RM
NYAMYC EXTERNAL POWDER (Pedi-Dri) 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
NYSTOP EXTERNAL POWDER (Pedi-Dri) 100000 UNIT/GM	T1	T1	RM
PEDIADERM AF COMPLETE EXTERNAL KIT 100000 UNIT/GM	T1		RM
PENLAC EXTERNAL SOLUTION 8 %	T1		PA; RM
*anti-inflammatory agents - topical***			
<i>diclofenac sodium transdermal gel 1 %</i>		T1	RM; QL (20 GM per 1 day)
<i>diclofenac sodium transdermal solution 1.5 %</i>		T1	RM; QL (5 ML per 1 day)
PENNSAID TRANSDERMAL SOLUTION 1.5 %	T1		RM; AI (;); QL (5 ML per 1 day)
*antineoplastic alkylating agents - topical***			
VALCHLOR EXTERNAL GEL 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)
*antineoplastic antimetabolites - topical***			
CARAC EXTERNAL CREAM (Fluorouracil) 0.5 %	T1	T1	PA; ST; RM; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM 5 %	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLUOROPLEX EXTERNAL CREAM 1 %	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
<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
TOLAK EXTERNAL CREAM 4 %	T1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
*antineoplastic or premalignant lesions - topical misc.***			
PICATO EXTERNAL GEL 0.015 %, 0.05 %	T1		PA; RM
*antineoplastic or premalignant lesions - topical nsaid's***			
<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)
*antineoplastic retinoids - topical***			
PANRETIN EXTERNAL GEL 0.1 %	T1		PA; RM
*antipruritics - topical***			
PRUDOXIN EXTERNAL CREAM (Doxepin HCl) 5 %	T1	T1	PA; RM
ZONALON EXTERNAL CREAM (Doxepin HCl) 5 %	T1	T1	PA; RM
*antipsoriatics - systemic***			
8-MOP ORAL CAPSULE 10 MG	T1		RM
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	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
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SORIATANE ORAL CAPSULE (Acitretin) 10 MG, 17.5 MG, 25 MG	T1	T1	RM
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)

Drug Name	Brand	Generic	Additional Information
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)
*antipsoriatics***			
<i>calcipotriene external solution 0.005 %</i>		T1	RM
CALCITRENE EXTERNAL OINTMENT <i>(Calcipotriene) 0.005 %</i>	T1	T1	RM
DOVONEX EXTERNAL CREAM <i>(Calcipotriene) 0.005 %</i>	T1	T1	RM
DRITHO-CREME HP EXTERNAL CREAM 1 %	T1		RM
TAZORAC EXTERNAL CREAM 0.05 %	T1		RM
TAZORAC EXTERNAL CREAM <i>(Tazarotene) 0.1 %</i>	T1	T1	RM
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	T1		RM
VECTICAL EXTERNAL OINTMENT <i>(Calcitriol) 3 MCG/GM</i>	T1	T1	RM; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
*antiseborrheic combinations***			
<i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i>		T1	RM
*antiseborrheic products***			
OVACE PLUS WASH EXTERNAL GEL <i>(Sulfacetamide Sodium) 10 %</i>	T1	T1	RM
<i>selenium sulfide external lotion 2.5 %</i>		T1	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>		T1	RM
*antiviral topical combinations***			
XERESE EXTERNAL CREAM 5-1 %	T1		RM
*antivirals - topical***			
DENAVIR EXTERNAL CREAM 1 %	T1		RM
ZOVIRAX EXTERNAL CREAM 5 %	T1		RM
ZOVIRAX EXTERNAL OINTMENT <i>(Acyclovir) 5 %</i>	T1	T1	RM
*burn products***			
SSD EXTERNAL CREAM <i>(Silver Sulfadiazine) 1 %</i>	T1	T1	RM
SULFAMYLON EXTERNAL CREAM 85 MG/GM	T1		RM
THERMAZENE EXTERNAL CREAM <i>(Silver Sulfadiazine) 1 %</i>	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
*cauterizing agents***			
<i>silver nitrate external ointment 10 %</i>		T1	RM
TRI-CHLOR EXTERNAL LIQUID 80 %	T1		RM
*corticosteroids - topical***			
<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>		T1	RM
<i>amcinonide external lotion 0.1 %</i>		T1	RM
<i>amcinonide external ointment 0.1 %</i>		T1	RM
<i>betamethasone dipropionate aug external cream 0.05 %</i>		T1	RM
<i>betamethasone dipropionate aug external gel 0.05 %</i>		T1	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>		T1	RM
<i>clobetasol propionate external solution 0.05 %</i>		T1	RM
<i>clocortolone pivalate external cream 0.1 %</i>		T1	RM
<i>clocortolone pivalate pump external cream 0.1 %</i>		T1	RM
CLODAN EXTERNAL SHAMPOO (Clobetasol Propionate) 0.05 %	T1	T1	RM
CORDRAN EXTERNAL CREAM 0.05 %	T1		PA; RM
CORDRAN EXTERNAL LOTION (Flurandrenolide) 0.05 %	T1	T1	RM
DESONATE EXTERNAL GEL 0.05 %	T1		RM
<i>desonide external cream 0.05 %</i>		T1	RM
<i>desonide external lotion 0.05 %</i>		T1	RM
<i>desonide external ointment 0.05 %</i>		T1	RM
<i>desoximetasone external cream 0.05 %, 0.25 %</i>		T1	RM
<i>desoximetasone external gel 0.05 %</i>		T1	RM
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<i>diflorasone diacetate external cream 0.05 %</i>		T1	RM
<i>fluocinolone acetonide body external oil 0.01 %</i>		T1	RM
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>		T1	RM
<i>fluocinolone acetonide external ointment 0.025 %</i>		T1	RM
<i>fluocinolone acetonide external solution 0.01 %</i>		T1	RM
<i>fluocinolone acetonide scalp external oil 0.01 %</i>		T1	RM
<i>fluocinonide external cream 0.05 %</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>		T1	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
HALOG EXTERNAL OINTMENT 0.1 %	T1		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
KENALOG EXTERNAL AEROSOL SOLUTION (Triamcinolone Acetonide) 0.147 MG/GM	T1	T1	RM
LUXIQ EXTERNAL FOAM (Betamethasone Valerate) 0.12 %	T1	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
NOLIX EXTERNAL LOTION (Flurandrenolide) 0.05 %	T1	T1	RM
OLUX EXTERNAL FOAM (Clobetasol Propionate) 0.05 %	T1	T1	RM
OLUX-E EXTERNAL FOAM (Clobetasol Propionate Emulsion) 0.05 %	T1	T1	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
TEMOVATE EXTERNAL OINTMENT (Clobetasol Propionate) 0.05 %	T1	T1	RM
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<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
TRIANEX EXTERNAL OINTMENT 0.05 %	T1		RM
*depigmenting agents***			
ACLARO EXTERNAL EMULSION 4 %	T1		RM
*emollient/keratolytic agents***			
CARB-O-PHILIC/40 EXTERNAL CREAM (Urea) 40 %	T1	T1	RM
CEROVEL EXTERNAL LOTION (Urea) 40 %	T1	T1	RM
KERAFOAM 42 EXTERNAL FOAM 42 %	T1		RM
REA LO 40 EXTERNAL CREAM (Urea) 40 %	T1	T1	RM
U-KERA E EXTERNAL CREAM (Urea) 40 %	T1	T1	RM
UMECTA EXTERNAL EMULSION 40 %	T1		RM
URAMAXIN EXTERNAL LOTION (Urea) 45 %	T1	T1	RM
<i>urea external suspension 40 %</i>		T1	RM
<i>urea-c40 external lotion 40 %</i>		T1	RM
X-VIATE EXTERNAL CREAM (Urea) 40 %	T1	T1	RM
X-VIATE EXTERNAL LOTION (Urea) 40 %	T1	T1	RM
*enzymes - topical***			
REVINA EXTERNAL OINTMENT	T1		RM
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	T1		RM
VASOLEX EXTERNAL OINTMENT	T1		RM
*imidazole-related antifungals - topical***			
<i>clotrimazole external solution 1 %</i>		T1	RM
<i>econazole nitrate external cream 1 %</i>		T1	RM
ERTACZO EXTERNAL CREAM 2 %	T1		ST; RM
EXELDERM EXTERNAL CREAM 1 %	T1		RM
EXELDERM EXTERNAL SOLUTION 1 %	T1		RM
<i>ketoconazole external cream 2 %</i>		T1	RM
NIZORAL EXTERNAL SHAMPOO (Ketoconazole) 2 %	T1	T1	RM
<i>oxiconazole nitrate external cream 1 %</i>		T1	RM
OXISTAT EXTERNAL LOTION 1 %	T1		RM
*immunomodulators imidazoquinolinamines - topical***			
ALDARA EXTERNAL CREAM (Imiquimod) 5 %	T1	T1	RM
*keratolytic/antimitotic agents***			
CONDYLOX EXTERNAL GEL 0.5 %	T1		RM
<i>podofilox external solution 0.5 %</i>		T1	RM
SALACYN EXTERNAL CREAM (Salicylic Acid) 6 %	T1	T1	RM
<i>salicylic acid external foam 6 %</i>		T1	RM
<i>salicylic acid external lotion 6 %</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
<i>salicylic acid external shampoo 6 %</i>		T1	RM
<i>salicylic acid wart remover external liquid 27.5 %</i>		T1	RM
*local anesthetics - topical***			
GLYDO EXTERNAL GEL (<i>Lidocaine HCl</i>) 2 %	T1	T1	RM
LIDODERM EXTERNAL PATCH (<i>Lidocaine</i>) 5 %	T1	T1	RM
XYLOCAINE EXTERNAL SOLUTION (<i>Lidocaine HCl</i>) 4 %	T1	T1	RM
*macrolide immunosuppressants - topical***			
ELIDEL EXTERNAL CREAM 1 %	T1		PA; RM; QL (1 GM per 1 day); AL (Min 2 Years)
<i>pimecrolimus external cream 1 %</i>		T1	PA; RM; QL (1 GM per 1 Day); AL (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	T1		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)
*photodynamic therapy agents - topical***			
METVIXIA EXTERNAL CREAM 16.8 %	T1		RM
*rosacea agents***			
FINACEA EXTERNAL GEL 15 %	T1		RM; AI (Finacea Foam is Non Formulary.)
<i>metronidazole external cream 0.75 %</i>		T1	RM
<i>metronidazole external gel 1 %</i>		T1	RM
<i>metronidazole external lotion 0.75 %</i>		T1	RM
MIRVASO EXTERNAL GEL 0.33 %	T1		PA; RM
NORITATE EXTERNAL CREAM 1 %	T1		RM
ROSADAN EXTERNAL GEL (<i>MetroNIDAZOLE</i>) 0.75 %	T1	T1	RM
*scabicides & pediculicides***			
ELIMITE EXTERNAL CREAM 5 %	T1		PA; ST; RM
EURAX EXTERNAL CREAM 10 %	T1		PA; ST; RM
EURAX EXTERNAL LOTION 10 %	T1		PA; ST; RM
<i>lindane external shampoo 1 %</i>		T1	RM
<i>malathion external lotion 0.5 %</i>		T1	RM; QL (2.7 ML per 1 day)
NATROBA EXTERNAL SUSPENSION (<i>Spinosad</i>) 0.9 %	T1	T1	PA; RM
OVIDE EXTERNAL LOTION 0.5 %	T1		PA; ST; RM; QL (2.7 ML per 1 day)
<i>permethrin external cream 5 %</i>		T1	RM
<i>permethrin external lotion 1 %</i>		T1	RM
SKLICE EXTERNAL LOTION 0.5 %	T1		PA; ST; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
ULESFIA EXTERNAL LOTION 5 %	T1		PA; RM

Drug Name	Brand	Generic	Additional Information
*steroid-local anesthetic combinations***			
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	T1		RM
EPIFOAM EXTERNAL FOAM 1-1 %	T1		RM
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		T1	RM
PRAMOSONE E EXTERNAL CREAM 1-2.5 %	T1		RM
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T1		RM
tar products*			
SCYTERA EXTERNAL FOAM 2 %	T1		RM
*topical anesthetic combinations***			
ITCH-X EXTERNAL SOLUTION 1-10 %	T1		RM
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		T1	RM
*topical selective retinoid x receptor agonists***			
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)
*topical steroid combinations***			
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>		T1	RM; QL (400 GM per 30 days)
CARMOL-HC EXTERNAL CREAM 1-10 %	T1		RM
CORTALO EXTERNAL GEL 2 %	T1		RM
<i>hydrocortisone acetate-aloe external gel 2 %</i>		T1	RM; AI (Max #129gm Mail Order); QL (43 GM Max Qty Per Fill Retail)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	T1		RM; AI (;); QL (400 GM per 30 Days); AL (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	T1		RM; AI (#60gm per copay retail or mail); QL (60 GM per 1 Copay); AL (Min 18 Years)
U-CORT EXTERNAL CREAM 1-10 %	T1		RM
*wound care - growth factor agents***			
REGRANEX EXTERNAL GEL 0.01 %	T1		PA; RM; AI (Limited to 30 day supply.)
Diagnostic Products			
*diagnostic drugs***			
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)
*diagnostic tests***			
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	T1		RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days)

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Drug Name	Brand	Generic	Additional Information
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)
Digestive Aids			
*digestive enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	T1		RM
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT	T1		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	T1		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	T1		RM
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT	T1		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, 3000-10000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000-24000 UNIT	T1		RM
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>Pancrelipase (Lip-Prot-Amyl)</i>) 5000 UNIT	T1	T1	RM
*Direct-Acting P2y12 Inhibitors***			
*direct-acting p2y12 inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	T1		RM
Diuretics			
*carbonic anhydrase inhibitors***			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		T1	RM
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		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)

Drug Name	Brand	Generic	Additional Information
<i>methazolamide oral tablet 25 mg, 50 mg</i>		T1	RM
NEPTAZANE ORAL TABLET 25 MG, 50 MG	T1		PA; ST; RM
*diuretic combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T1		RM
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		T1	RM
<i>spironolactone-hctz oral tablet 25-25 mg</i>		T1	RM
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1	RM
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		T1	RM
*loop diuretics***			
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>		T1	RM
EDECIN ORAL TABLET (Ethacrynic Acid) 25 MG	T1	T1	RM
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1	RM
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>		T1	RM
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>		T1	RM
*potassium sparing diuretics***			
<i>amiloride hcl oral tablet 5 mg</i>		T1	RM
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	T1		RM
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>		T1	RM
*thiazides and thiazide-like diuretics***			
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>		T1	RM
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1	RM
DIURIL ORAL SUSPENSION 250 MG/5ML	T1		RM
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		T1	RM
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		T1	RM
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		T1	RM
<i>methyclothiazide oral tablet 5 mg</i>		T1	RM
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1	RM
Endocrine And Metabolic Agents - Misc.			
*bisphosphonates***			
ACTONEL ORAL TABLET 150 MG	T1		RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
ACTONEL ORAL TABLET 30 MG, 5 MG	T1		ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
ACTONEL ORAL TABLET 35 MG	T1		ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 10 mg, 40 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>etidronate disodium oral tablet 200 mg, 400 mg</i>		T1	RM
<i>ibandronate sodium oral tablet 150 mg</i>		T1	RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
<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)
RECLAST INTRAVENOUS SOLUTION (Zoledronic Acid) 5 MG/100ML	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)
SKELID ORAL TABLET 200 MG	T1		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)
ZOMETA INTRAVENOUS CONCENTRATE (Zoledronic Acid) 4 MG/5ML	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMETA INTRAVENOUS SOLUTION (Zoledronic Acid) 4 MG/100ML	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*calcimimetic agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; QL (5 EA per 1 Day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; QL (4 EA per 1 Day)
SENSIPAR ORAL TABLET 30 MG, 60 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
*calcitonins***			
FORTICAL NASAL SOLUTION (Calcitonin (Salmon)) 200 UNIT/ACT	T1	T1	RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	T1		RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
MIACALCIN NASAL SOLUTION (Calcitonin (Salmon)) 200 UNIT/ACT	T1	T1	RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)

Drug Name	Brand	Generic	Additional Information
*carnitine replenisher - agents***			
CARNITOR ORAL SOLUTION (LevOCARNitine) 1 GM/10ML	T1	T1	PA; ST; RM
CARNITOR ORAL TABLET (LevOCARNitine) 330 MG	T1	T1	PA; ST; RM
CARNITOR SF ORAL SOLUTION (LevOCARNitine) 1 GM/10ML	T1	T1	PA; ST; RM
*corticotropin***			
ACTHAR HP INJECTION GEL 80 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*dopamine receptor agonists***			
<i>cabergoline oral tablet 0.5 mg</i>		T1	RM
*fabry disease - agents***			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GALAFOLD ORAL CAPSULE 123 MG	SP		PA; RM; AI (limited distribution Accredo Pharmacy.)
*gaa deficiency treatment - agents***			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYOZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*gnrh/lhrh antagonists***			
ORLISSA ORAL TABLET 150 MG, 200 MG	T1		RM
*growth hormone receptor antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	SP		RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*growth hormones***			
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	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
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION 10 MG/2ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION 20 MG/2ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION 5 MG/2ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ PEN SUBCUTANEOUS SOLUTION 10 MG/2ML, 20 MG/2ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ SUBCUTANEOUS SOLUTION 10 MG/2ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 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
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TEV-TROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORBIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*hereditary tyrosinemia type 1 (ht-1) treatment - agents***			
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	T1		PA; RM
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORFADIN ORAL SUSPENSION 4 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*homocystinuria treatment - agents***			
CYSTADANE ORAL POWDER	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*hyperammonemia treatment - agents***			
CARBAGLU ORAL TABLET 200 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*hyperparathyroid treatment - vitamin d analogs***			
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>		Non-Formulary	RM
HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG	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)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	T1		PA; RM
ROCALTROL ORAL CAPSULE (<i>Calcitriol</i>) 0.25 MCG, 0.5 MCG	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
ROCALTROL ORAL SOLUTION (<i>Calcitriol</i>) 1 MCG/ML	T1	T1	RM
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T1		RM; AI (;); QL (1 EA per 1 Day); AL (Min 18 Years)
ZEMPLAR ORAL CAPSULE 4 MCG	T1		RM; AI (;); QL (0.4 EA per 1 day); AL (Min 18 Years)
*insulin-like growth factors (somatomedins)***			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*lhrh/gnrh agonist analog pituitary suppressants***			
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	SP		PA; SP; AI (PA Required: FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 30 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	SP		PA; SP; AI (PA Required: FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 90 days)
SYNAREL NASAL SOLUTION 2 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*mucopolysaccharidosis i (mps i) - agents***			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*mucopolysaccharidosis ii (mps ii) - agents***			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*mucopolysaccharidosis vi (mps vi) - agents***			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*parathyroid hormone and derivatives***			
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)

Drug Name	Brand	Generic	Additional Information
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)
*phenylketonuria treatment - agents***			
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)
*rank ligand (rankl) inhibitors***			
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)
*selective estrogen receptor modulators (serms)***			
EVISTA ORAL TABLET 60 MG	T1		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<i>raloxifene hcl oral tablet 60 mg</i>		\$0	RM; F; QL (1 EA per 1 day)
*selective vasopressin v2-receptor antagonists***			
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.)
SAMSCA ORAL TABLET 15 MG, 30 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*somatostatic agents***			
<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)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED 20 MG, 40 MG, 60 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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Drug Name	Brand	Generic	Additional Information
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*urea cycle disorder - agents***			
BUPHENYL ORAL POWDER (<i>Sodium Phenylbutyrate</i>) 3 GM/TSP	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RAVICTI ORAL LIQUID 1.1 GM/ML	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)
*vasopressin***			
DDAVP INJECTION SOLUTION (<i>Desmopressin Acetate</i>) 4 MCG/ML	T1	T1	RM
DDAVP NASAL SOLUTION (<i>Desmopressin Acetate Spray</i>) 0.01 %	T1	T1	RM
DDAVP ORAL TABLET (<i>Desmopressin Acetate</i>) 0.1 MG	T1	T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
DDAVP ORAL TABLET (<i>Desmopressin Acetate</i>) 0.2 MG	T1	T1	RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
DDAVP RHINAL TUBE NASAL SOLUTION (<i>Desmopressin Ace Rhinal Tube</i>) 0.01 %	T1	T1	RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		T1	RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	T1		PA; RM
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML, 1.66 MCG/0.1ML	T1		PA; RM
STIMATE NASAL SOLUTION 1.5 MG/ML	T1		RM
Estrogens			
*estrogen & androgen***			
COVARYX HS ORAL TABLET (<i>Est Estrogens-Methyltest HS</i>) 0.625-1.25 MG	T1	T1	RM
COVARYX ORAL TABLET (<i>Est Estrogens-Methyltest</i>) 1.25-2.5 MG	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>		T1	RM
*estrogen & progestin***			
AMABELZ ORAL TABLET (Estradiol-Norethindrone Acet) 0.5-0.1 MG	T1	T1	RM; F
AMABELZ ORAL TABLET 1-0.5 MG	T1		RM; F
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	T1		RM; F
FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG	T1	T1	RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years)
<i>jevantage lo oral tablet 0.5-2.5 mg-mcg</i>		T1	RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years)
MIMVEY LO ORAL TABLET (Estradiol-Norethindrone Acet) 0.5-0.1 MG	T1	T1	RM; F
MIMVEY ORAL TABLET (Estradiol-Norethindrone Acet) 1-0.5 MG	T1	T1	RM; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
PREMPHASE ORAL TABLET 0.625-5 MG	T1		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T1		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T1		RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
*estrogens***			
ALORA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T1	T1	RM; AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	T1		RM
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	T1		RM; F; AL (Min 18 Years)
ENJUVIA ORAL TABLET 0.9 MG	T1		RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AL (Min 18 Years)
<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
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	T1		RM
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	T1		RM; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	T1		RM; QL (2 EA per 1 Week)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T1	T1	RM; AI (;); QL (2 EA per 1 Week)

Drug Name	Brand	Generic	Additional Information
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	T1		RM
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR	T1	T1	RM; AI (;); QL (2 EA per 1 Week)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	T1		RM; AI (Max #24 Patches Mail Order); QL (8 EA per 30 Days)
*Farnesoid X Receptor (Fxr) Agonists***			
*farnesoid x receptor (fxr) agonists***			
OCALIVA 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)
Fluoroquinolones			
*fluoroquinolones***			
AVELOX ABC PACK ORAL TABLET (<i>Moxifloxacin HCl</i>) 400 MG	T1	T1	RM
AVELOX ORAL TABLET (<i>Moxifloxacin HCl</i>) 400 MG	T1	T1	RM
BAXDELA ORAL TABLET 450 MG	T1		PA; RM
<i>ciprofloxacin hcl oral tablet 100 mg, 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>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
FACTIVE ORAL TABLET 320 MG	T1		RM
<i>levofloxacin oral solution 25 mg/ml</i>		T1	RM
<i>levofloxacin oral tablet 250 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
NOROXIN ORAL TABLET 400 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ofloxacin oral tablet 200 mg, 300 mg, 400 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
*gallstone solubilizing agents***			
CHENODAL ORAL TABLET 250 MG	T1		RM
<i>ursodiol oral capsule 300 mg</i>		T1	RM
<i>ursodiol oral tablet 250 mg, 500 mg</i>		T1	RM
*gastrointestinal antiallergy agents***			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>		T1	RM
*gastrointestinal chloride channel activators***			
AMITIZA ORAL CAPSULE 24 MCG	T1		RM; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AL (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
AMITIZA ORAL CAPSULE 8 MCG	T1		RM; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AL (Min 18 Years)
*gastrointestinal stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1	RM
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>		T1	RM
METOZOLV ODT ORAL TABLET DISPERSIBLE (Metoclopramide HCl) 5 MG	T1	T1	RM
*glucagon-like peptide-2 (glp-2) analogs***			
GATTEX SUBCUTANEOUS KIT 5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*ibs agent - guanylate cyclase-c (gc-c) agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	T1		RM
*ibs agent - selective 5-ht3 receptor antagonists***			
LOTRONEX ORAL TABLET 0.5 MG	T1		RM; F
LOTRONEX ORAL TABLET 1 MG	T1		RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day); AL (Min 12 Years)
*inflammatory bowel agents***			
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	T1		RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
ASACOL HD ORAL TABLET DELAYED RELEASE (Mesalamine) 800 MG	T1	T1	RM
<i>balsalazide disodium oral capsule 750 mg</i>		T1	RM
CANASA RECTAL SUPPOSITORY 1000 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	T1		RM
DIPENTUM ORAL CAPSULE 250 MG	T1		RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
GIAZO ORAL TABLET 1.1 GM	T1		RM
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	T1		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>		T1	RM; QL (4 EA per 1 Day); AL (Min 18 Years)
<i>mesalamine rectal enema 4 gm</i>		T1	RM
<i>mesalamine rectal suppository 1000 mg</i>		T1	RM; QL (1 EA per 1 Day)
<i>mesalamine-cleanser rectal kit 4 gm</i>		T1	RM
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	T1		RM
SFROWASA RECTAL ENEMA 4 GM/60ML	T1		RM
SULFAZINE EC ORAL TABLET DELAYED RELEASE (SulfaSALazine) 500 MG	T1	T1	RM
SULFAZINE ORAL TABLET (SulfaSALazine) 500 MG	T1	T1	RM

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Drug Name	Brand	Generic	Additional Information
*intestinal acidifiers***			
<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
*peripheral opioid receptor antagonists***			
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	T1		RM
RELISTOR ORAL TABLET 150 MG	T1		PA; RM
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T1		PA; RM
SYMPROIC ORAL TABLET 0.2 MG	T1		PA; RM
*phosphate binder agents***			
ELIPHOS ORAL TABLET 667 MG	T1		RM
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	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)
<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)
RENAGEL ORAL TABLET 400 MG	T1		RM; AI (Max #3150 Mail order); QL (35 EA per 1 day)
RENAGEL ORAL TABLET 800 MG	T1		RM; AI (Max #1800 Mail Order); QL (20 EA per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T1	RM; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T1	RM; AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet 800 mg</i>		T1	RM; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
VELPHORO ORAL TABLET CHEWABLE 500 MG	T1		PA; ST; RM
tumor necrosis factor alpha blockers*			
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	SP		PA; RM
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 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
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Genitourinary Agents - Miscellaneous			
*5-alpha reductase inhibitors***			
<i>dutasteride oral capsule 0.5 mg</i>		T1	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)
*alpha 1-adrenoceptor antagonists***			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	T1		RM
RAPAFLO ORAL CAPSULE (<i>Sildenafil</i>) 4 MG, 8 MG	T1	T1	RM
<i>tamsulosin hcl oral capsule 0.4 mg</i>		T1	RM
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>Alfuzosin HCl ER</i>) 10 MG	T1	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*citrates***			
<i>cytra k crystals oral packet 3300-1002 mg</i>		T1	RM
<i>cytra-2 oral solution 500-334 mg/5ml</i>		T1	RM
<i>cytra-k oral solution 1100-334 mg/5ml</i>		T1	RM
<i>tricitrates oral solution 550-500-334 mg/5ml</i>		T1	RM
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (<i>Potassium Citrate ER</i>) 10 MEQ (1080 MG)	T1	T1	RM
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (<i>Potassium Citrate ER</i>) 15 MEQ (1620 MG)	T1	T1	RM
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE (<i>Potassium Citrate ER</i>) 5 MEQ (540 MG)	T1	T1	RM
*cystinosis agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*genitourinary irrigants***			
ARGYLE STERILE SALINE IRRIGATION SOLUTION (<i>Sodium Chloride</i>) 0.9 %	T1	T1	RM
CURITY STERILE SALINE IRRIGATION SOLUTION (<i>Sodium Chloride</i>) 0.9 %	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
RENACIDIN IRRIGATION SOLUTION	T1		RM
*interstitial cystitis agents***			
ELMIRON ORAL CAPSULE 100 MG	T1		RM; QL (3 EA per 1 day)
*prostatic hypertrophy agent combinations***			
JALYN ORAL CAPSULE (<i>Dutasteride-Tamsulosin HCl</i>) 0.5-0.4 MG	T1	T1	RM; M
*urinary analgesics***			
PHENAZO ORAL TABLET (<i>Phenazopyridine HCl</i>) 200 MG	T1	T1	RM
PYRIDIDIUM ORAL TABLET (<i>Phenazopyridine HCl</i>) 100 MG, 200 MG	T1	T1	RM
*urinary stone agents***			
THIOLA ORAL TABLET 100 MG	T1		PA; RM
*Glycopeptides***			
*glycopeptides***			
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>		T1	RM
Gout Agents			
*gout agent combinations***			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		T1	RM
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	T1		PA; RM
*gout agents***			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T1	RM
COLCRYS ORAL TABLET (<i>Colchicine</i>) 0.6 MG	T1	T1	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	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
ZURAMPIC ORAL TABLET 200 MG	T1		PA; ST; RM
*uricosurics***			
<i>probenecid oral tablet 500 mg</i>		T1	RM
Hematological Agents - Misc.			
*antihemophilic products***			
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)

Drug Name	Brand	Generic	Additional Information
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 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)
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED 200-1200 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT	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
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 500 UNIT	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	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
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUWIQ INTRAVENOUS KIT 2500 UNIT, 3000 UNIT, 4000 UNIT	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT	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)
PROFILNINE 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)
PROFILNINE 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)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	SP		PA; RM
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	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
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*bradykinin b2 receptor antagonists***			
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*c1 inhibitors***			
BERINERT INTRAVENOUS KIT 500 UNIT	SP		PA; RM
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*complement inhibitors***			
SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*cyclopentyltriazolopyrimidine (cftp) derivatives***			
BRILINTA ORAL TABLET 60 MG, 90 MG	T1		RM
*hematorheologic agents***			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		T1	RM
*phosphodiesterase iii inhibitors***			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
*plasma kallikrein inhibitors***			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*platelet aggregation inhibitor combinations***			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		T1	RM
*platelet aggregation inhibitors***			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		T1	RM
*quinazoline agents***			
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>		T1	RM
*thienopyridine derivatives***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
EFFIENT ORAL TABLET (Prasugrel HCl) 10 MG, 5 MG	T1	T1	RM; QL (1 EA per 1 day); AL (Min 16 Years)
<i>ticlopidine hcl oral tablet 250 mg</i>		T1	RM
Hematopoietic Agents			
*agents for gaucher disease***			
CERDELGA ORAL CAPSULE 84 MG	SP		PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZAVESCA ORAL CAPSULE (Miglustat) 100 MG	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		T1	RM
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	T1		PA; RM
*cxcr4 receptor antagonist***			
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	SP		RM
*cytotoxic agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	SP		PA; RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
SIKLOS ORAL TABLET 100 MG	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)
SIKLOS ORAL TABLET 1000 MG	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)
*erythropoiesis-stimulating agents (esas)***			
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)
*erythropoietins***			
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)
*folic acid/folates***			
<i>folic acid oral tablet 1 mg</i>		\$0	RM; QL (2 EA per 1 Day)
*granulocyte colony-stimulating factors (g-csf)***			
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)

Drug Name	Brand	Generic	Additional Information
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)
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)
*granulocyte/macrophage colony-stimulating factor(gm-csf)***			
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*interleukins***			
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)
*iron w/ folic acid***			
FOLIVANE-F ORAL CAPSULE 125-1 MG	T1		RM
INTEGRA F ORAL CAPSULE 125-1 MG	T1		RM

Drug Name	Brand	Generic	Additional Information
*iron***			
<i>fer-iron oral solution 75 (15 fe) mg/ml</i>		\$0	RM; AL (Max 1 Years)
FERRLECIT INTRAVENOUS SOLUTION (Na Ferric Gluc Cplx in Sucrose) 12.5 MG/ML	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)
<i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i>		\$0	RM; AL (Max 1 Years)
SPATONE PUR-ABSORB IRON ORAL LIQUID 5 MG/20ML	\$0		RM; AL (Max 1 Years)
thrombopoietin (tpo) receptor agonists*			
DOPTELET ORAL TABLET 20 MG	SP		PA; RM
MULPLETA ORAL TABLET 3 MG	SP		PA; RM; AI (:)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
*hemostatics - systemic***			
AMICAR ORAL SOLUTION 0.25 GM/ML	T1		RM
AMICAR ORAL TABLET 1000 MG, 500 MG	T1		RM
LYSTEDA ORAL TABLET (Tranexamic Acid) 650 MG	T1	T1	RM; F
*Hepatitis C Agent - Combinations***			
*hepatitis c agent - combinations***			
EPCLUSA ORAL TABLET (Sofosbuvir-Velpatasvir) 400-100 MG	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)
HARVONI ORAL TABLET (Ledipasvir-Sofosbuvir) 90-400 MG	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)
MAVYRET ORAL TABLET 100-40 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	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)

Drug Name	Brand	Generic	Additional Information
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIEKIRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200-8.33-50- 33.33 MG	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)
*Hereditary Orotic Aciduria Treatment - Agents**			
*hereditary orotic aciduria treatment - agents**			
XURIDEN ORAL PACKET 2 GM	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hypnotics			
*barbiturate hypnotics***			
<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	T1		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
*benzodiazepine hypnotics***			
<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>		T1	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>		T1	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)
*hypnotics - tricyclic agents***			
SILENOR ORAL TABLET 3 MG, 6 MG	T1		PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 13 Years)

Drug Name	Brand	Generic	Additional Information
*non-benzodiazepine - gaba-receptor modulators***			
<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)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>		T1	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)
*selective melatonin receptor agonists***			
HETLIOZ ORAL CAPSULE 20 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)
ROZEREM ORAL TABLET 8 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
*ibs agent - mu-opioid receptor agonists***			
VIBERZI ORAL TABLET 100 MG, 75 MG	T1		PA; ST; RM; QL (2 EA per 1 day); AL (Min 18 Years)
*Insulin-Incretin Mimetic Combinations***			
*insulin-incretin mimetic combinations***			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	T1		RM; QL (0.5 ML per 1 day); AL (Min 18 Years)
*Interleukin-4 Alpha Antagonists***			
*interleukin-4 alpha antagonists***			
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	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)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
*interleukin-5 antagonists (igg1 kappa)***			
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	SP		PA; SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 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
*Interleukin-5 Antagonists (Igg4 Kappa)***			
*interleukin-5 antagonists (igg4 kappa)***			
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Interleukin-6 (Il-6) Antagonists***			
*interleukin-6 (il-6) antagonists***			
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
*isocitrate dehydrogenase-1 (idh1) inhibitors***			
TIBSOVO ORAL TABLET 250 MG	T1		PA; RM
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
*isocitrate dehydrogenase-2 (idh2) inhibitors***			
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)
Laxatives			
*bowel evacuant combinations***			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM	T1		RM
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0		RM
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	T1		RM
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	T1		RM
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	T1		RM
PCP 100 COMBINATION KIT	\$0		RM; \$0
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>		\$0	RM; \$0
PEG-PREP ORAL KIT 5-210 MG-GM	\$0		RM; \$0
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	T1		RM
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	T1		RM

Drug Name	Brand	Generic	Additional Information
TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM	\$0	\$0	RM; \$0
*laxatives - miscellaneous***			
<i>constulose oral solution 10 gm/15ml</i>		T1	RM
<i>gentlelax oral powder</i>		T1	RM
KRISTALOSE ORAL PACKET 10 GM, 20 GM	T1		RM
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		T1	RM
<i>polyethylene glycol 3350 oral packet</i>		T1	RM; AI (RX only. OTC's excluded.)
<i>polyethylene glycol 3350 oral powder</i>		T1	RM; AI (RX only. OTC's excluded.)
*saline laxative mixtures***			
OSMOPREP ORAL TABLET 1.102-0.398 GM	T1		RM; QL (1.34 EA per 1 day)
*Leptin Analogues***			
*leptin analogues***			
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)
Local Anesthetics-Parenteral			
*local anesthetic & sympathomimetic***			
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	MB	MB	RM
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	MB	MB	RM
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
*lymphocyte function-associated antigen-1 (lfa-1) antag***			
XIIDRA OPTHALMIC SOLUTION 5 %	T1		PA; RM
Macrolides			
*azithromycin***			
<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, 600 mg</i>		T1	RM
*clarithromycin***			
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		T1	RM
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		T1	RM
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		T1	RM
*erythromycins***			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate) 400 MG	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	T1		RM
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	T1		RM
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	T1		RM
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	T1		RM
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1		RM
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		T1	RM
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		T1	RM
*fidaxomicin***			
DIFICID ORAL TABLET 200 MG	T1		PA; RO; AI (#20 per copay. Not covered at Mail Order); QL (20 EA Max Qty Per Fill Retail)
Medical Devices			
*applicators,cotton balls,etc***			
<i>alcohol swabs pad</i>		T1	RM
*cervical caps***			
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)
*condoms - female***			
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)
*diaphragms***			
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

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Drug Name	Brand	Generic	Additional Information
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
*glucose monitoring test supplies***			
<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)
<i>1st tier unilet comfortouch</i>		T1	RM; QL (10 EA per 1 day)
ACCU-CHEK FASTCLIX LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ACCU-CHEK MULTICLIX LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ACCU-CHEK SAFE-T PRO LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ACCU-CHEK SOFT TOUCH LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCETS (GNP Lancets)	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)
ADVOCATE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ADVOCATE SAFETY LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>af lancets super thin</i>		T1	RM; QL (10 EA per 1 day)
AGAMATRIX ULTRA-THIN LANCETS (GNP Lancets)	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)
ASSURE HAEMOLANCE PLUS HIGH (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS LOW (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS MICRO (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS NORMAL (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS PED (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ASSURE LANCE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ASSURE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
AT LAST LANCETS (GNP Lancets)	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)

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Drug Name	Brand	Generic	Additional Information
BAYER MICROLET LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
BD LANCET ULTRAFINE 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
BD LANCET ULTRAFINE 33G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
BD MICROTAINER LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
BD ULTRA-FINE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>bullseye mini safety lancets</i>		T1	RM; QL (10 EA per 1 day)
BULLSEYE SAFETY LANCETS (GNP Lancets)	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)
CLEANLET LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
CLEVER CHEK LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
COAGUCHEK LANCETS (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)
DIASTAR EASY TEST II LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
DIASTAR EASY TEST LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
DROPLET LANCETS ULTRA THIN 30G (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)
DRUG MART ON-THE-GO LANCET 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
DRUG MART UNILET LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
DRUG MART UNILET LANCETS 30G (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)
EASY TOUCH LANCETS 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 23G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH LANCETS 28G/TWIST (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 30G/TWIST (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 32G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 32G/TWIST (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH LANCETS 33G/TWIST (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 23G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASY TWIST & CAP LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASYTEST II LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EASYTEST LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EMBRACE LANCETS ULTRA THIN 30G (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)
E-Z JECT LANCET MICRO-THIN 33G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
E-Z JECT LANCET SUPER THIN 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
E-Z JECT LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
E-Z JECT LANCETS 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
E-Z JECT LANCETS THIN 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EZ SMART BLOOD GLUCOSE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EZ-LETS LANCETS 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EZ-LETS LANCETS 23G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EZ-LETS LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EZ-LETS LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
EZ-LETS LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
FIFTY50 SAFETY SEAL LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
FINE 30 (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
FINGERSTIX LANCETS (Lancets)	T1	T1	RM; QL (10 EA per 1 Day)
FORA LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<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)
FREESTYLE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
FREESTYLE LIBRE 14 DAY READER DEVICE	T1		RM; QL (1 EA per 1 per Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T1		RM; AI (Limited to 30 day supply.); QL (2 EA per 28 days)
FREESTYLE LIBRE READER DEVICE	T1		RO; QL (1 EA per 1 Lifetime)
FREESTYLE LIBRE SENSOR SYSTEM	T1		RO; AI (Limited to 30 day supply.); QL (3 EA per 30 days)
FREESTYLE UNISTICK II LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
GENTLE-LET GP LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
GENTLE-LET LANCETS (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)
<i>global inject ease lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
GLUCOCOM LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
GLUCOCOM LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
GLUCOCOM LANCETS 33G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
GLUCOSOURCE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
GMATE LANCETS 30G (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)
H&H THINLET LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
H&H THINLET LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE LOW FLOW LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE PLUS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE PLUS HIGH FLOW (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE PLUS LOW FLOW (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE PLUS MAX FLOW (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
HAEMOLANCE PLUS PEDIATRIC FLOW (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)

Drug Name	Brand	Generic	Additional Information
HY-VEE LANCETS (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)
<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)
LANCETS ULTRA FINE (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
LANCETS ULTRA THIN (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)
LIFESCAN UNISTIK 2	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
LIFESCAN UNISTIK II LANCETS	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)
LITETOUCH LANCETS (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)
MEDISENSE THIN LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE EXTRA 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE LITE 25G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
MEDLANCE PLUS EXTRA 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE PLUS LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE PLUS LITE 25G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE PLUS SPECIAL 0.8MM (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE PLUS SUPERLITE 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE PLUS UNIVERSAL 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEDLANCE UNIVERSAL 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEIJER LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEIJER LANCETS THIN (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 33G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MEIJER SUPER THIN LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MICROLET LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MICROTAINER SAFETY FLOW LANCET (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MONOLET LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MONOLET OPD LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MONOLETTOR SAFETY LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
MYGLUCOHEALTH LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
NETGROUP LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
NOVA SAFETY LANCETS 23G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
NOVA SAFETY LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
NOVA SUREFLEX LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ON CALL LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ON CALL PLUS LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ONETOUCH CLUB LANCETS FINE PT	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH COMBO PACK	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH DELICA LANCETS 33G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
ONETOUCH DELICA LANCETS FINE	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH FINEPOINT LANCETS	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH LANCETS	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
ONETOUCH ULTRASOFT LANCETS	T1		RM; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<i>pc lancets super thin 30g</i>		T1	RM; QL (10 EA per 1 day)
PERFECT LANCETS 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PERFECT LANCETS 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PHARMACIST CHOICE LANCETS	T1		RM; AI (Max #300 Mail Order); QL (10 EA per 1 Day)
PHARMACY COUNTER LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRECISION THIN LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRECISION THINS GP LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRECISION ULTRA LANCET (<i>GNP Lancets</i>)	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)
PRODIGY LANCETS 21G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRODIGY LANCETS 26G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRODIGY LANCETS 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRODIGY SAFETY LANCETS 26G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PRODIGY TWIST TOP LANCETS 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PSS SELECT GP LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
PSS SELECT SAFETY LANCETS (<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)
RA E-ZJECT COLOR LANCETS 33G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RA E-ZJECT LANCETS 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RA E-ZJECT LANCETS THIN 26G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RA E-ZJECT LANCETS THIN 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RA E-ZJECT LANCETS ULTRA THIN (<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)
RELION LANCETS MICRO-THIN 33G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RELION LANCETS STANDARD 21G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RELION LANCETS THIN 26G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RELION LANCETS ULTRA-THIN 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RELION ULTRA THIN LANCETS 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RELION ULTRA THIN PLUS LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
RENEW ADV CARTRIDGE REFILLS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
REXALL LANCETS ULTRA THIN 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
RIGHTEST GL300 LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SAFE-T-LANCE (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SAFE-T-LANCE PLUS (GNP Lancets)	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)
SAFETY LANCET 2MM (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SAFETY LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SAFETY LANCETS 21G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>safety lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
SAFETY LET LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SAFETY SEAL LANCETS (GNP Lancets)	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)
SHOPKO ON-THE-GO LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SHOPKO UNILET LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SHOPKO UNILET LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SINGLE-LET (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)
SMART DIABETES VANTAGE LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SMART SENSE COLOR LANCETS 33G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SMART SENSE STANDARD LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SMART SENSE SUPER THIN LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SMART SENSE THIN LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SMARTEST LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SOLUS V2 LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SOLUS V2 TWIST LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
STERILANCE TL (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)
SURE-LANCE FLAT LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SURE-LANCE LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SURE-LANCE THIN LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
SURE-LANCE ULTRA THIN LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
SURELITE LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
SURE-TOUCH LANCETS UNIVERSAL (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TECHLITE AST LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TECHLITE LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TECHLITE LANCETS 30G (<i>GNP Lancets</i>)	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)
THINLETS GP LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
THINLETS LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
<i>todays health thin lancets 28g</i>		T1	RM; QL (10 EA per 1 day)
<i>todays health thin lancets 30g</i>		T1	RM; QL (10 EA per 1 day)
TRUEPLUS LANCETS 26G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TRUEPLUS LANCETS 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TRUEPLUS LANCETS 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TRUEPLUS LANCETS 33G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
TRUEPLUS SAFETY LANCETS 28G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
ULTICARE THIN LANCETS 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
ULTILET BASIC LANCETS 30G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
ULTILET CLASSIC LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
ULTILET LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
ULTILET SAFETY LANCETS 23G (<i>GNP Lancets</i>)	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)
ULTRA-THIN II AUTO LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
ULTRA-THIN II LANCETS (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET COMFORTOUCH LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET EXCELITE (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET EXCELITE II (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET G.P. LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET G.P. SUPERLITE LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET GP 28 ULTRA THIN (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNILET SUPERLITE LANCET (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNISTIK 3 GENTLE (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)
UNIVERSAL 1 LANCETS THIN 26G (<i>GNP Lancets</i>)	T1	T1	RM; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
UNIVERSAL 1 LANCETS ULTRA THIN (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)
VIDA MIA UNILET LANCETS 28G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
VIDA MIA UNILET LANCETS 30G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
VITALET PRO LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
VITALET PRO PLUS LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
W&F LANCETS 26G (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
W&F LANCETS COLORED 21G (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)
WALGREENS LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
<i>walgreens lancets micro thin</i>		T1	RM; QL (10 EA per 1 day)
<i>walgreens lancets super thin</i>		T1	RM; QL (10 EA per 1 day)
WALGREENS THIN LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
WALGREENS ULTRA THIN LANCETS (GNP Lancets)	T1	T1	RM; QL (10 EA per 1 day)
*needles & syringes***			
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T1		RM
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T1		RM
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	T1		RM
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1		RM
BD PEN NEEDLE MINI U/F (Pen Needles 3/16") 31G X 5 MM	T1	T1	RM
BD PEN NEEDLE NANO U/F 32G X 4 MM	T1		RM
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	T1		RM
BD PEN NEEDLE SHORT U/F (Pen Needles 5/16") 31G X 8 MM	T1	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 if purchase insulin vial first, otherwise Co-Ins applies)
<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 if purchase insulin vial first, otherwise Co-Ins applies)
<i>pen needles 1/2" 29g x 12mm</i>		T1	RM
<i>pen needles 29g x 12mm , 31g x 6 mm</i>		T1	RM
<i>pen needles 5/16" 30g x 8 mm</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	T1		RM
ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1	T1	RM
*respiratory therapy supplies***			
VORTEX HOLDING CHAMBER/MASK DEVICE	T1		RM
*spacer/aerosol-holding chambers & supplies***			
AEROCHAMBER MINI CHAMBER DEVICE	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER MV	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER PLUS W/MASK SMALL	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T1		RM; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
AEROVENT PLUS DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
ARIAL CHAMBER DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE COLL SPACER ADULT (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE COLL SPACER CHILD (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE COLL SPACER INFANT (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE RIGID SPACER/MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE SPACER NEONATE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE SPACER SMALL CHILD (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE/LARGE MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
BREATHERITE/MEDIUM MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)

Drug Name	Brand	Generic	Additional Information
BREATHERITE/SMALL MASK (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
CLEVER CHOICE HOLDING CHAMBER DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER/LG MASK DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER/MED MASK DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER/SM MASK DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
EASIVENT (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
EASIVENT MASK LARGE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
EASIVENT MASK MEDIUM (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
EASIVENT MASK SMALL (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
E-Z SPACER DEVICE	T1		RM; QL (2 EA per 1 Year)
E-Z SPACER THE BODY GUARDS PK DEVICE	T1		RM; QL (2 EA per 1 Year)
FLEXICHAMBER ADULT MASK/SMALL	T1		RM; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1		RM; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1		RM; QL (2 EA per 1 Year)
FLEXICHAMBER DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
INSPIRACHAMBER/LARGE DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
INSPIRACHAMBER/MEDIUM DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
INSPIRACHAMBER/MOUTHPIECE DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
INSPIRACHAMBER/SMALL DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
INSPIREASE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
INSPIREASE RESERVOIR BAGS	T1		RM; QL (2 EA per 1 Year)
LITEAIRE DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
MASK VORTEX	T1		RM; QL (2 EA per 1 Year)
MICROCHAMBER (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
MICROSPACER (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
NESSI SPACER WITH MASK LARGE DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
NESSI SPACER WITH MASK SM/MED DEVICE (Valved Holding Chamber)	T1	T1	RM; QL (1 EA per 2 Years)
NESSI SPACER WITH MOUTHPIECE DEVICE	T1		RM; QL (2 EA per 1 Year)
OPTICHAMBER ADVANTAGE	T1		RM; QL (2 EA per 1 Year)

Drug Name	Brand	Generic	Additional Information
OPTICHAMBER ADVANTAGE-LG MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-MED MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-SM MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND DEVICE	T1		RM; QL (2 EA per 1 Year)
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND-MD MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND-SM MASK (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER FACE MASK-LARGE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER FACE MASK-MEDIUM (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTICHAMBER FACE MASK-SMALL (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTIHALER (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
OPTIHALER DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
PANDA MASK LARGE	T1		RM; QL (2 EA per 1 Year)
PANDA MASK MEDIUM	T1		RM; QL (2 EA per 1 Year)
PANDA MASK SMALL	T1		RM; QL (2 EA per 1 Year)
PEDIATRIC PANDA MASK	T1		RM; QL (2 EA per 1 Year)
POCKET CHAMBER DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
POCKET SPACER DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
RITEFLO DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
WATCHHALER DEVICE (<i>Valved Holding Chamber</i>)	T1	T1	RM; QL (1 EA per 2 Years)
Migraine Products			
*ergot combinations***			
<i>ergotamine-caffeine oral tablet 1-100 mg</i>		T1	RM
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	T1		RM
*migraine combinations***			
<i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i>		T1	RM
*migraine products***			
D.H.E. 45 INJECTION SOLUTION (<i>Dihydroergotamine Mesylate</i>) 1 MG/ML	T1	T1	RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>		T1	RM; QL (8 ML per 1 Copay)

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Drug Name	Brand	Generic	Additional Information
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	T1		RM; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL NASAL SOLUTION 4 MG/ML	T1		RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay)
*selective serotonin agonists 5-ht(1)***			
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>		T1	RM; QL (0.9 EA per 1 day)
FROVA ORAL TABLET 2.5 MG	T1		PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay)
<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>		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)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	T1		RM; AI (;); QL (0.9 EA per 1 day)
ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG	T1	T1	RM; AI (;); QL (0.4 EA per 1 day)
ZOMIG ORAL TABLET (ZOLMitriptan) 5 MG	T1	T1	RM; AI (;); QL (0.2 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG	T1	T1	RM; AI (;); QL (0.4 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 5 MG	T1	T1	RM; AI (;); QL (0.2 EA per 1 day)
Minerals & Electrolytes			
fluoride combinations*			
FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG	\$0		RM; AL (Max 6 Years)

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

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

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Drug Name	Brand	Generic	Additional Information
SALIVAMAX MOUTH/THROAT PACKET	T1		RM
SALIVATE RX MOUTH/THROAT PACKET	T1		RM
*fluoride dental products***			
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

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

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Drug Name	Brand	Generic	Additional Information
<i>pnv fe fum/docusatelfolic acid oral tablet 29-1 mg</i>		T1	RM; F
<i>pnv folic acid + iron oral tablet 27-1 mg</i>		T1	RM; F
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>		T1	RM; F
<i>pnv tabs 29-1 oral tablet 29-1 mg</i>		T1	RM; F
PREFERA OB + DHA ORAL (HemeNatal OB + DHA) 28-6-1 & 203 MG	T1	T1	RM; F
PREFERA OB ORAL TABLET (HemeNatal OB) 28-6-1 MG	T1	T1	RM; F
PRENATABS RX ORAL TABLET (Vol-Tab Rx) 29-1 MG	T1	T1	RM; F
<i>prenatal 19 oral tablet , 29-1 mg</i>		T1	RM; F
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>		T1	RM; F
PRENATAL AD ORAL TABLET (Vinate Ultra)	T1	T1	RM; F
<i>prenatal formula oral tablet 27-1 mg</i>		T1	RM; F
<i>prenatal low iron oral tablet 27-1 mg</i>		T1	RM; F
<i>prenatal oral tablet 27-1 mg</i>		T1	RM; F
<i>prenatal plus iron oral tablet 29-1 mg</i>		T1	RM; F
<i>prenatal plus oral tablet 27-1 mg</i>		T1	RM; F
PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Plus/Iron)	T1	T1	RM; F
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG	T1		RM; F
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG	T1		RM; F
<i>preplus oral tablet 27-1 mg</i>		T1	RM; F
<i>pretab oral tablet 29-1 mg</i>		T1	RM; F
<i>se-natal 19 oral tablet 29-1 mg</i>		T1	RM; F
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		T1	RM; F
TARON-C DHA ORAL CAPSULE 53.5-38-1 MG	T1		RM; F
THERANATAL CORE NUTRITION ORAL TABLET (Prenatal Plus/Iron) 27-1 MG	T1	T1	RM; F
<i>thrivite rx oral tablet 29-1 mg</i>		T1	RM; F
<i>triadvance oral tablet 90-1 mg</i>		T1	RM; F
TRICARE ORAL TABLET (Prenatal Plus/Iron)	T1	T1	RM; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG	T1	T1	RM; F
<i>trinatal gt oral tablet 90-1 mg</i>		T1	RM; F
<i>trinatal ultra oral tablet 90-1 mg</i>		T1	RM; F
<i>ultra tabs oral tablet</i>		T1	RM; F
VINATE DHA ORAL CAPSULE 27-1.53 MG	T1		RM; F
VINATE GT ORAL TABLET (Vinate Ultra) 90-1 MG	T1	T1	RM; F
VINATE M ORAL TABLET 27-1 MG	T1		RM; F
<i>virt-nate dha oral capsule 28-1-200 mg</i>		T1	RM; F
<i>virt-pn oral tablet 27-0.6-0.4 mg</i>		T1	RM; F

Drug Name	Brand	Generic	Additional Information
VIVA DHA ORAL CAPSULE (Reinate DHA) 28-1-200 MG	T1	T1	RM; F
<i>vol-plus oral tablet 27-1 mg</i>		T1	RM; F
<i>vp-heme ob + dha oral 28-6-1 & 203 mg</i>		T1	RM; F
<i>vp-heme ob oral tablet 28-6-1 mg</i>		T1	RM; F
ZATEAN-PN ORAL TABLET (PNV-Select) 27-0.6-0.4 MG	T1	T1	RM; F
*prenatal mv & min w/fe-fa-ca-omega 3 fish oil***			
<i>complete natal dha oral 29-1-200 & 250 mg</i>		T1	RM; F
PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR)	T1		RM; F
PR NATAL 400 ORAL 29-1-200 & 400 MG	T1		RM; F
TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG	T1		RM; F
*prenatal mv & min w/fe-fa-dha***			
CITRANATAL 90 DHA ORAL (Prenaisance 90 DHA) 90-1 & 300 MG	T1	T1	RM; F
CITRANATAL ASSURE ORAL (Prenaisance Promise) 35-1 & 300 MG	T1	T1	RM; F
CITRANATAL DHA ORAL (PNV OB+DHA) 27-1 & 250 MG	T1	T1	RM; F
<i>extra-virt plus dha oral capsule 29-1.25-350 mg</i>		T1	RM; F
FOCALGIN 90 DHA ORAL (Prenaisance 90 DHA) 90-1 & 300 MG	T1	T1	RM; F
FOCALGIN CA ORAL (Prenaisance Promise) 35-1 & 300 MG	T1	T1	RM; F
<i>folcal dha oral capsule 27-1.25-300 mg</i>		T1	RM; F
FOLIVANE-EC CALCIUM DHA NF ORAL 27-1 & 250 MG	T1		RM; F
FOLIVANE-PRX DHA NF ORAL CAPSULE 30-1.24-265 MG	T1		RM; F
GESTICARE DHA ORAL 27-1 & 250 MG	T1		RM; F
MACNATAL CN DHA ORAL CAPSULE (Prenaisance Plus) 28-1-250 MG	T1	T1	RM; F
NATALVIRT 90 DHA ORAL (Prenaisance 90 DHA) 90-1 & 300 MG	T1	T1	RM; F
NATALVIRT CA ORAL (Prenaisance Promise) 35-1 & 300 MG	T1	T1	RM; F
NEXA PLUS ORAL CAPSULE (TL-Select DHA) 29-1.25-350 MG	T1	T1	RM; F
PREFERAOB ONE ORAL CAPSULE (VP-HEME One) 22-6-1-200 MG	T1	T1	RM; F
<i>prenaisance dha oral 27-1 & 250 mg</i>		T1	RM; F
<i>prenaisance oral capsule 29-1.25-325 mg</i>		T1	RM; F
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	T1		RM; F
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	T1		RM; F
<i>rulavite dha oral capsule 27-0.6-0.4-300 mg</i>		T1	RM; F

Drug Name	Brand	Generic	Additional Information
SELECT-OB+DHA ORAL (Choice-OB+DHA) 29-1 & 250 MG	T1	T1	RM; F
TARON-PREX ORAL CAPSULE 30-1.2-265 MG	T1		RM; F
<i>tl-select oral capsule 29-1.25-325 mg</i>		T1	RM; F
TRIVEEN-TEN ORAL TABLET 15-0.5-50 MG	T1		RM; F
VEMAVITE-PRX 2 ORAL CAPSULE (PNV-DHA+Docusate) 27-1.25-300 MG	T1	T1	RM; F
<i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i>		T1	RM; F
<i>virt-select oral capsule 29-1.25-325 mg</i>		T1	RM; F
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (Prena1/Quatrefolic) 30-0.6-0.4-200 MG	T1	T1	RM; F
VITAMEDMD PLUS RX/QUATREFOLIC ORAL (Prena1 Plus/Quatrefolic) 30-0.6-0.4 & 300 MG	T1	T1	RM; F
ZATEAN-PN DHA ORAL CAPSULE (PNV-DHA) 27-0.6-0.4-300 MG	T1	T1	RM; F
*prenatal vitamins***			
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prena1/Quatrefolic) 0.6-0.4 MG	T1	T1	RM; F
Musculoskeletal Therapy Agents			
*central muscle relaxants***			
<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>		T1	RM
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T1	RM
<i>metaxalone oral tablet 800 mg</i>		T1	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
*direct muscle relaxants***			
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>		T1	RM
*muscle relaxant combinations***			
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>		T1	RM
Nasal Agents - Systemic And Topical			
*nasal antibiotics***			
BACTROBAN NASAL NASAL OINTMENT 2 %	T1		RM
*nasal anticholinergics***			
<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)
*nasal antihistamines***			
<i>azelastine hcl nasal solution 0.1 %</i>		T1	RM; AI (;)

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Drug Name	Brand	Generic	Additional Information
<i>azelastine hcl nasal solution 0.15 %</i>		T1	RM
PATANASE NASAL SOLUTION (Olopatadine HCl) 0.6 %	T1	T1	RM; QL (1.02 GM per 1 day); AL (Min 6 Years)
*nasal steroids***			
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	T1		RM; AI (Max #75gm Mail Order); QL (25 GM per 30 Days)
<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)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	T1		RM; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AL (Min 12 Years)
*topical decongestants***			
TYZINE NASAL SOLUTION 0.05 %	T1		RM
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
*neprilysin inhib (arni)-angiotensin ii recept antag comb***			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	T1		PA; RM; QL (2 EA per 1 day); AL (Min 18 Years)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
*neurogenic orthostatic hypotension (noh) - agents***			
NORTHERA ORAL CAPSULE 100 MG	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)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	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)
Neuromuscular Agents			
*benzathiazoles***			
RILUTEK ORAL TABLET (Riluzole) 50 MG	T1	T1	RM
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	T1		PA; RM
*neuromuscular blocking agent - neurotoxins***			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	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
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ophthalmic Agents			
*alpha adrenergic agonist & carbonic anhydrase inhib comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	T1		RM
*artificial tear inserts***			
LACRISERT OPHTHALMIC INSERT 5 MG	T1		RM
*artificial tears and lubricants***			
THERATEARS OPHTHALMIC GEL 1 %	T1		RM
*beta-blockers - ophthalmic combinations***			
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	T1		RM; AI (;)
COSOPT PF OPHTHALMIC SOLUTION (Dorzolamide HCl-Timolol Mal PF) 22.3-6.8 MG/ML	T1	T1	PA; RM
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>		T1	RM
*beta-blockers - ophthalmic***			
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	T1		RM
<i>carteolol hcl ophthalmic solution 1 %</i>		T1	RM
ISTALOL OPHTHALMIC SOLUTION 0.5 %	T1		RM
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1	RM
<i>metipranolol ophthalmic solution 0.3 %</i>		T1	RM
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		T1	RM
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION (Timolol Maleate) 0.25 %, 0.5 %	T1	T1	RM
*cycloplegic mydriatics***			
<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 %, 1 %</i>		T1	RM
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	T1		RM
MYDRIACYL OPHTHALMIC SOLUTION (Tropicamide) 1 %	T1	T1	RM
<i>tropicamide ophthalmic solution 0.5 %</i>		T1	RM
*miotics - cholinesterase inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	T1		RM
*miotics - direct acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	RM

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

Drug Name	Brand	Generic	Additional Information
POLYCIN OPHTHALMIC OINTMENT (AK-Poly-Bac) 500-10000 UNIT/GM	T1	T1	RM
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		T1	RM
*ophthalmic antivirals***			
<i>trifluridine ophthalmic solution 1 %</i>		T1	RM
ZIRGAN OPHTHALMIC GEL 0.15 %	T1		RM
*ophthalmic carbonic anhydrase inhibitors***			
AZOPT OPHTHALMIC SUSPENSION 1 %	T1		RM; AI (Max #30ml Mail Order); QL (10 ML per 30 Days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>		T1	RM
*ophthalmic decongestants***			
ALTAFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %	T1	T1	RM
NEOFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %	T1	T1	RM
*ophthalmic immunomodulators***			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
RESTASIS OPHTHALMIC EMULSION 0.05 %	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*ophthalmic local anesthetics***			
ALCAINE OPHTHALMIC SOLUTION (Parcaine) 0.5 %	T1	T1	RM
<i>proparacaine hcl ophthalmic solution 0.5 %</i>		T1	RM
TETCAINE OPHTHALMIC SOLUTION (Tetracaine HCl) 0.5 %	T1	T1	RM
*ophthalmic nonsteroidal anti-inflammatory agents***			
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		T1	RM
<i>bromfenac sodium ophthalmic solution 0.09 %</i>		T1	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>		T1	RM
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>		T1	RM
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	T1		RM; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AL (Min 10 Years)
*ophthalmic photodynamic therapy agents***			
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 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
*ophthalmic selective alpha adrenergic agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T1		RM
ALPHAGAN P OPHTHALMIC SOLUTION (Brimonidine Tartrate) 0.15 %	T1	T1	RM
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		T1	RM
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		T1	RM
*ophthalmic steroid combinations***			
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>		T1	RM
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	T1		RM
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	T1		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>		T1	RM
<i>poly-dex ophthalmic ointment 3.5-10000-0.1</i>		T1	RM
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	T1		RM
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	T1		RM
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		T1	RM
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	T1		RM
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	T1		RM
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		T1	RM
*ophthalmic steroids***			
ALREX OPHTHALMIC SUSPENSION 0.2 %	T1		RM
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		T1	RM
DUREZOL OPHTHALMIC EMULSION 0.05 %	T1		RM
FLAREX OPHTHALMIC SUSPENSION 0.1 %	T1		RM
<i>fluorometholone ophthalmic suspension 0.1 %</i>		T1	RM
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	T1		RM
FML OPHTHALMIC OINTMENT 0.1 %	T1		RM
INVELTYS OPHTHALMIC SUSPENSION 1 %	T1		RM
LOTEMAX OPHTHALMIC GEL 0.5 %	T1		RM; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	T1		RM
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	T1		RM
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	T1		RM

Drug Name	Brand	Generic	Additional Information
OMNIPRED OPHTHALMIC SUSPENSION <i>(PrednisolONE Acetate) 1 %</i>	T1	T1	RM
PRED FORTE OPHTHALMIC SUSPENSION <i>(PrednisolONE Acetate) 1 %</i>	T1	T1	RM
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	T1		RM
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		T1	RM
VEXOL OPHTHALMIC SUSPENSION 1 %	T1		RM
*ophthalmic sulfonamides***			
BLEPH-10 OPHTHALMIC SOLUTION <i>(Sulfacetamide Sodium) 10 %</i>	T1	T1	RM
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		T1	RM
*ophthalmics - cystinosis agents**			
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	T1		PA; RM
*prostaglandins - ophthalmic***			
<i>latanoprost ophthalmic solution 0.005 %</i>		T1	RM; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T1		RM; AI (;)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	T1		RM; AI (;)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	T1		ST; RM; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan.)
XELPROS OPHTHALMIC EMULSION 0.005 %	T1		RM
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T1		RM
*vascular endothelial growth factor (vegf) antagonists***			
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)
*Ophthalmic Nerve Growth Factors***			
*ophthalmic nerve growth factors***			
OXERVATE OPHTHALMIC SOLUTION 0.002 %	T1		PA; RM

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Rho Kinase Inhibitors***			
*ophthalmic rho kinase inhibitors***			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	T1		PA; RM
Otic Agents			
*otic agents - miscellaneous***			
acetic acid otic solution 2 %		T1	RM
acetic acid-aluminum acetate otic solution 2 %		T1	RM
*otic anti-infectives***			
ciprofloxacin hcl otic solution 0.2 %		T1	RM
ofloxacin otic solution 0.3 %		T1	RM
*otic steroid-anti-infective combinations***			
CIPRO HC OTIC SUSPENSION 0.2-1 %	T1		RM
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	T1		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	T1		RM
neomycin-polymyxin-hc otic solution 3.5-10000-1		T1	RM
neomycin-polymyxin-hc otic suspension 3.5-10000-1		T1	RM
*otic steroids***			
ACETASOL HC OTIC SOLUTION (Hydrocortisone-Acetic Acid) 2-1 %	T1	T1	RM
DERMOTIC OTIC OIL (Fluocinolone Acetonide) 0.01 %	T1	T1	RM; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
Oxytocics			
*oxytocics***			
METHERGINE ORAL TABLET (Methylergonovine Maleate) 0.2 MG	T1	T1	RM
*Passive Immunizing Agents - Combinations***			
*passive immunizing agents - combinations***			
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)
Passive Immunizing Agents			
*antiviral monoclonal antibodies***			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*immune serums***			
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	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
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 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)
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMMAPLEX INTRAVENOUS SOLUTION 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	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
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Pcsk9 Inhibitors***			
*pcsk9 inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 150 MG/ML, 75 MG/ML	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)
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/ML	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)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	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)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	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)

Drug Name	Brand	Generic	Additional Information
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	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)
Penicillins			
*aminopenicillins***			
<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
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR (Amoxicillin ER) 775 MG	T1	T1	RM
*natural penicillins***			
<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
*penicillin combinations***			
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		T1	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>		T1	RM
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	T1		RM
*penicillinase-resistant penicillins***			
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		T1	RM
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
*phosphatidylinositol 3-kinase (pi3k) inhibitors***			
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	T1		PA; RM
ZYDELIG ORAL TABLET 100 MG, 150 MG	T1		RM; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
*phosphodiesterase 4 (pde4) inhibitors - topical***			
EUCRISA EXTERNAL OINTMENT 2 %	T1		PA; RM; QL (2 GM per 1 day); AL (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
*Phosphodiesterase 4 (Pde4) Inhibitors***			
*phosphodiesterase 4 (pde4) inhibitors***			
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)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
*plasma kallikrein inhibitors - monoclonal antibodies***			
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	SP		PA; SP
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
*poly (adp-ribose) polymerase (parp) inhibitors**			
LYNPARZA ORAL CAPSULE 50 MG	T1		PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	T1		PA; 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)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
*poly (adp-ribose) polymerase (parp) inhibitors***			
LYNPARZA ORAL CAPSULE 50 MG	T1		PA; 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)
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)

Drug Name	Brand	Generic	Additional Information
*Potassium Removing Agents***			
*potassium removing agents***			
KAYEXALATE ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>)	T1	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	T1		PA; RM
Progestins			
*progestins***			
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)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	SP		PA; SP
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1	RM
MEGACE ES ORAL SUSPENSION 625 MG/5ML	T1		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>		T1	RM; F
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>		T1	RM; F
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
*protease-activated receptor-1 (par-1) antagonists***			
ZONTIVITY ORAL TABLET 2.08 MG	T1		RM; QL (1 EA per 1 day); AL (Min 16 Years)
Psychotherapeutic And Neurological Agents - Misc.			
*alcohol deterrents***			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		T1	RM; QL (6 EA per 1 day)
ANTABUSE ORAL TABLET 250 MG, 500 MG	T1		PA; ST; RM
CAMPRAL ORAL TABLET DELAYED RELEASE 333 MG	T1		RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>disulfiram oral tablet 250 mg, 500 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
*anti-cataplectic agents***			
XYREM ORAL SOLUTION 500 MG/ML	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)
*cholinomimetics - ache inhibitors***			
<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
EXELON ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
EXELON ORAL SOLUTION 2 MG/ML	T1		RM
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	T1		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)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Galantamine Hydrobromide ER) 16 MG, 24 MG, 8 MG	T1	T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
RAZADYNE ORAL SOLUTION (Galantamine Hydrobromide) 4 MG/ML	T1	T1	RM
RAZADYNE ORAL TABLET 12 MG, 8 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 day)
RAZADYNE ORAL TABLET 4 MG	T1		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>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years)
*fibromyalgia agent - snris***			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	T1		RM; AI (;)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	T1		RM; AI (;)
*movement disorder drug therapy***			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T1		PA; RM; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
XENAZINE ORAL TABLET (Tetrabenazine) 12.5 MG, 25 MG	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*ms agents - pyrimidine synthesis inhibitors***			
AUBAGIO ORAL TABLET 14 MG, 7 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*multiple sclerosis agents - interferons***			
AVONEX INTRAMUSCULAR KIT 30 MCG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 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 REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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)

Drug Name	Brand	Generic	Additional Information
*multiple sclerosis agents - monoclonal antibodies***			
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)
*multiple sclerosis agents - nrf2 pathway activators***			
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)
*multiple sclerosis agents - potassium channel blockers***			
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)
*multiple sclerosis agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate) 20 MG/ML, 40 MG/ML	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate) 20 MG/ML	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
*n-methyl-d-aspartate (nmda) receptor antagonists***			
<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)
NAMENDA ORAL TABLET 10 MG	T1		RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 12 Years)
NAMENDA ORAL TABLET 5 MG	T1		RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 12 Years)
NAMENDA TITRATION PAK ORAL TABLET (Memantine HCl) 5 (28)-10 (21) MG	T1	T1	RM
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Memantine HCl ER) 14 MG, 21 MG, 28 MG, 7 MG	T1	T1	RM
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG	T1		RM
*phenothiazines & tricyclic agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T1	RM
*pseudobulbar affect agent combinations***			
NUDEXTA ORAL CAPSULE 20-10 MG	T1		PA; RM
*psychotherapeutic and neurological agents - misc.***			
<i>ergoloid mesylates oral tablet 1 mg</i>		T1	PA; RM
ORAP ORAL TABLET (Pimozide) 2 MG	T1	T1	RM
<i>pimozide oral tablet 1 mg</i>		T1	RM
*smoking deterrents***			
BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	\$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)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	\$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)

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Drug Name	Brand	Generic	Additional Information
<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>eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>		\$0	RM; AL (Min 18 Years)
<i>eql 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)
KLS QUIT2 MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	RM; AL (Min 18 Years)
KLS QUIT4 MOUTH/THROAT GUM (Nicotine Polacrilex) 4 MG	\$0	\$0	RM; AL (Min 18 Years)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (Nicotine) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	\$0	\$0	RM; AL (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG	\$0	\$0	RM; AL (Min 18 Years)
NICORETTE MINI MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG	\$0	\$0	RM; AL (Min 18 Years)
NICORETTE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG	\$0	\$0	RM; AL (Min 18 Years)
NICORETTE MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG	\$0	\$0	RM; AL (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG	\$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)
<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)
NICOTROL INHALATION INHALER 10 MG	\$0		RM; AL (Min 18 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$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)

Drug Name	Brand	Generic	Additional Information
<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)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG	\$0	\$0	RM; AL (Min 18 Years)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG	\$0		RM; QL (2 EA per 1 Day); AL (Min 18 Years)
*sphingosine 1-phosphate (s1p) receptor modulators***			
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
thienbenzodiazepines & ssris*			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		T1	RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
*Pulmonary Fibrosis Agents - Kinase Inhibitors****			
*pulmonary fibrosis agents - kinase inhibitors***			
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)

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Drug Name	Brand	Generic	Additional Information
*Pulmonary Fibrosis Agents***			
*pulmonary fibrosis agents***			
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)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
*pulmonary hypertension - prostacyclin receptor agonist***			
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)
Respiratory Agents - Misc.			
*alpha-proteinase inhibitor (human)***			
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)
*cftr potentiators***			
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)
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)
*hydrolytic enzymes***			
PULMOZYME INHALATION SOLUTION 1 MG/ML	SP		SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days)

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Drug Name	Brand	Generic	Additional Information
*respiratory agents - misc.***			
INFASURF INHALATION SUSPENSION 35-0.9 MG/ML-%	T1		RM
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
*serotonin 1a recept agonist/serotonin 2a recept antag***			
ADDYI ORAL TABLET 100 MG	T1		ST; RM; AI (Max #112 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years)
*Serotonin Modulators***			
*serotonin modulators***			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		T1	RM
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1	RM
<i>trazodone hcl oral tablet 300 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	T1		RM; QL (1 EA per 1 day); AL (Min 16 Years)
VIIBRYD ORAL KIT 10 & 20 & 40 MG	T1		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	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	T1		RM; QL (1 EA per 1 Lifetime); AL (Min 12 Years)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
*sglt2 inhibitor - dpp-4 inhibitor combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	T1		PA; RM; QL (1 EA per 1 day); AL (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	T1		PA; ST; RM; AI (Electronic Step through both Farxiga & Januvia in last 6 months.)
*Sinus Node Inhibitors**			
*sinus node inhibitors**			
CORLANOR ORAL TABLET 5 MG, 7.5 MG	T1		PA; RM
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
*sodium-glucose co-transporter 2 inhibitor-biguanide comb***			
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	T1		RM
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	T1		RM
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG	T1		RM

Drug Name	Brand	Generic	Additional Information
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	T1		RM
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	T1		RM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	T1		RM
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
*spleen tyrosine kinase (syk) inhibitors***			
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)
Sulfonamides			
*sulfonamides***			
<i>sulfadiazine oral tablet 500 mg</i>		T1	RM
Tetracyclines			
*tetracyclines***			
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		T1	RM
<i>doxycycline hyclate oral capsule 100 mg</i>		T1	RM
<i>doxycycline hyclate oral tablet 100 mg</i>		T1	RM
<i>doxycycline hyclate oral tablet 20 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 75 mg</i>		T1	RM; 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
MINOCIN ORAL CAPSULE (Minocycline HCl) 100 MG, 75 MG	T1	T1	RM
<i>minocycline hcl oral capsule 50 mg</i>		T1	RM
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		T1	RM
MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG, 50 MG, 75 MG	T1	T1	RM
MORGIDOX ORAL CAPSULE (Doxycycline Hyclate) 50 MG	T1	T1	RM
OKEBO ORAL CAPSULE (Doxycycline Monohydrate) 100 MG, 75 MG	T1	T1	RM
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		T1	RM
VIBRAMYCIN ORAL SYRUP 50 MG/5ML	T1		RM
Thyroid Agents			
*antithyroid agents***			
<i>propylthiouracil oral tablet 50 mg</i>		T1	RM
TAPAZOLE ORAL TABLET (MethIMAzole) 10 MG	T1	T1	RM

Drug Name	Brand	Generic	Additional Information
TAPAZOLE ORAL TABLET (Methimazole) 5 MG	T1	T1	RM
*thyroid hormones***			
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG	T1		RM
ARMOUR THYROID ORAL TABLET (NP Thyroid) 15 MG, 30 MG, 60 MG, 90 MG	T1	T1	RM
CYTOMEL ORAL TABLET (Liothyronine Sodium) 25 MCG, 5 MCG, 50 MCG	T1	T1	RM
EUTHYROX ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM
LEVO-T ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg</i>		T1	RM
LEVOXYL ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM
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, 65 MG, 81.25 MG, 97.5 MG	T1		RM
SYNTHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T1		RM
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T1		RM
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T1		RM
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T1		RM
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T1		RM
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T1		RM
UNITHROID DIRECT ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	T1	RM

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Drug Name	Brand	Generic	Additional Information
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1		RM
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	T1		RM
Toxoids			
toxoid combinations*			
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
*Tryptophan Hydroxylase Inhibitors***			
tryptophan hydroxylase inhibitors*			
XERMELO ORAL TABLET 250 MG	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ulcer Drugs			
anticholinergic combinations*			
B-DONNA ORAL TABLET 16.2 MG	T1		RM
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		T1	RM
<i>belladonna-opium rectal suppository 16.2-30 mg</i>		T1	RM
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>		T1	RM
<i>phenobarbital-belladonna alk oral elixir 16.2 mg/5ml</i>		T1	RM
PHENOHYTRO ORAL TABLET 16.2 MG	T1		RM
*antispasmodics***			
BENTYL INTRAMUSCULAR SOLUTION (Dicyclomine HCl) 10 MG/ML	T1	T1	RM
BENTYL ORAL CAPSULE (Dicyclomine HCl) 10 MG	T1	T1	RM
BENTYL ORAL TABLET (Dicyclomine HCl) 20 MG	T1	T1	RM
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		T1	RM

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Drug Name	Brand	Generic	Additional Information
*belladonna alkaloids***			
<i>ed-spaz oral tablet dispersible 0.125 mg</i>		T1	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL (Hyoscyamine Sulfate) 0.125 MG	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>		T1	RM
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>		T1	RM
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>		T1	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>		T1	RM
<i>oscimin oral tablet dispersible 0.125 mg</i>		T1	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
*h-2 antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T1	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
<i>nizatidine oral capsule 150 mg</i>		T1	RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		T1	RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution 15 mg/ml</i>		T1	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
*misc. anti-ulcer***			
CARAFATE ORAL SUSPENSION 1 GM/10ML	T1		RM
<i>sucralfate oral tablet 1 gm</i>		T1	RM
*proton pump inhibitors***			
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	T1		RO
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	T1		RO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>		T1	RM
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG	T1		RM

Drug Name	Brand	Generic	Additional Information
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		T1	RM
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	T1		RO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>		T1	RM
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (Lansoprazole) 15 MG, 30 MG	T1	T1	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
*quaternary anticholinergics***			
CANTIL ORAL TABLET 25 MG	T1		RM
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1	RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
PAMINE FORTE ORAL TABLET (Methscopolamine Bromide) 5 MG	T1	T1	RM
<i>propantheline bromide oral tablet 15 mg</i>		T1	RM
ROBINUL ORAL TABLET (Glycopyrrolate) 1 MG	T1	T1	RM
ROBINUL-FORTE ORAL TABLET (Glycopyrrolate) 2 MG	T1	T1	RM
*ulcer anti-infective w/ bismuth combinations***			
HELIDAC ORAL	T1		RM; AI (Max #1 box (#224) retail or 90 days); QL (1 EA per 30 Days)
*ulcer drugs - prostaglandins***			
CYTOTEC ORAL TABLET (Misoprostol) 100 MCG	T1	T1	RM
<i>misoprostol oral tablet 200 mcg</i>		T1	RM
Urinary Anti-Infectives			
*methenamine combos***			
UROQID #2 ORAL TABLET 500-500 MG	T1		RM
*urinary anti-infectives***			
<i>methenamine hippurate oral tablet 1 gm</i>		T1	RM
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		T1	RM
MONUROL ORAL PACKET 3 GM	T1		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
*urinary antiseptic-antispasmodic &/or analgesics***			
AZUPHEN MB ORAL CAPSULE (Uticap) 120 MG	T1	T1	RM
PHOSPHASAL ORAL TABLET (Urin DS) 81.6 MG	T1	T1	RM
<i>ur n-c oral tablet 81.6 mg</i>		T1	RM
UROGESIC-BLUE ORAL TABLET 81.6 MG	T1		PA; ST; RM
USTELL ORAL CAPSULE (Uticap) 120 MG	T1	T1	RM
UTIRA-C ORAL TABLET (Urin DS) 81.6 MG	T1	T1	RM

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Drug Name	Brand	Generic	Additional Information
UTRONA-C ORAL TABLET (Urin DS) 81.6 MG	T1	T1	RM
Urinary Antispasmodics			
*beta-3 adrenergic agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	T1		RM
*urinary antispasmodic - antimuscarinic (anticholinergic)***			
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>		T1	RM
<i>oxybutynin chloride oral tablet 5 mg</i>		T1	RM
SANCTURA ORAL TABLET 20 MG	T1		PA; ST; RM
<i>sanctura xr oral capsule extended release 24 hour 60 mg</i>		\$0	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>tropium 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>tropium chloride oral tablet 20 mg</i>		T1	RM
VESICARE ORAL TABLET 10 MG, 5 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
*urinary antispasmodic - antimuscarinics (antichol)*** (new)			
<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
SANCTURA ORAL TABLET 20 MG	T1		PA; ST; RM
<i>sanctura xr oral capsule extended release 24 hour 60 mg</i>		\$0	RM; QL (1 EA per 1 day); AL (Min 18 Years)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>		T1	RM
<i>tropium 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>tropium chloride oral tablet 20 mg</i>		T1	RM
VESICARE ORAL TABLET 10 MG, 5 MG	T1		RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years)
*urinary antispasmodics - beta-3 adrenergic agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	T1		RM
*urinary antispasmodics - cholinergic agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	RM
*urinary antispasmodics - cholinergic agonists*** (new)			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1	RM
*urinary antispasmodics - direct muscle relaxants***			
<i>flavoxate hcl oral tablet 100 mg</i>		T1	RM

Drug Name	Brand	Generic	Additional Information
*urinary antispasmodics - direct muscle relaxants*** (new)			
<i>flavoxate hcl oral tablet 100 mg</i>		T1	RM
Vaccines			
*bacterial vaccines***			
MENACTRA INTRAMUSCULAR INJECTABLE	\$0		RO
MENOMUNE SUBCUTANEOUS INJECTABLE	\$0		RO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0		RO
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	\$0		RO
PREVNAR 13 INTRAMUSCULAR SUSPENSION	\$0		RO; QL (0.5 ML per 1 Lifetime)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; AL (Max 26 Years)
*viral vaccine combinations***			
M-M-R II SUBCUTANEOUS INJECTABLE	\$0		RM
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0		RM
*viral vaccines***			
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
ENGERIX-B INTRAMUSCULAR INJECTABLE 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

Drug Name	Brand	Generic	Additional Information
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		RM; \$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
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

Drug Name	Brand	Generic	Additional Information
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)
Vaginal Products			
*imidazole-related antifungals***			
TERAZOL 3 VAGINAL CREAM (<i>Terconazole</i>) 0.8 %	T1	T1	RM; F
TERAZOL 3 VAGINAL SUPPOSITORY 80 MG	T1		RM; F
TERAZOL 7 VAGINAL CREAM (<i>Terconazole</i>) 0.4 %	T1	T1	RM; F
ZAZOLE VAGINAL CREAM (<i>Terconazole</i>) 0.4 %, 0.8 %	T1	T1	RM; F
ZAZOLE VAGINAL SUPPOSITORY 80 MG	T1		RM; F
*miscellaneous vaginal combinations***			
RELAGARD VAGINAL GEL 0.9-0.025 %	T1		RM; F
*spermicides***			
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
<i>today sponge vaginal 1000 mg</i>		\$0	RM; 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
*vaginal anti-infectives***			
CLEOCIN VAGINAL SUPPOSITORY 100 MG	T1		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 %	T1	T1	RM; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
*vaginal estrogens***			
ESTRACE VAGINAL CREAM (<i>Estradiol</i>) 0.1 MG/GM	T1	T1	RM; F
FEMRING VAGINAL RING 0.05 MG/24HR	T1		RM; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	T1		RM; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	T1		RM; F
YUVAFEM VAGINAL TABLET 10 MCG	T1		RM; F

Drug Name	Brand	Generic	Additional Information
*vaginal progestins***			
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	T1		PA; RM; F
Vasopressors			
*anaphylaxis therapy agents***			
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	T1		RM; AI (Non Mylan Epinephrine pens are non-formulary); QL (2 EA per 1 Copay)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	T1		RM; AI (Non Mylan Epinephrine pens are non-formulary); QL (2 EA per 1 Copay)
*vasopressors***			
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		T1	RM
Vitamins			
*paba***			
POTABA ORAL CAPSULE 500 MG	T1		RM
POTABA ORAL TABLET 500 MG	T1		RM
*vitamin d***			
<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)

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Drug Name	Brand	Generic	Additional Information
D3-50 ORAL CAPSULE (Vitamin D3) 50000 UNIT	\$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)
DECARA ORAL CAPSULE 25000 UNIT	\$0		RM; AL (Min 65 Years)
DECARA ORAL CAPSULE (Vitamin D3) 50000 UNIT	\$0	\$0	RM; AL (Min 65 Years)
<i>delta d3 oral tablet 400 unit</i>		\$0	RM; AL (Min 65 Years)
DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 5000 UNIT	\$0	\$0	RM; AL (Min 65 Years)
DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT	\$0		RM; AL (Min 65 Years)
DRISDOL ORAL CAPSULE (Ergocalciferol) 50000 UNIT	T1	T1	RM
<i>eql vitamin d gummies child oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
<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)
HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE (D 400) 400 UNIT	\$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)
MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT	\$0	\$0	RM; AL (Min 65 Years)
OPTIMAL-D ORAL CAPSULE (Vitamin D3) 50000 UNIT	\$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)
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (Vitamin D3) 1000 UNIT	\$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)

Drug Name	Brand	Generic	Additional Information
<i>th vitamin d3 oral tablet chewable 400 unit</i>		\$0	RM; AL (Min 65 Years)
THERA-D 2000 ORAL TABLET (Vitamin D) 2000 UNIT	\$0	\$0	RM; AL (Min 65 Years)
THERA-D 4000 ORAL TABLET 4000 UNIT	\$0		RM; AL (Min 65 Years)
THERA-D RAPID REPLETION ORAL TABLET (Vitamin D) 2000 UNIT	\$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)
VITAMIN D-1000 MAX ST ORAL TABLET (Vitamin D) 1000 UNIT	\$0	\$0	RM; AL (Min 65 Years)
<i>vitamin d3 high potency oral capsule 1000 unit</i>		\$0	RM; AL (Min 65 Years)
<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)
*vitamin k***			
<i>phytonadione oral tablet 5 mg</i>		T1	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
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 pnu/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 pnu/ml</i>	MB		SP
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	MB		SP
ATROPEN INTRAMUSCULAR DEVICE 0.25 MG/0.3ML, 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML	MB		SP
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	MB		SP
<i>azacitidine injection suspension reconstituted 100 mg</i>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB		SP
<i>bermuda grass subcutaneous solution 10000 bau/ml</i>	MB		SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	SP		PA; SP
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	MB		SP
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	MB		SP
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	MB		SP
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML	MB		SP
BONIVA INTRAVENOUS SOLUTION 3 MG/3ML	MB		PA; SP
BRINEURA INJECTION SOLUTION 150 MG/5ML	MB		SP
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	MB		SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	MB		SP
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML	MB		SP
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML	MB		SP
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	MB		SP
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	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
<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

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Drug Name	Brand	Generic	Additional Information
<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 1-3.74 gm-%, 2-2.22 gm-%</i>	MB		SP
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	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
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML	MB		SP
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG	MB		SP
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	MB		SP
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB		SP
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	MB		SP
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	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
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	MB		SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	MB		SP
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB		SP
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	MB		SP
DAUNOXOME INTRAVENOUS INJECTABLE 2 MG/ML	MB		SP
<i>decitabine intravenous solution reconstituted 50 mg</i>	MB		SP
DEPOCYT INTRATHECAL SUSPENSION 50 MG/5ML	MB		SP

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Drug Name	Brand	Generic	Additional Information
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	MB		SP
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	MB		SP
DOCEFREZ INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 80 MG	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
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG	MB		SP
DOXIL INTRAVENOUS INJECTABLE 2 MG/ML	MB		SP
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	MB		SP
<i>doxorubicin hcl intravenous solution reconstituted 10 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
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	MB		SP
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20ML, 50 MG/10ML	MB		SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	MB		SP
ENLON INJECTION SOLUTION 10 MG/ML	MB		SP
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	MB		PA; SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	MB		SP
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	MB		SP
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	MB		SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	MB		SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	MB		SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	MB		PA; SP
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML, 2 MG/0.4ML	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
FLUDARA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	MB		SP
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	MB		SP
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	MB		SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML	MB		SP
<i>foscarnet sodium intravenous solution 24 mg/ml</i>	MB		SP
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	MB		SP
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	MB		SP
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	MB		SP
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML	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
GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 200 MG	MB		SP
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML	MB		PA; SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	MB		SP
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	MB		SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	MB		SP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	MB		SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	MB		SP
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML	MB		PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	MB		PA; SP
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	MB		SP
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	MB		SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML	MB		PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	MB		SP
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	MB		SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM	MB		SP
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	MB		SP
<i>ifosfamide-mesna intravenous kit 1-1 gm</i>	MB		SP
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	MB		SP
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML	MB		PA; SP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	MB		PA; SP
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	MB		SP
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	MB		SP
<i>irinotecan hcl intravenous solution 100 mg/5ml, 40 mg/2ml, 500 mg/25ml</i>	MB		SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	MB		SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	MB		SP
IXIARO INTRAMUSCULAR SUSPENSION	MB		SP
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	MB		SP
<i>johnson grass subcutaneous solution 1:20</i>	MB		SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	MB		SP
<i>kanamycin sulfate injection solution 333 mg/ml</i>	MB		SP
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	MB		PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	MB		SP
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB		SP
LINCOCIN INJECTION SOLUTION 300 MG/ML	MB		SP
LIPODOX 50 INTRAVENOUS INJECTABLE 2 MG/ML	MB		SP
LIPODOX INTRAVENOUS INJECTABLE 2 MG/ML	MB		SP
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	MB		SP
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	MB		SP
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	MB		SP
METASTRON INTRAVENOUS SOLUTION 1 MCI/ML	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
MINIMED 530G INSULIN PUMP DEVICE	MB		SP
<i>mite (d. farinae) subcutaneous solution 10000 aul/ml</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
<i>mite (d. pteronyssinus) subcutaneous solution 10000 au/ml</i>	MB		SP
<i>mixed ragweed subcutaneous solution 1:20</i>	MB		SP
<i>mountain cedar subcutaneous solution 1:20</i>	MB		SP
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	MB		SP
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	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
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	SP		PA; SP
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5ML	MB		SP
<i>neostigmine methylsulfate injection solution 0.5 mg/ml, 1 mg/ml</i>	MB		SP
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	MB		SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ONCASPASPAR INJECTION SOLUTION 750 UNIT/ML	MB		SP
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	MB		SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	MB		PA; SP
OTIPRIO INTRATYMPANIC SUSPENSION 6 %	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
<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

Drug Name	Brand	Generic	Additional Information
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	MB		SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	MB		PA; SP
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG	MB		SP
PHYSIOLYTE IRRIGATION SOLUTION	MB		SP
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	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
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	MB		SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	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
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 250-250 MG, 500-500 MG	MB		SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	MB		SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	MB		SP
PROVENGE INTRAVENOUS SUSPENSION	MB		SP
QUADRAMET INTRAVENOUS SOLUTION 1850 MBQ/ML	MB		SP
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML	MB		SP
<i>ringers irrigation irrigation solution</i>	MB		SP
<i>saline bacteriostatic injection solution 0.9 %</i>	MB		SP
<i>scopolamine hbr injection solution 0.4 mg/ml</i>	MB		SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	MB		SP
<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
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	MB		PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	MB		PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	MB		PA; SP

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Drug Name	Brand	Generic	Additional Information
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	MB		SP
SYLATRON SUBCUTANEOUS KIT 4 X 200 MCG, 4 X 300 MCG	MB		SP
TAXOTERE INTRAVENOUS CONCENTRATE 20 MG/ML, 80 MG/4ML	MB		SP
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	MB		SP
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	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
THERACYS INTRAVESICAL SUSPENSION RECONSTITUTED 81 MG/VIAL	MB		SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	MB		SP
<i>ticarcillin-pot clavulanate powder</i>	MB		SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	MB		SP
TIMENTIN INTRAVENOUS SOLUTION 3.1 GM/100ML	MB		SP
TIMENTIN INTRAVENOUS SOLUTION RECONSTITUTED 3.1 GM, 31 GM	MB		SP
<i>timothy grass pollen allergen subcutaneous solution 100000 bau/ml</i>	MB		SP
TIS-U-SOL IRRIGATION SOLUTION	MB		SP
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	MB		SP
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	MB		SP
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	MB		SP
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	MB		SP
<i>tranexamic acid intravenous solution 100 mg/ml</i>	MB		SP
TREANDA INTRAVENOUS SOLUTION 180 MG/2ML, 45 MG/0.5ML	MB		SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	MB		SP
TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML	MB		SP
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	MB		SP
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	MB		SP
UVADEX INJECTION SOLUTION 20 MCG/ML	MB		SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	MB		SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	MB		SP

Drug Name	Brand	Generic	Additional Information
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	MB		SP
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	MB		SP
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 750 MG	MB		SP
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	MB		SP
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	MB		SP
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	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
VISTIDE INTRAVENOUS SOLUTION 75 MG/ML	MB		SP
<i>voriconazole intravenous solution reconstituted 200 mg</i>	MB		SP
VUMON INTRAVENOUS SOLUTION 10 MG/ML	MB		SP
<i>white oak subcutaneous solution 1:20</i>	MB		SP
XOFIGO INTRAVENOUS SOLUTION 27 MCCI/ML	MB		SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	MB		PA; SP
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	MB		SP
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	MB		SP
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML	MB		SP

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<i>lopinavir-ritonavir</i>	74	<i>medichoic safety lancet norm</i>	143	<i>metformin hcl er</i>	42
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LORYNA	91	MEDISENSE THIN LANCETS	143	METHADOSE	24
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OXAYDO	25	<i>pen needles 1/2"</i>	148	PIRMELLA 7/7/7	97
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