



**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

## Blue Cross Blue Shield of Arizona's Prescription Medication

### Formulary for EverydayHealth and TrueHealth

Effective 1/1/19

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

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

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

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

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

# Additional Information About Your Prescription Benefits

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

### **Non-Formulary Exception Process:**

- Non-Formulary medications are not covered unless an exception is made. A medication is considered non-formulary if it is not included on this formulary document below. If a provider feels there are no suitable formulary alternatives available, they may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form along with appropriate documentation supporting the request.
- You can find the non-formulary request form, along with other prior authorization request forms, at azblue.com. 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 72hours 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 24hours. 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 24hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

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**For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services**

**Pharmacy Member Services**

Phone Number: (866) 325-1794

Hours of Operation: 24/7

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# Blue Cross Blue Shield of Arizona Formulary

## Essential, TrueHealth and EverydayHealth

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## **List of Abbreviations**

**\$0:** Zero Cost Share

**MB:** Medical Benefit

**SP:** Specialty Medications

**T1:** Tier 1

**T2:** Tier 2

**T3:** Tier 3

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

**AI:** Additional Information

**CI:** Cost Information

**F:** Female Only

**M:** Male Only

**MO:** Mail Only

**N:** Notes

**PA:** PA Applies

**QL:** Quantity Limit

**R&M:** Retail & Mail

**RO:** Retail Only

**SP:** Specialty Pharmacy Only

**ST:** Step Therapy

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

## **List of Patterns**

**lowercase italics:** Generic drugs

**UPPERCASE BOLD:** Brand name drugs



**Blue Cross Blue Shield of Arizona Formulary**

**Essential, TrueHealth and EverydayHealth**

**CURRENT AS OF 12/31/2018**

<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<b>*5-Ht4 Receptor Agonists***</b>			
<b>*5-Ht4 Receptor Agonists***</b>			
MOTEGRITY	T3		PA; R
<b>*Adenosine Receptor Antagonist***</b>			
<b>*Adenosine Receptor Antagonist***</b>			
NOURIANZ	T3		PA; R&M; QL (1 EA per 1 day)
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants*</b>			
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists***</b>			
clonidine hcl er		T3	R&M; QL (2 EA per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 3 mg, 4 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR (GuanFACINE HCl ER) 2 MG	T3	T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***</b>			
atomoxetine hcl oral capsule 10 mg		T1	R&M; AI (Max #900 Mail Order); QL (3 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 100 mg, 80 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 18 mg		T1	R&M; AI (Max #450 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 25 mg		T1	R&M; AI (Max #360 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 40 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
atomoxetine hcl oral capsule 60 mg		T1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<b>*Amphetamine Mixtures***</b>			
ADDERALL XR	T2		R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
amphetamine-dextroamphetamine		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>*Amphetamines***</b>			
ADZENYS ER (Amphetamine ER)	T3	T3	PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
ADZENYS XR-ODT	T3		PA; ST; R
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<i>dextroamphetamine sulfate oral solution</i>		T1	R&M; QL (60 mg per 1 day)
<b>DYANAVEL XR</b>	T3		PA; R&M; QL (8 ML per 1 day); AG (Min 6 Years)
<b>EVEKEO (Amphetamine Sulfate)</b>	T3	T3	PA; ST; R
<b>EVEKEO ODT ORAL TABLET DISPERSIBLE 5 MG</b>	T3		PA; R
<i>methamphetamine hcl</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 10 MG</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 20 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
<b>VYVANSE ORAL CAPSULE 30 MG</b>	T2		R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AG (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE</b>	T2		R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<b>ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG</b>	T1	T1	R&M; QL (6 EA per 1 day)
<b>*Anorexiants Non-Amphetamine***</b>			
<i>phendimetrazine tartrate</i>		T3	R
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		T3	R
<b>*Serotonin 2C Receptor Agonists***</b>			
<b>BELVIQ</b>	T3		PA; ST; R
<b>*Stimulants - Misc.***</b>			
<b>ADHANSIA XR</b>	T3		PA; R
<b>APTENSIO XR</b>	T3		PA; R
<i>armodafinil</i>		T3	PA; R
<b>DAYTRANA</b>	T3		PA; ST; R&M; QL (1 EA per 1 Day); AG (Min 6 Years)
<i>dexamethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>dexamethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>dexamethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T2	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<b>FOCALIN ORAL TABLET (Dexamethylphenidate HCl) 10 MG</b>	T3	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 6 Years)
<b>FOCALIN ORAL TABLET (Dexamethylphenidate HCl) 2.5 MG, 5 MG</b>	T3	T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 6 Years)
<b>METADATE ER ORAL TABLET EXTENDED RELEASE (Methylphenidate HCl ER) 20 MG</b>	T2	T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd)</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i>		T2	R&M; QL (1 EA per 1 day); AG (Min 6 Years)

Last revision date: 12/31/2019 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg		T3	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 10 mg		T2	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg		T1	R&M; QL (1 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl er oral tablet extended release 36 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 10 mg/5ml		T2	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral solution 5 mg/5ml		T3	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 10 mg		T2	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 20 mg		T2	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet 5 mg		T2	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
methylphenidate hcl oral tablet chewable		T3	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
modafinil		T2	R&M; AG (Min 16 Years)
<b>QUILLIVANT XR</b>	T3		R&M; QL (10 ML per 1 day); AG (Min 6 Years)

**\*Agents For Narcotic Withdrawal\*\*\***

**\*Agents For Narcotic Withdrawal\*\*\***

LUCEMYRA	T3		PA; R&M; QL (224 EA per 14 days)
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**\*Agents For Opioid Withdrawal\*\*\***

**\*Agents For Opioid Withdrawal\*\*\***

LUCEMYRA	T3		PA; R&M; QL (224 EA per 14 days)
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**\*Amebicides\***

**\*Amebicides\*\*\***

SOLOSEC	T3		R&M; QL (1 EA per 6 Monthss)
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**\*Aminoglycosides\***

**\*Aminoglycosides\*\*\***

ARIKAYCE	SP		PA; R&M; AI (Limited Distribution PantheRx)
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BETHKIS	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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KITABIS PAK (Tobramycin)	SP	SP	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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neomycin sulfate oral	T3		R
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paromomycin sulfate oral	T2		RO
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Drug Name	Brand	Generic	Additional Information
TOBI ( <i>Tobramycin</i> )	SP	SP	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TOBI PODHALER	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Aminomethylcyclines***</b>			
<b>*Aminomethylcyclines***</b>			
NUZYRA ORAL TABLET 150 MG	T3		PA; R
<b>*Analgesics - Anti-Inflammatory*</b>			
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors***</b>			
OLUMIANT ORAL TABLET 1 MG	SP		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OLUMIANT ORAL TABLET 2 MG	SP		PA; R
RINVOQ	SP		PA; R
XELJANZ ORAL TABLET 10 MG	SP		PA; R
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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antirheumatic Antimetabolites***</b>			
OTREXUP	T3		PA; R
RASUVO	T3		R
RHEUMATREX ORAL TABLET 2.5 MG	T3		R
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
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)

Drug Name	Brand	Generic	Additional Information
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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies***</b>			
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)

Drug Name	Brand	Generic	Additional Information
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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
celecoxib oral		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>*Gold Compounds***</b>			
RIDAURA	T3		R
<b>*Interleukin-1 Receptor Antagonist (IL-1Ra)***</b>			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Interleukin-1Beta Blockers***</b>			
ILARIS SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Interleukin-6 Receptor Inhibitors***</b>			
ACTEMRA ACTPEN	SP		PA; R
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T1	R
<b>*Nonsteroidal Anti-Inflammatory Agents (NsaidS)***</b>			
<i>diclofenac potassium</i>		T1	R
<i>diclofenac sodium er</i>		T1	R
<i>diclofenac sodium oral</i>		T1	R
<b>EC-NAPROSYN (Naproxen DR)</b>	T3	T1	R
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>etodolac oral capsule 300 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>etodolac oral tablet 400 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>etodolac oral tablet 500 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenoprofen calcium oral tablet</i>		T3	R
<i>flurbiprofen oral</i>		T1	R
<i>ibuprofen oral suspension</i>		T1	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1	R
<b>INDOCIN ORAL</b>	T3		R
<b>INDOCIN RECTAL</b>	T3		R
<i>indomethacin er</i>		T3	R
<i>indomethacin oral</i>		T1	R
<i>ketoprofen oral</i>		T1	R
<i>kеторолак трометамин oral</i>		T1	R&M; QL (20 EA per 5 days)
<i>meclofenamate sodium oral capsule 100 mg</i>		T2	R
<i>meclofenamate sodium oral capsule 50 mg</i>		T3	R
<i>meloxicam oral tablet</i>		T1	R&M; QL (1 EA per 1 Day)
<i>nabumetone oral</i>		T1	R
<i>naproxen oral tablet</i>		T1	R
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		T1	R
<i>oxaprozin</i>		T1	R
<i>piroxicam oral</i>		T1	R
<b>PONSTEL (Mefenamic Acid)</b>	T3	T3	R
<i>sulindac oral</i>		T1	R
<i>tolmetin sodium oral capsule</i>		T1	R
<i>tolmetin sodium oral tablet</i>		T3	R

Drug Name	Brand	Generic	Additional Information
<b>*Pyrimidine Synthesis Inhibitors***</b>			
ARAVA (Leflunomide)	T1	T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Selective Costimulation Modulators***</b>			
ORENCIA CLICKJECT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA INTRAVENOUS	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
ENBREL MINI	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SUBCUTANEOUS KIT	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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (0.14 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Analgesics - Nonnarcotic*</b>			
<b>*Analgesics-Sedatives***</b>			
butalbital-acetaminophen oral tablet 50-325 mg		T1	R
butalbital-apap-caffeine oral capsule		T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg		T1	R
butalbital-asa-caffeine		T1	R
CAPACET (Margesic)	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
<b>FIORICET ORAL CAPSULE (Butalbital-APAP-Caffeine)</b>	T3	T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<i>marten-tab</i>		T1	R
<b>PHRENILIN FORTE ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG</b>	T1	T1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<i>repan</i>		T1	R
<b>*Salicylate Combinations***</b>			
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	\$0		R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<b>*Salicylates***</b>			
<i>adult aspirin ec low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin 81 oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin adult low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec lo-dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin oral tablet 81 mg</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<b>ASPIR-LOW (Aspirin)</b>	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<b>BAYER ADVANCED ASPIRIN REG ST (Aspirin)</b>	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET (Aspirin)</b>	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirtab)</b>	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER ASPIRIN REGIMEN (Aspirtab)</b>	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<b>BAYER LOW DOSE (Aspirin)</b>	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)

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Drug Name	Brand	Generic	Additional Information
childrens aspirin low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin adult low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin adult low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin child		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
cvs aspirin ec oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin low strength oral tablet chewable		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs aspirin oral tablet 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
cvs aspirin oral tablet delayed release 81 mg		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
cvs childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
diflunisal oral	T1		R
ec-81 aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<b>ECOTRIN (Aspirtab)</b>	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<b>ECOTRIN LOW STRENGTH (Aspirin)</b>	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<b>ECPIRIN (Aspirtab)</b>	\$0	\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eq adult aspirin low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin adult low dose		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin low dose oral tablet chewable		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eq aspirin oral tablet		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eq aspirin oral tablet delayed release 325 mg		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
eq childrens aspirin		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eql adult aspirin low strength		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
eql aspirin		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)

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

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

Drug Name	Brand	Generic	Additional Information
ST JOSEPH ADULT	\$0		R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ADULT LOW DOSE	\$0		R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN (Aspirin)	\$0	\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin ec</i>		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet</i>		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin oral tablet chewable</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet delayed release</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt childrens aspirin</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>th aspirin</i>		\$0	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>th aspirin low dose</i>		\$0	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>th enteric aspirin</i>		\$0	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
<b>*Analgesics - Opioid*</b>			
<b>*Codeine Combinations***</b>			
<i>acetaminophen-codeine #2</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day)
<i>acetaminophen-codeine #4</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
<i>acetaminophen-codeine oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (136 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
<b>ASCOMP-CODEINE (Butalbital-ASA-Caff-Codeine)</b>	T1	T1	R&M; QL (6 EA per 1 Day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1	R&M; AI (60 tablets per copay); QL (60 EA per 1 Copay)
<b>FIORINAL/CODEINE #3 (Butalbital-ASA-Caff-Codeine)</b>	T3	T1	R&M; QL (6 EA per 1 Day)
<b>TYLENOL WITH CODEINE #3 (Acetaminophen-Codeine #3)</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)
<b>*Dihydrocodeine Combinations***</b>			
<i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i>		T3	R&M; QL (5 EA per 1 Day)
<b>SYNALGOS-DC (Aspirin-Caff-Dihydrocodeine)</b>	T3	T3	PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (11 EA per 1 day)
<b>TREZIX ORAL CAPSULE (APAP-Caff-Dihydrocodeine) 320.5-30-16 MG</b>	T3	T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Hydrocodone Combinations***</b>			
hydrocodone-acetaminophen oral solution 10-325 mg/15ml		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (73.5 ML per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (98 ML per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>HYDROGESIC (Stagesic)</b>	T1	T1	R&M; QL (8 EA per 1 Day)
<b>IBUDONE ORAL TABLET (Hydrocodone-Ibuprofen) 10-200 MG</b>	T3	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>IBUDONE ORAL TABLET (Hydrocodone-Ibuprofen) 5-200 MG</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
<b>LORCET (HYDROcodone-Acetaminophen)</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>LORCET HD (HYDROcodone-Acetaminophen)</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>LORCET PLUS ORAL TABLET (HYDROcodone-Acetaminophen) 7.5-325 MG</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>REPREXAIN ORAL TABLET (Hydrocodone-Ibuprofen) 10-200 MG</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>REPREXAIN ORAL TABLET (Hydrocodone-Ibuprofen) 5-200 MG</b>	T3	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
<b>VICODIN ES ORAL TABLET (Hydrocodone-Acetaminophen) 7.5-300 MG</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>VICODIN HP ORAL TABLET (Hydrocodone-Acetaminophen) 10-300 MG</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>VICODIN ORAL TABLET (Hydrocodone-Acetaminophen) 5-300 MG</b>	T3	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
<b>XYLON (Hydrocodone-Ibuprofen)</b>	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>*Opioid Agonists***</b>			
<b>ABSTRAL</b>	T3		PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AG (Min 18 Years)
<b>ACTIQ</b>	T3		PA; ST; RO; QL (3 EA per 1 day); AG (Min 16 Years)
<i>codeine sulfate oral solution 30 mg/5ml</i>		T3	R
<i>codeine sulfate oral tablet 15 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (21 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>DEMEROL ORAL TABLET 100 MG</b>	T3		PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML</b>	T3		PA; ST; R
<b>DILAUDID ORAL TABLET 2 MG</b>	T3		PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>DILAUDID ORAL TABLET 4 MG</b>	T3		PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<b>DILAUDID ORAL TABLET 8 MG</b>	T3		PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<b>DOLOPHINE</b>	T3		PA; ST; R
<b>EMBEDA</b>	T3		R
<b>EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROmorphine HCl ER)</b>	T3	T3	PA; ST; R&M; QL (1 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>		T3	PA; RO; AI (:); QL (3 EA per 1 day); AG (Min 16 Years)
<i>fentanyl citrate buccal tablet</i>		T3	PA; R&M; QL (9 EA per 1 day); AG (Min 18 Years)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		T3	R&M; QL (0.34 EA per 1 day)
<b>FENTORA Buccal TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T3		PA; ST; RO; AI (:); QL (90 EA per 1 Copay); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
hydromorphone hcl oral liquid		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.25 ML per 1 day)
hydromorphone hcl oral tablet 2 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
hydromorphone hcl oral tablet 4 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
hydromorphone hcl oral tablet 8 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
hydromorphone hcl rectal		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>HYSINGLA ER</b>	T2		R&M; QL (1 EA per 1 day)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG</b>	T3		RO; AI (30 capsules per copay); QL (30 EA per 1 Copay)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Morphine Sulfate ER) 20 MG, 30 MG, 50 MG, 60 MG, 80 MG</b>	T3	T3	RO; AI (;); QL (1 EA per 1 day)
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG</b>	T3		RO; AI (;); QL (1 EA per 1 day)
<b>LAZANDA</b>	T3		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		T3	PA; R&M; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>		T3	PA; R&M; QL (8 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<i>meperidine hcl oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (49 ML per 1 day)
<i>meperidine hcl oral tablet 100 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (9 EA per 1 day)
<i>methadone hcl injection</i>		T1	R
<b>METHADONE HCL INTENSOL (Methadone HCl)</b>	T1	T1	PA; R
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		T3	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl oral tablet</i>		T1	PA; R
<i>methadone hcl solution 10 mg/5ml oral</i>		T1	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 10 mg/5ml oral</i>		T3	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 5 mg/5ml oral</i>		T1	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<i>methadone hcl solution 5 mg/5ml oral</i>		T3	PA; R&M; AI (Brand and Generic share same Name. Brand is L3 and Generic is L1. PA applies to both)
<b>METHADOSE ORAL CONCENTRATE (Methadone HCl)</b>	T3	T1	PA; R
<b>METHADOSE ORAL TABLET SOLUBLE (Methadone HCl)</b>	T1	T1	PA; R
<b>METHADOSE SUGAR-FREE (Methadone HCl)</b>	T3	T1	PA; R

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate (concentrate) oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2.4 EA per 1 day)
<i>morphine sulfate er beads</i>		T3	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg</i>		T3	RO; AI (;); QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>		T1	R
<i>morphine sulfate oral solution 10 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate rectal suppository 20 mg</i>		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		T3	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (8 EA per 1 day)
<b>NUCYNTA ER</b>	T3		RO; QL (2 EA per 1 day)
<b>NUCYNTA ORAL TABLET 100 MG, 75 MG</b>	T3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<b>NUCYNTA ORAL TABLET 50 MG</b>	T3		R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (2 EA per 1 day)
<b>ONSOLIS</b>	T3		R
<b>OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	T3		PA; R&M; QL (2 EA per 1 day)
<b>OPANA ORAL TABLET (Oxymorphone HCl) 10 MG</b>	T3	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>OPANA ORAL TABLET (Oxymorphone HCl) 5 MG</b>	T3	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
<b>OXAYDO</b>	T3		PA; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
<i>oxycodone hcl oral capsule</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1.6 ML per 1 day)
<i>oxycodone hcl oral solution</i>		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (32.6 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		T2	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
oxycodone hcl oral tablet 5 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (oxyCODONE HCl ER)</b>	T3	T3	R&M; QL (2 EA per 1 day)
oxymorphone hcl er		T3	PA; RO; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	T3		PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (1 EA per 1 day)
<b>ROXICODONE ORAL TABLET 5 MG</b>	T3		PA; ST; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>ROXYBOND</b>	T3		PA; R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.)
<b>SUBSYS</b>	T3		PA; ST; RO; AI (Limited to 30 day supply); QL (2 EA per 1 day)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg		T3	RO; QL (1 EA per 1 day); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
tramadol hcl er oral tablet extended release 24 hour		T3	RO; QL (1 EA per 1 day); AG (Min 18 Years)
tramadol hcl oral		T1	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
XTAMPZA ER	T3		PA; R&M; AI (;); QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	T3		R&M; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	T3		PA; ST; R&M; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
<b>*Opioid Combinations***</b>			
benzhydrocodone-acetaminophen		T3	R&M; QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (3 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-325 MG	T1	T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (4 EA per 1 day)
oxycodone-acetaminophen oral capsule		T1	R&M; QL (8 EA per 1 Day)
oxycodone-acetaminophen oral tablet 2.5-325 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (12 EA per 1 day)
oxycodone-aspirin oral tablet 4.8355-325 mg		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
oxycodone-ibuprofen		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (6 EA per 1 day)
<b>ROXICET ORAL SOLUTION (Oxycodone-Acetaminophen)</b>	T3	T1	R
<b>XARTEMIS XR</b>	T3		PA; R
<b>*Opioid Partial Agonists***</b>			
<b>BELBUCA</b>	T3		PA; ST; R
<b>BUNAVAIL</b>	T3		R
buprenorphine hcl sublingual tablet sublingual 2 mg		T1	R&M; QL (8 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg		T1	R&M; QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg		T1	R&M; QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg		T1	R&M; QL (2 EA per 1 Day)
butorphanol tartrate nasal		T3	R
<b>BUTRANS (Buprenorphine)</b>	T3	T1	R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
pentazocine-naloxone hcl		T1	R&M; AI (First two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period. Retail and mail order are both limited to a maximum 30 day supply. Refills outside of these limits may require precertification.); QL (5 EA per 1 day)
<b>SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 12-3 MG</b>	T3	T3	R&M; QL (2 EA per 1 day)
<b>SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 2-0.5 MG</b>	T3	T3	R&M; QL (8 EA per 1 day)
<b>SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 4-1 MG</b>	T3	T3	R&M; QL (6 EA per 1 day)
<b>SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 8-2 MG</b>	T3	T3	R&M; QL (3 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG</b>	T2		R&M; QL (3 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG</b>	T2		R&M; QL (1 EA per 1 day)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T2		R&M; QL (2 EA per 1 day)
<b>*Pentazocine Combinations***</b>			
pentazocine-acetaminophen		T3	R&M; QL (6 EA per 1 Day)
<b>*Tramadol Combinations***</b>			
tramadol-acetaminophen		T1	R&M; QL (8 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
<b>*Androgens-Anabolic*</b>			
<b>*Anabolic Steroids***</b>			
<b>ANADROL-50</b>	T3		PA; R
<i>oxandrolone oral</i>		T1	R
<b>*Androgens***</b>			
<b>ANDROXY</b>	T3		PA; R
<i>danazol oral</i>		T3	R
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	T3		PA; R&M; M
<i>methitest</i>		T3	PA; R
<i>methyltestosterone oral</i>		T3	PA; R
<b>TESTIM (Testosterone)</b>	T3	T1	PA; R&M; M
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>		T1	R&M; M
<i>testosterone enanthate intramuscular solution</i>		T1	R&M; M
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%)</i>		T1	PA; R&M; M
<b>*Anorectal Agents*</b>			
<b>*Intrarectal Steroids***</b>			
<i>hydrocortisone rectal enema</i>		T1	R
<b>*Nitrate Vasodilating Agents***</b>			
<b>RECTIV</b>	T3		R
<b>*Rectal Anesthetic/Steroids***</b>			
<b>ANALPRAM-HC RECTAL LOTION 1-2.5 %</b>	T3		R
<i>hydrocortisone ace-pramoxine rectal cream</i>		T1	R
<b>LIDAZONE HC RECTAL (Lidocaine-Hydrocortisone Ace)</b>	T1	T1	R
<b>PROCTOFOAM HC</b>	T3		R
<b>*Rectal Steroids***</b>			
<b>ANUSOL-HC RECTAL SUPPOSITORY (Anucort-HC)</b>	T1	T1	R
<i>grx hicort 25</i>		T1	R
<b>HEMMOREX-HC (Anucort-HC)</b>	T1	T1	R
<i>hydrocortisone acetate rectal suppository 25 mg</i>		T1	R
<b>PROCTOSOL HC</b>	T1		R
<b>PROCTOZONE-HC RECTAL</b>	T1		R
<i>rectacort-hc</i>		T1	R
<b>*Antacids*</b>			
<b>*Antacids - Calcium Salts***</b>			
<i>calcium carbonate antacid oral tablet 648 mg</i>		T3	PA; R
<b>*Anthelmintics*</b>			
<b>*Anthelmintics***</b>			
<b>ALBENZA (Albendazole)</b>	T3	T3	PA; R

Drug Name	Brand	Generic	Additional Information
<i>benznidazole</i>		T3	PA; R&M; AI ( ); AG (Min 2 Years and Max 12 Years)
<i>ivermectin oral</i>		T1	R
<i>praziquantel oral</i>		T3	R
<b>STROMECTOL</b>	T3		PA; ST; R
<b>*Antianginal Agents*</b>			
<b>*Antianginals-Other***</b>			
<b>RANEXA</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 16 Years)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>		T2	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		T2	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<b>*Nitrates***</b>			
<b>DILATRATE-SR</b>	T3		R
<i>isosorbide dinitrate er</i>		T3	R
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1	R
<i>isosorbide mononitrate er</i>		T1	R
<i>isosorbide mononitrate oral tablet 20 mg</i>		T1	R
<b>NITRO-BID</b>	T2		R
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin sublingual</i>		T1	R
<i>nitroglycerin transdermal patch 24 hour</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>NITROLINGUAL (Nitroglycerin)</b>	T3	T3	R
<b>NITROMIST (Nitroglycerin)</b>	T3	T3	R&M; QL (0.6 GM per 1 day)
<b>NITRO-TIME (Nitroglycerin ER)</b>	T1	T1	R
<b>*Antianxiety Agents*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
<i>buspirone hcl oral tablet 10 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>buspirone hcl oral tablet 15 mg</i>		T1	R&M; AI (Max #120 Mail Order); QL (4 EA per 1 Day)
<i>buspirone hcl oral tablet 30 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>buspirone hcl oral tablet 5 mg</i>		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T3	R
<i>hydroxyzine hcl oral</i>		T1	R
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T2	R
<i>meprobamate oral tablet 200 mg</i>		T3	R
<b>VISTARIL (hydrOXYzine Pamoate)</b>	T2	T1	R

Drug Name	Brand	Generic	Additional Information
<b>*Benzodiazepines***</b>			
alprazolam er oral tablet extended release 24 hour 0.5 mg, 3 mg		T3	R&M; QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam er oral tablet extended release 24 hour 1 mg		T3	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
alprazolam er oral tablet extended release 24 hour 2 mg		T3	R&M; QL (5 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet 0.25 mg, 0.5 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 1 mg		T1	R&M; QL (3 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet 2 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg		T3	R&M; QL (3 EA per 1 Day); AG (Min 18 Years)
alprazolam oral tablet dispersible 2 mg		T3	R&M; QL (5 EA per 1 Day); AG (Min 18 Years)
alprazolam xr		T3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 5 mg		T1	R&M; QL (4 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg		T1	R&M; QL (8 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg, 7.5 mg		T1	R&M; QL (2 EA per 1 day); AG (Min 9 Years)
clorazepate dipotassium oral tablet 3.75 mg		T1	R&M; QL (3 EA per 1 Day); AG (Min 9 Years)
diazepam oral solution 1 mg/ml		T3	R&M; QL (40 EA per 1 Day)
diazepam oral tablet 10 mg, 5 mg		T1	R&M; QL (2 EA per 1 day)
diazepam oral tablet 2 mg		T1	R&M; QL (4 EA per 1 day)
<b>LORAZEPAM INTENSOL</b>	T1		R&M; QL (1 ML per 1 day); AG (Min 18 Years)
lorazepam oral concentrate 2 mg/ml		T1	R&M; QL (5 ML per 1 Day)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg		T1	R&M; QL (4 EA per 1 day); AG (Min 18 Years)
oxazepam oral capsule 10 mg, 15 mg		T1	R&M; QL (5 EA per 1 day); AG (Min 6 Years)
oxazepam oral capsule 30 mg		T3	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
<b>*Antiarrhythmics*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
disopyramide phosphate oral		T1	R
<b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG</b>	T3		R
quinidine gluconate er		T2	R
quinidine sulfate er		T2	R
quinidine sulfate oral		T1	R

Drug Name	Brand	Generic	Additional Information
<b>*Antiarrhythmics Type I-B***</b>			
<i>mexiletine hcl oral</i>		T3	R
<b>*Antiarrhythmics Type I-C***</b>			
<i>flecainide acetate</i>		T1	R
<i>propafenone hcl</i>		T1	R
<i>propafenone hcl er</i>		T3	R
<b>*Antiarrhythmics Type III***</b>			
<i>dofetilide</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>MULTAQ</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 16 Years)
<b>PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG</b>	T1	T1	R
<b>TIKOSYN</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
<b>*Antiasthmatic And Bronchodilator Agents*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
<i>zileuton er</i>		T3	PA; R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day); AG (Min 12 Years)
<b>ZYFLO</b>	T3		PA; R
<b>ZYFLO CR</b>	T3		PA; R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AG (Min 12 Years)
<b>*Adrenergic Combinations***</b>			
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/DOSE, 500-50 MCG/DOSE</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 MCG per 1 day)
<b>ADVAIR HFA</b>	T2		R&M; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AG (Min 3 Years)
<b>AIRDUO RESPICLICK 113/14</b>	T3		ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (0.04 EA per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
AIRDUO RESPICLICK 232/14	T3		ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (0.04 EA per 1 day); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14	T3		ST; R&M; AI (EST: ST a trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (0.04 EA per 1 day); AG (Min 12 Years)
ANORO ELLIPTA	T2		R
BEVESPI AEROSPHERE	T3		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo)
BREO ELLIPTA	T2		R
COMBIVENT RESPIMAT	T3		R&M; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)
DULERA INHALATION AEROSOL 100-5 MCG/ACT	T3		PA; ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); QL (13 GM per 30 Days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T3		ST; R&M; AI (EST: ST trial of 2 of the following for 3 months EACH in last 12 months: Advair (Diskus or HFA), Breo Ellipta, Symbicort, Fluticasone Propionate/Salmeterol ); 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	R
<i>ipratropium-albuterol</i>		T1	R&M; AI (Max #1620ml mail order); QL (540 ML per 30 Days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	T2		R&M; AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA	T2		R
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>Fluticasone-Salmeterol</i> ) 100-50 MCG/DOSE	T2	T2	ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>Fluticasone-Salmeterol</i> ) 250-50 MCG/DOSE, 500-50 MCG/DOSE	T2	T2	ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 MCG per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Anti-Ige Monoclonal Antibodies***</b>			
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; R
<b>XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Anti-Inflammatory Agents***</b>			
<i>cromolyn sodium inhalation</i>		T2	R
<b>*Beta Adrenergics***</b>			
<b>ACCUNEB</b>	T3		R&M; QL (375 ML per 30 Days); AG (Max 13 Years)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>		T3	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		T1	R
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		T1	R&M; AI (Max #15 Mail Order); AG (Max 13 Years)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1	R&M; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AG (Max 13 Years)
<i>albuterol sulfate oral</i>		T1	R
<b>ARCAPTA NEOHALER</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>BROVANA</b>	T3		R&M; AI (Max #360ml Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i>		T2	R&M; AI (Max #810ml mail order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T2	R&M; AI (Max #810ml Mail Order); QL (270 ML per 30 Days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1	R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
<i>levalbuterol tartrate</i>		T3	ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
<i>metaproterenol sulfate oral</i>		T1	R
<b>PERFOROMIST</b>	T3		R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
<b>PROAIR DIGITALER</b>	T2		R
<b>PROAIR HFA</b>	T2		R
<b>PROAIR RESPICLICK</b>	T2		R
<b>PROVENTIL HFA</b>	T3		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)

Drug Name	Brand	Generic	Additional Information
SEREVENT DISKUS	T2		R&M; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
STRIVERDI RESPIMAT	T3		PA; ST; R&M; AI (ST with 3 in last 12 months: Arcapta, Serevent, Anoro Ellipta, Spiriva w/ Serevent, and Spiriva w/ Arcapta.)
terbutaline sulfate oral		T1	R
VENTOLIN HFA	T2		R
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 4 MG	T3	T3	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 8 MG	T3	T3	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
XOPENEX HFA	T3		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.); QL (1 GM per 1 day)
<b>*Bronchodilators - Anticholinergics***</b>			
ATROVENT HFA	T2		R&M; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA	T2		R
ipratropium bromide inhalation		T1	R
LONHALA MAGNAIR REFILL KIT	T3		PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years)
LONHALA MAGNAIR STARTER KIT	T3		PA; ST; R&M; AI (ST: Step through at least two of the following x 3 mo in last 12 mo: Incruse Ellipta, Seebri, Spiriva or Tudorza.); AG (Min 18 Years)
SEEBRI NEOHALER	T3		R
SPIRIVA HANDIHALER	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T3		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T3		R&M; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T3		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	T3		PA; R
<b>*Leukotriene Receptor Antagonists***</b>			
montelukast sodium oral packet		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
montelukast sodium oral tablet chewable 4 mg		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
montelukast sodium oral tablet chewable 5 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
zafirlukast		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
DALIRESP	T3		PA; ST; R
<b>*Steroid Inhalants***</b>			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T2		R&M; AI (Max #36.6GM Mail Order); QL (12.2 GM per 30 Days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM per 30 Days)
ARNUITY ELLIPTA	T2		R
ASMANEX (120 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (14 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (30 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (60 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (7 METERED DOSES)	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX HFA	T2		R
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml		T2	R&M; AI (Max #360ml Mail Order); QL (120 ML per 30 Days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	T2		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	T2		R&M; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	T2		R&M; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	T2		R&M; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail)
PULMICORT FLEXHALER	T2		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
PULMICORT INHALATION SUSPENSION (Budesonide) 1 MG/2ML	T2	T2	R&M; AI (Max #180ml per 90 days); QL (60 ML per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	T2		R&M; AI (;); QL (1.2 GM per 1 day)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		R&M; AI (;); QL (0.6 GM per 1 day)
QVAR REDIHALER	T2		R
<b>*Xanthines***</b>			
aminophylline anhydrous		T3	PA; R

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Drug Name	Brand	Generic	Additional Information
LUFYLLIN	T3		R
THEO-24	T2		R
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR ( <i>Theophylline ER</i> ) 100 MG, 200 MG	T1	T1	R
<i>theophylline</i>		T1	R
<i>theophylline er</i>		T1	R
<b>*Anticoagulants*</b>			
<b>*Coumarin Anticoagulants***</b>			
COUMADIN ( <i>Warfarin Sodium</i> )	T3	T1	R
JANTOVEN ( <i>Warfarin Sodium</i> )	T1	T1	R
<b>*Direct Factor Xa Inhibitors***</b>			
BEVYXXA	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ELIQUIS	T2		R
ELIQUIS STARTER PACK	T2		R
SAVAYSA	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	T2		R&M; AI (:)
XARELTO ORAL TABLET 2.5 MG	T2		R
XARELTO STARTER PACK	T2		R&M; AI (:)
<b>*Heparins And Heparinoid-Like Agents***</b>			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		T1	R
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		T1	R
<i>sash kit intravenous kit 10-0.9 unit/ml-%</i>		T3	R
<b>*Low Molecular Weight Heparins***</b>			
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T3		R
LOVENOX ( <i>Enoxaparin Sodium</i> )	T3	T1	R
<b>*Synthetic Heparinoid-Like Agents***</b>			
ARIXTRA ( <i>Fondaparinux Sodium</i> )	T3	T1	R
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
PRADAXA	T2		R
<b>*Anticonvulsants*</b>			
<b>*Ampa Glutamate Receptor Antagonists***</b>			
FYCOMPA ORAL SUSPENSION	T2		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>*Anticonvulsants - Benzodiazepines***</b>			
clobazam oral tablet		T3	R&M; QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg		T1	R&M; QL (4 EA per 1 day)
clonazepam oral tablet 2 mg		T1	R&M; QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg		T1	R&M; QL (2 EA per 1 day)
clonazepam oral tablet dispersible 0.25 mg, 0.5 mg		T1	R&M; QL (4 EA per 1 day)
<b>DIASTAT ACUDIAL (Diazepam)</b>	T3	T3	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
<b>DIASTAT PEDIATRIC</b>	T3		R&M; QL (3 EA per 1 day)
diazepam rectal		T3	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
<b>ONFI ORAL SUSPENSION (CloBAZam)</b>	T3	T3	R&M; QL (8 ML per 1 day)
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T3		R&M; AI (;); QL (2 EA per 1 Day)
<b>SYMPAZAN</b>	T2		PA; ST; R&M; AI (ST: Step through Onfi within 3mo); QL (2 EA per 1 Day)
<b>*Anticonvulsants - Misc.***</b>			
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	T3		PA; ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide); QL (1 EA per 1 day)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	T3		PA; ST; R&M; AI (ST: Trial of 3 of the following in last yr-gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate or zonisamide); QL (2 EA per 1 day)
<b>BANZEL</b>	T3		PA; R
<b>BRIVIACT ORAL SOLUTION</b>	T3		PA; ST; R&M; AI (ST:Step through Levetiracetam (generic Keppra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years)
<b>BRIVIACT ORAL TABLET</b>	T3		PA; ST; R&M; AI (ST:Step through Levetiracetam (generic Keppra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years)
carbamazepine oral		T1	R
<b>CARBATROL (CarBAMazepine ER)</b>	T3	T1	R
<b>DIACOMIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EPIDIOLEX</b>	T3		PA; R
<b>EPITOL (carBAMazepine)</b>	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
<i>gabapentin oral capsule</i>		T1	R
<i>gabapentin oral solution 250 mg/5ml</i>		T1	R
<i>gabapentin oral tablet</i>		T1	R
<b>LAMICTAL (Lamotrigine)</b>	T3	T1	R
<b>LAMICTAL ODT ORAL KIT</b>	T3		R&M; AG (Max 6 Years)
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE (Lamotrigine)</b>	T3	T1	R
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (Lamotrigine ER)</b>	T3	T1	R
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1	R&M; QL (6 EA per 1 Day); AG (Min 12 Years)
<i>levetiracetam oral</i>		T1	R
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T2		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 16 Years)
<b>LYRICA ORAL SOLUTION (Pregabalin)</b>	T2	T1	R
<i>oxcarbazepine</i>		T1	R
<b>POTIGA</b>	T3		PA; ST; R&M; AI (ST: Trial of 3 in 12mo: gabapentin, lamotrigine, levetiracetam, oxcarbazepine pregabalin, topiramate, zonisamide )
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>		T1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>pregabalin oral capsule 225 mg, 300 mg</i>		T1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>primidone oral</i>		T1	R
<b>QUDEXY XR</b>	T3		PA; ST; R&M; AI (Step: topiramate); AG (Min 3 Years)
<b>ROWEEPRA ORAL TABLET (Levetiracetam) 750 MG</b>	T1	T1	R
<b>ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	T1		R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<b>ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (Levetiracetam ER) 750 MG</b>	T1	T1	R&M; AG (Min 12 Years)
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (Carbamazepine ER) 100 MG</b>	T2	T1	R
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (Carbamazepine ER) 200 MG, 400 MG</b>	T3	T1	R
<b>TOPIRAGEN (Topiramate)</b>	T1	T1	R
<i>topiramate er</i>		T2	ST; R&M; AI (Step: topiramate); AG (Min 3 Years)
<b>TROKENDI XR</b>	T3		ST; R&M; AI (Step: topiramate and topiramate ER); AG (Min 6 Years)
<b>VIMPAT ORAL</b>	T3		R

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Drug Name	Brand	Generic	Additional Information
<b>ZONEGRAN ORAL CAPSULE 100 MG</b>	T3		PA; ST; R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 100 mg</i>		T1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		T1	R
<b>*Carbamates***</b>			
<i>felbamate</i>		T1	R
<b>*Gaba Modulators**</b>			
<b>SABRIL</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>tiagabine hcl</i>		T3	R
<b>*Hydantoins***</b>			
<b>DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended)</b>	T3	T1	R
<b>PEGANONE</b>	T3		R
<b>PHENYTEK (Phenytoin Sodium Extended)</b>	T3	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable</i>		T1	R
<b>*Succinimides***</b>			
<b>CELONTIN</b>	T3		R
<i>ethosuximide oral</i>		T2	R
<b>*Valproic Acid***</b>			
<b>DEPAKENE (Valproic Acid)</b>	T3	T1	R
<b>DEPAKOTE (Divalproex Sodium)</b>	T3	T1	R
<b>DEPAKOTE ER (Divalproex Sodium ER)</b>	T3	T1	R
<b>DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE (Divalproex Sodium)</b>	T3	T3	R
<b>STAVZOR</b>	T3		PA; R
<b>*Antidepressants*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclines)***</b>			
<i>mirtazapine oral tablet 15 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet 45 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>mirtazapine oral tablet 7.5 mg</i>		T1	R
<i>mirtazapine oral tablet dispersible 15 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
REMERON ORAL TABLET 15 MG	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
REMERON ORAL TABLET 30 MG	T3		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON ORAL TABLET 45 MG	T3		PA; ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG	T3		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG	T3		PA; ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Antidepressants - Misc.***</b>			
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
bupropion hcl oral		T1	R
FORFIVO XL	T3		R
maprotiline hcl		T1	R
WELLBUTRIN	T3		PA; ST; R
WELLBUTRIN SR (buPROPion HCl ER (SR))	T3	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Modified Cyclics***</b>			
nefazodone hcl		T3	R
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1	R
trazodone hcl oral tablet 300 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		ST; R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL KIT	T3		R&M; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AG (Min 12 Years)
VIIBRYD ORAL TABLET	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIIBRYD STARTER PACK	T3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)

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Drug Name	Brand	Generic	Additional Information
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
<b>EMSAM</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
<b>MARPLAN</b>	T3		R
<b>NARDIL</b>	T3		PA; ST; R
<b>PARNATE</b>	T3		PA; ST; R
<i>phenelzine sulfate oral</i>		T1	R
<i>tranylcypromine sulfate</i>		T1	R
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>			
<i>citalopram hydrobromide oral solution</i>		T1	R
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>		T1	R&M; AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 40 mg</i>		T1	R&M; AI (Max #180 Mail Order)
<i>fluoxetine hcl oral capsule</i>		T1	R
<i>fluoxetine hcl oral solution</i>		T1	R
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1	R
<i>fluvoxamine maleate</i>		T2	R
<i>fluvoxamine maleate er</i>		T2	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
<b>LEXAPRO ORAL SOLUTION (Escitalopram Oxalate)</b>	T3	T1	R
<b>LEXAPRO ORAL TABLET (Escitalopram Oxalate) 10 MG</b>	T3	T1	R&M; AI (Max #135 Mail Order)
<b>LEXAPRO ORAL TABLET (Escitalopram Oxalate) 20 MG, 5 MG</b>	T3	T1	R&M; AI (Max #90 Mail Order)
<b>LUVOX CR</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>PAXIL ORAL SUSPENSION</b>	T3		PA; R
<i>sertraline hcl oral</i>		T1	R
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***</b>			
<i>desvenlafaxine fumarate er</i>		T3	R&M; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er</i>		T1	R&M; QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		T1	R&M; QL (2 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
duloxetine hcl oral capsule delayed release particles 30 mg		T1	R&M; QL (3 EA per 1 Day)
<b>FETZIMA</b>	T3		PA; ST; R
<b>FETZIMA TITRATION</b>	T3		PA; ST; R
venlafaxine hcl		T1	R
venlafaxine hcl er		T1	R
<b>*Tricyclic Agents***</b>			
amitriptyline hcl oral		T1	R
amoxapine oral tablet 100 mg		T1	R
clomipramine hcl oral		T1	R
desipramine hcl oral		T1	R
doxepin hcl oral capsule		T1	R
doxepin hcl oral concentrate		T1	R
imipramine hcl oral		T1	R
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
imipramine pamoate oral capsule 75 mg		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
nortriptyline hcl oral capsule		T1	R
protriptyline hcl		T1	R
<b>SURMONTIL</b>	T3		R
<b>TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG</b>	T3		PA; ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>TOFRANIL-PM ORAL CAPSULE 75 MG</b>	T3		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>*Antidiabetics*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
acarbose oral		T1	R
<b>GLYSET ORAL TABLET 25 MG</b>	T2		R
<b>*Antidiabetic - Amylin Analogs***</b>			
<b>SYMLIN</b>	T2		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
<b>*Biguanides***</b>			
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG</b>	T3		ST; R&M; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG</b>	T3		ST; R&M; AI (ST: BOTH generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (4 EA per 1 day)
<b>GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG</b>	T3		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>		T1	ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); QL (2 EA per 1 day)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>		T1	ST; R&M; AI (ST: Generic Glucophage XR for 3 mo.); QL (4 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1	R&M; 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	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>metformin hcl oral tablet</i>		T1	R
<b>*Diabetic Other - Combinations***</b>			
<b>DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG</b>	T1		R
<b>*Diabetic Other***</b>			
<b>BAQSIMI ONE PACK</b>	T2		R&M; QL (2 EA per 30 days)
<b>BAQSIMI TWO PACK</b>	T2		R&M; QL (1 EA per 30 days)
<b>GLUCAGEN HYPOKIT</b>	T2		R
<b>GLUCAGON EMERGENCY INJECTION KIT</b>	T2		R&M; QL (2 EA per 30 days)
<b>PROGLYCEM</b>	T3		R
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
<b>JANUVIA</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>NESINA (Alogliptin Benzoate)</b>	T3	T3	PA; ST; R&M; AI (Trial of one of the following for 3 months in last 12 months: use of metformin with Onglyza OR use of metformin with Januvia.)
<b>ONGLYZA</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 16 Years)
<b>TRADJENTA</b>	T3		PA; ST; R
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>			
<b>JANUMET</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
<b>JANUMET XR</b>	T2		R
<b>JENTADUETO</b>	T3		R
<b>JENTADUETO XR</b>	T3		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>KOMBIGLYZE XR</b>	T2		R

Drug Name	Brand	Generic	Additional Information
<b>*Dopamine Receptor Agonists - Ergot Derivatives***</b>			
CYCLOSET	T3		R
<b>*Human Insulin***</b>			
ADMELOG	T3		PA; ST; R&M; QL (2 ML per 1 day)
ADMELOG SOLOSTAR	T3		PA; ST; R&M; QL (2 ML per 1 day)
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3		PA; R&M; AG (Min 18 Years)
APIDRA	T3		PA; ST; R&M; QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; ST; R&M; QL (2 ML per 1 day)
FIASP	T3		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
FIASP FLEXTOUCH	T3		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
FIASP PENFILL	T3		ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.)
HUMALOG	T2		R&M; QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN	T2		R&M; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50	T1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
HUMULIN 70/30	T2		R&M; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T3		PA; R&M; \$0; QL (2 ML per 1 day)
HUMULIN N	T2		R&M; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
HUMULIN R	T2		R&M; QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T2		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
insulin asp prot & asp flexpen	T3		ST; R&M; QL (2 ML per 1 day)
insulin aspart prot & aspart	T3		ST; R&M; QL (2 ML per 1 day)
LANTUS	T2		R&M; AI (;); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		R&M; QL (2 ML per 1 day)
LEVEMIR	T2		PA; ST; R&M; AI (ST: LANTUS); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	T3		PA; ST; R&M; AI (ST: LANTUS); QL (2 ML per 1 day)
NOVOLIN 70/30	T3		PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T3		PA; ST; R&M; AI (ST: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T3		PA; ST; R&M; AI (ST: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3		PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	T3		PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T3		ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T3		ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	T3		PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	T3		PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLOG (Insulin Aspart)	T3	T3	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (Insulin Aspart FlexPen)	T3	T3	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	T3		ST; R&M; QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T3		ST; R&M; QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (Insulin Aspart PenFill)	T3	T3	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	T2		R&M; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	T2		R&M; QL (2 ML per 1 day)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
BYDUREON BCISE	T2		R&M; QL (0.13 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T2		R&M; AI (;); QL (4 EA per 28 days); AG (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	T2		R&M; AI (;); QL (4 EA per 28 days); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		R&M; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AG (Min 18 Years)
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		R&M; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AG (Min 18 Years)
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE)</b>	T3		PA; ST; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
<b>OZEMPIC (1 MG/DOSE)</b>	T3		PA; ST; R&M; AI (Electronic Step: Through Trulicity and Victoza in last 12 months.)
<b>TANZEUM</b>	T3		R&M; QL (0.14 MG per 1 day); AG (Min 18 Years)
<b>TRULICITY</b>	T2		R&M; QL (0.07 ML per 1 day); AG (Min 18 Years)
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2		R&M; AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 18 Years)
<b>*Meglitinide Analogues***</b>			
<i>nateglinide</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>PRANDIN (Repaglinide)</b>	T3	T1	R
<b>*Progesterone Receptor Antagonists***</b>			
<b>KORLYM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***</b>			
<b>FARXIGA</b>	T2		R&M; QL (1 EA per 1 day)
<b>INVOKANA</b>	T2		R
<b>JARDIANCE</b>	T3		R
<b>*Sulfonylurea-Biguanide Combinations***</b>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1	R&M; 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	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>*Sulfonylureas***</b>			
<i>chlorpropamide</i>		T1	R
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glimepiride oral tablet 4 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide er</i>		T1	R
<i>glipizide oral</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
glipizide xl		T1	R
glyburide micronized		T1	R
glyburide oral		T1	R
tolazamide		T2	R
tolbutamide		T1	R
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>			
<b>AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG</b>	T3		R
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
<b>AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG</b>	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>AVANDAMET ORAL TABLET 2-500 MG</b>	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day)
pioglitazone hcl-metformin hcl		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
<b>*Thiazolidinediones***</b>			
<b>AVANDIA</b>	T3		R
pioglitazone hcl		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Antidiarrheals*</b>			
<b>*Antidiarrheal - Chloride Channel Antagonists***</b>			
<b>FULYZAQ</b>	T3		R
<b>MYTESI</b>	T3		R
<b>*Antiperistaltic Agents***</b>			
diphenoxylate-atropine		T1	R
<b>LOMOTIL ORAL TABLET (Diphenoxylate-Atropine)</b>	T3	T1	R
loperamide hcl oral capsule		T1	R
<b>MOTOFEN</b>	T3		R
opium		T3	ST; R
<b>*Antidotes And Specific Antagonists*</b>			
<b>*Antidotes And Specific Antagonists***</b>			
deferoxamine mesylate		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RADIOGARDASE</b>	T3		R&M; QL (18 EA per 1 day); AG (Min 2 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Antidotes*</b>			
<b>*Antidotes - Chelating Agents***</b>			
<b>CHEMET</b>	T3		PA; R
<b>EXJADE (Deferasirox)</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FERRIPROX ORAL SOLUTION</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>FERRIPROX ORAL TABLET 500 MG</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>JADENU (Deferasirox)</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>JADENU SPRINKLE</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antidotes***</b>			
<i>deferoxamine mesylate</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED 2 GM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 500 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RADIOGARDASE</b>	T3		R&M; QL (18 EA per 1 day); AG (Min 2 Years)
<b>*Opioid Antagonists***</b>			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1	R
<i>naloxone hcl injection solution cartridge</i>		T1	R
<i>naloxone hcl injection solution prefilled syringe</i>		T1	R
<i>naltrexone hcl oral</i>		T1	R
<b>NARCAN</b>	T2		R&M; QL (1 box per 30 days)
<b>VIVITROL</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Antiemetics*</b>			
<b>*5-HT3 Receptor Antagonists***</b>			
<b>ANZEMET ORAL</b>	T3		R&M; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
<i>granisetron hcl oral</i>		T1	R&M; AI (#6 per copay mail or retail. Max #36.); QL (6 EA per 1 Copay)
<b>GRANISOL</b>	T1		R&M; AI (60ml per copay retail or mail); QL (60 ML per 1 Copay)
<i>ondansetron hcl injection solution 40 mg/20ml</i>		T1	R
<i>ondansetron hcl oral solution</i>		T1	R
<i>ondansetron hcl oral tablet 24 mg</i>		T2	R&M; AI (Mail Order 1 Tablet per Copay); QL (1 EA per 1 Copay)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1	R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
<i>ondansetron oral tablet dispersible 4 mg</i>		T3	R&M; AI (#15 per Copay Retail or Mail); QL (4 EA per 1 day)
<i>ondansetron oral tablet dispersible 8 mg</i>		T3	R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
<b>SANCUSO</b>	T3		RO; AI (;); QL (0.67 EA per 1 day)
<b>ZUPLENZ</b>	T3		R&M; AI (#10 per copay retail or mail); QL (0.34 EA per 1 day)
<b>*Antiemetic Combinations***</b>			
<b>AKYNZEO ORAL</b>	T3		PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.)
<b>BONJESTA</b>	T3		PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>DICLEGIS</b>	T3		PA; ST; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<i>doxylamine-pyridoxine</i>		T3	PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<b>*Antiemetics - Anticholinergic***</b>			
<i>meclizine hcl oral tablet</i>		T1	R
<i>scopolamine</i>		T3	R&M; QL (0.34 EA per 1 day)
<b>TIGAN</b>	T3		R
<b>*Antiemetics - Miscellaneous***</b>			
<b>CESAMET</b>	T3		R&M; AI (#30 per copay retail or mail. Max #90); QL (6 EA per 1 day); AG (Min 18 Years)
<i>dronabinol oral capsule 10 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>MARINOL ORAL CAPSULE 10 MG</b>	T3		R&M; QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	T3		R&M; QL (3 EA per 1 Day)
SYNDROS	T3		PA; R
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
aprepitant		T3	R&M; AI (:)
CINVANTI	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EMEND ORAL SUSPENSION RECONSTITUTED	T3		R
VARUBI INTRAVENOUS	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VARUBI ORAL	T3		RO; QL (0.14 EA per 1 day)
<b>*Antifungals*</b>			
<b>*Antifungals***</b>			
ANCOBON ( <i>Flucytosine</i> )	T3	T3	R
GRIFULVIN V ORAL TABLET ( <i>Griseofulvin Microsize</i> )	T3	T1	R
<i>griseofulvin microsize oral</i>		T1	R
<i>griseofulvin ultramicrosize</i>		T1	R
GRIS-PEG	T3		ST; R
LAMISIL ORAL PACKET 125 MG	T3		R&M; AI (Max #180 Mail Order); QL (60 EA per 30 Days)
LAMISIL ORAL PACKET 187.5 MG	T3		R&M; AI (Max #90 Mail Order); QL (30 EA per 30 Days)
LAMISIL ORAL TABLET ( <i>Terbinafine HCl</i> )	T3	T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nystatin oral tablet</i>		T1	R
<b>*Imidazoles***</b>			
<i>ketoconazole oral</i>		T1	R
<i>miconazole</i>		T3	R
<b>*Triazoles***</b>			
CRESEMBIA ORAL	T3		PA; R
<i>fluconazole oral</i>		T1	R
<i>itraconazole oral</i>		T3	R
NOXAFIL ORAL	T3		R
ONMEL	T3		R
SPORANOX ORAL SOLUTION ( <i>Itraconazole</i> )	T3	T3	R
VFEND ( <i>Voriconazole</i> )	T3	T1	R
<b>*Antihistamines*</b>			
<b>*Antihistamines - Alkylamines***</b>			
<i>dexchlorpheniramine maleate oral syrup</i>		T3	R
RYCLORA ORAL SYRUP	T3		R&M; QL (3.93 ML per 1 Day)

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Drug Name	Brand	Generic	Additional Information
<b>*Antihistamines - Ethanolamines***</b>			
ARBINOXA ORAL SOLUTION	T3		PA; R
ARBINOXA ORAL TABLET	T3		PA; R
<i>carbinoxamine maleate oral solution</i>		T1	R
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1	R
<i>clemastine fumarate oral syrup</i>		T2	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		T3	R
<i>diphenhydramine hcl oral elixir</i>		T3	PA; R
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T3		PA; R&M; QL (20 ML per 1 day); AG (Min 1 Years)
<b>*Antihistamines - Non-Sedating***</b>			
<i>cetirizine hcl oral solution 1 mg/ml</i>		T1	PA; R
<i>cetirizine hcl oral syrup</i>		T1	PA; R
CLARINEX ORAL SYRUP	T3		PA; ST; R&M; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
CLARINEX ORAL TABLET	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>desloratadine oral tablet</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>levocetirizine dihydrochloride oral solution</i>		T1	R
<b>*Antihistamines - Phenothiazines***</b>			
PHENADOZ (Promethazine HCl)	T1	T1	R
PHENERGAN INJECTION (Promethazine HCl)	T3	T3	R
PHENERGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG	T2	T2	R
<i>promethazine hcl oral</i>		T1	R
PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG	T1	T1	R
PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG	T2	T2	R
<b>*Antihistamines - Piperidines***</b>			
<i>ciproheptadine hcl oral</i>		T1	R
<b>*Antihyperlipidemics*</b>			
<b>*Antihyperlipidemics - Misc.***</b>			
<i>omega-3-acid ethyl esters</i>		T1	R
VASCEPA	T3		PA; R
<b>*Bile Acid Sequestrants***</b>			
<i>cholestyramine oral</i>		T1	R
<i>colesevelam hcl oral packet</i>		T1	R&M; QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet</i>		T1	R&M; QL (6 EA per 1 day)
<i>colestipol hcl oral packet</i>		T1	R
<i>colestipol hcl oral tablet</i>		T1	R
<i>micronized colestipol hcl</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<b>PREVALITE (Cholestyramine Light)</b>	T1	T1	R
<b>*Fibric Acid Derivatives***</b>			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>		T1	R
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>fenofibrate oral tablet 54 mg</i>		T1	R&M; AI (Max #90 Mail Order)
<i>fenofibric acid oral capsule delayed release</i>		T1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>fenofibric acid oral tablet 105 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>FENOGLIDE (Fenofibrate)</b>	T3	T1	R
<i>gemfibrozil oral</i>		T1	R
<b>LIPOFEN</b>	T3		R
<b>LOFIBRA ORAL TABLET</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>TRICOR ORAL TABLET 145 MG</b>	T3		R&M; QL (1 EA per 1 Day)
<b>TRICOR ORAL TABLET (Fenofibrate) 48 MG</b>	T3	T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>TRIGLIDE ORAL TABLET 160 MG</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>TRILIPIX</b>	T3		PA; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Hmg Coa Reductase Inhibitors***</b>			
<i>atorvastatin calcium oral tablet 10 mg, 40 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>atorvastatin calcium oral tablet 20 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>LESCOL XL</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>LIVALO</b>	T3		PA; ST; R
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1	R
<i>lovastatin oral tablet 40 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>pravastatin sodium oral tablet 40 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rosuvastatin calcium</i>		T1	R&M; QL (1 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
simvastatin oral tablet 80 mg		T2	PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day)
<b>ZYPITAMAG</b>	T3		ST; R
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg		T1	PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 day)
<b>VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>VYTORIN ORAL TABLET 10-80 MG</b>	T3		PA; R&M; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day)
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
ezetimibe		T1	R&M; QL (1 EA per 1 day)
<b>*Microsomal Triglyceride Transfer Protein Inhibitors***</b>			
JUXTAPIID	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Nicotinic Acid Derivatives***</b>			
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		T2	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<b>NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG</b>	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG</b>	T3		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>*Antihypertensives*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
amlodipine besy-benazepril hcl		T1	R
<b>TARKA (Trandolapril-Verapamil HCl ER)</b>	T3	T3	R
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
benazepril-hydrochlorothiazide		T1	R
captopril-hydrochlorothiazide		T3	R
enalapril-hydrochlorothiazide		T1	R
fosinopril sodium-hctz		T3	R

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<i>lisinopril-hydrochlorothiazide</i>		T1	R
<i>moexipril-hydrochlorothiazide</i>		T1	R
<i>quinapril-hydrochlorothiazide</i>		T1	R
<b>*Ace Inhibitors***</b>			
<i>benazepril hcl oral</i>		T1	R
<i>captopril oral</i>		T1	R
<i>enalapril maleate oral</i>		T1	R
<i>fosinopril sodium</i>		T1	R
<i>lisinopril oral</i>		T1	R
<i>moexipril hcl</i>		T2	R
<i>perindopril erbumine</i>		T2	R
<i>quinapril hcl</i>		T1	R
<i>ramipril</i>		T1	R
<i>trandolapril</i>		T1	R
<b>*Agents For Pheochromocytoma***</b>			
<b>DIBENZYLINE</b>	T3		R
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb***</b>			
<i>amlodipine besylate-valsartan</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>amlodipine-olmesartan</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>EXFORGE</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>TWYNSTA (Telmisartan-Amlodipine)</b>	T3	T1	R
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
<b>AVALIDE ORAL TABLET 150-12.5 MG</b>	T3		R&M; QL (2 EA per 1 day)
<i>candesartan cilexetil-hctz</i>		T3	R&M; AI (;)
<b>EDARBYCLOR</b>	T3		R
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>losartan potassium-hctz</i>		T1	R
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T1	R&M; 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	R&M; 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	R&M; 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	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Angiotensin II Receptor Antagonists***</b>			
<i>candesartan cilexetil</i>		T3	R&M; AI (;)

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Drug Name	Brand	Generic	Additional Information
<b>EDARBI</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>eprosartan mesylate</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>irbesartan oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order)
<i>losartan potassium</i>		T1	R
<b>MICARDIS (Telmisartan)</b>	T3	T1	R
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>valsartan</i>		T1	R&M; QL (2 EA per 1 day)
<b>*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***</b>			
<i>amlodipine-valsartan-hctz</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>EXFORGE HCT</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	R
<b>*Antiadrenergics - Centrally Acting***</b>			
<b>CATAPRES-TTS-1 (CloNIDine)</b>	T3	T3	R
<b>CATAPRES-TTS-2 (CloNIDine)</b>	T3	T3	R
<b>CATAPRES-TTS-3 (CloNIDine)</b>	T3	T3	R
<i>clonidine hcl oral</i>		T1	R
<i>clonidine hcl transdermal</i>		T3	R
<i>methyldopa oral</i>		T1	R
<b>TENEX (guanFACINE HCl)</b>	T3	T2	R
<b>*Antiadrenergics - Peripherally Acting***</b>			
<i>doxazosin mesylate oral</i>		T1	R
<i>prazosin hcl oral</i>		T1	R
<i>terazosin hcl oral</i>		T1	R
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
<i>atenolol-chlorthalidone</i>		T1	R
<i>bisoprolol-hydrochlorothiazide</i>		T1	R
<i>metoprolol-hydrochlorothiazide</i>		T1	R
<i>propranolol-hctz</i>		T1	R
<b>*Direct Renin Inhibitors &amp; Calcium Channel Blocker Comb***</b>			
<b>TEKAMLO</b>	T3		R

Drug Name	Brand	Generic	Additional Information
<b>*Direct Renin Inhibitors &amp; Thiazide/Thiazide-Like Comb***</b>			
<b>TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Direct Renin Inhibitors***</b>			
<i>aliskiren fumarate</i>		T2	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<b>TEKTURNA</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Reserpine***</b>			
<i>reserpine oral</i>		T3	R
<b>*Selective Aldosterone Receptor Antagonists (Saras)***</b>			
<i>eplerenone oral tablet 25 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>eplerenone oral tablet 50 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Vasodilators***</b>			
<i>hydralazine hcl oral</i>		T1	R
<i>minoxidil oral</i>		T1	R
<b>*Anti-Infective Agents - Misc.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
<b>AEMCOLO</b>	T3		R&M; AI (Limited to two fills per year); QL (12 EA per 3 Dayss)
<b>FLAGYL ER</b>	T3		R
<i>metronidazole oral tablet</i>		T1	R
<b>NEBUPENT (Pentamidine Isethionate)</b>	SP	SP	R
<i>tinidazole oral</i>		T1	R
<i>trimethoprim oral</i>		T1	R
<b>XIFAXAN</b>	T3		PA; R&M; AI (:)
<b>*Anti-Infective Misc. - Combinations***</b>			
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		T1	R
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>		T1	R
<b>*Antiprotozoal Agents***</b>			
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	T3		R&M; AI (30 days must pass before able to refill); QL (60 ML per 3 days)
<b>ALINIA ORAL TABLET</b>	T3		R&M; AI (30 days must pass before able to refill); QL (6 EA per 3 days)
<i>atovaquone oral</i>		T2	R
<b>*Carbapenem Combinations***</b>			
<b>VABOMERE</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Ketolides***</b>			
KETEK ORAL TABLET 300 MG	T3		R
<b>*Leprostatics***</b>			
dapsone oral		T2	R
<b>*Lincosamides***</b>			
CLEOCIN ORAL CAPSULE ( <i>Clindamycin HCl</i> ) 75 MG	T3	T1	R
<i>clindamycin hcl oral</i>		T1	R
<i>clindamycin palmitate hcl</i>		T3	R
<b>*Oxazolidinones***</b>			
<i>linezolid oral suspension reconstituted</i>		T1	R
<i>linezolid oral tablet</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
SIVEXTRO ORAL	T3		PA; RO
ZYVOX ORAL	T3		PA; R
<b>*Polymyxins***</b>			
<i>polymyxin b sulfate injection</i>		MB	SP
<b>*Antimalarials*</b>			
<b>*Antimalarial Combinations***</b>			
COARTEM	T3		R
MALARONE ( <i>Atovaquone-Proguanil HCl</i> )	T3	T3	R
<b>*Antimalarials***</b>			
ARALEN ( <i>Chloroquine Phosphate</i> )	T3	T1	R
<i>chloroquine phosphate oral</i>		T1	R
DARAPRIM	T3		PA; ST; R
<i>mefloquine hcl</i>		T3	R&M; AI (Max #15 per 90 days); QL (5 EA per 30 Days)
PLAQUENIL ( <i>Hydroxychloroquine Sulfate</i> )	T3	T1	R
<i>primaquine phosphate oral</i>		T3	PA; R
QUALAQUN ( <i>QuiNINE Sulfate</i> )	T2	T1	R
<b>*Antimyasthenic Agents*</b>			
<b>*Antimyasthenic Agents***</b>			
FIRDAPSE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>guanidine hcl oral</i>		T3	R
MESTINON ORAL SYRUP	T3		R
MESTINON ORAL TABLET ( <i>Pyridostigmine Bromide</i> )	T3	T1	R
MESTINON ORAL TABLET EXTENDED RELEASE	T3		ST; R
PROSTIGMIN ORAL	T3		R
<i>pyridostigmine bromide oral solution</i>		T3	R

Drug Name	Brand	Generic	Additional Information
RUZURGI	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antimyasthenic/Cholinergic Agents***</b>			
FIRDAPSE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>guanidine hcl oral</i>		T3	R
MESTINON ORAL SYRUP	T3		R
MESTINON ORAL TABLET ( <i>Pyridostigmine Bromide</i> )	T3	T1	R
MESTINON ORAL TABLET EXTENDED RELEASE	T3		ST; R
PROSTIGMIN ORAL	T3		R
<i>pyridostigmine bromide oral solution</i>		T3	R
RUZURGI	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antimyasthenic/Cholinergic Agents*</b>			
FIRDAPSE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>guanidine hcl oral</i>		T3	R
MESTINON ORAL SYRUP	T3		R
MESTINON ORAL TABLET ( <i>Pyridostigmine Bromide</i> )	T3	T1	R
MESTINON ORAL TABLET EXTENDED RELEASE	T3		ST; R
PROSTIGMIN ORAL	T3		R
<i>pyridostigmine bromide oral solution</i>		T3	R
RUZURGI	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antimycobacterial Agents*</b>			
<b>*Anti Tb Combinations***</b>			
RIFAMATE	T3		R
RIFATER	T3		R
<b>*Antimycobacterial Agents***</b>			
<i>cycloserine oral</i>		T3	R
<i>ethambutol hcl oral tablet 100 mg</i>		T1	R
<i>ethambutol hcl oral tablet 400 mg</i>		T2	R
<i>isoniazid oral syrup</i>		T1	R
<i>isoniazid oral tablet 100 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<i>isoniazid oral tablet 300 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>MYAMBUTOL</b>	T3		PA; ST; R
<b>PASER</b>	T3		PA; ST; R
<b>PRIFTIN</b>	T2		R
<i>pyrazinamide oral</i>		T2	R
<i>rifabutin</i>		T1	R
<b>RIFADIN ORAL (Rifampin)</b>	T3	T1	R
<b>SIRTURO</b>	T2		R
<b>TRECATOR</b>	T3		R
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
<b>VENCLEXTA</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>VENCLEXTA STARTING PACK</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>			
<b>*Antineoplastic - Fgfr Kinase Inhibitors***</b>			
<b>BALVERSA ORAL TABLET 3 MG</b>	T1		PA; R
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>			
<b>*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***</b>			
<b>ROZLYTREK</b>	T1		PA; R
<b>*Antineoplastic - Xpo1 Inhibitors***</b>			
<b>*Antineoplastic - Xpo1 Inhibitors***</b>			
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	T1		PA; R
<b>*Antineoplastics And Adjunctive Therapies*</b>			
<b>*Alkylating Agents***</b>			
<b>BELRAPZO (Bendamustine HCl)</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BENDEKA (Bendamustine HCl)</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HEXALEN</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
MYLERAN	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Androgen Biosynthesis Inhibitors***</b>			
YONSA	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA ORAL TABLET (Abiraterone Acetate) 250 MG	T1	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; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antiadrenals***</b>			
LYSODREN	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antiandrogens***</b>			
CASODEX (Bicalutamide)	T1	T1	R
ERLEADA	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
flutamide		T1	R
NILANDRON (Nilutamide)	T1	T1	R&M; M
XTANDI	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antiestrogens***</b>			
FARESTON	T1		R&M; QL (1 EA per 1 Day)
SOLTAMOX	T1		R
tamoxifen citrate oral		\$0	R
toremifene citrate		T1	R&M; QL (1 EA per 1 day)
<b>*Antimetabolites***</b>			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	T1		PA; ST; SP
mercaptopurine oral		T1	R
methotrexate oral		T1	R
methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml		T1	R
methotrexate sodium injection solution 25 mg/ml		T1	R
PURIXAN	T1		R
TABLOID	T1		R

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Drug Name	Brand	Generic	Additional Information
TREXALL	T1		R
XATMEP	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA (Capecitabine)	T1	T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>			
BRAFTOVI	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TAFINLAR	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	T1		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>			
ERIVEDGE	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO	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); AG (Min 18 Years)
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
FARYDAK	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
ZOLINZA	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); AG (Min 16 Years)
<b>*Antineoplastic - Immunomodulators***</b>			
POMALYST	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antineoplastic - Mek Inhibitors***</b>			
COTELLIC	T1		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
MEKINIST	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKTOVI	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*Antineoplastic - Monoclonal Antibodies***</b>			
BAVENCIO	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LARTRUVO	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
AFINITOR	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
NEXAVAR	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); AG (Min 16 Years)
RYDAPT	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STIVARGA	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1		PA; R
NINLARO	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic - Tyrosine Kinase Inhibitors***</b>			
ALECENSA	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); AG (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)
BRUKINSA	T1		PA; R
CABOMETYX	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CALQUENCE	T1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (100 MG DAILY DOSE)	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (140 MG DAILY DOSE)	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE)	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GILOTrif	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLEEVEC ORAL TABLET ( <i>Imatinib Mesylate</i> ) 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)

Drug Name	Brand	Generic	Additional Information
<b>ICLUSIG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>imatinib mesylate oral tablet 400 mg</i>		T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>IMBRUVICA ORAL TABLET 140 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day); AG (Min 18 Years)
<b>IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>INLYTA</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>IRESSA</b>	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA (10 MG DAILY DOSE)</b>	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA (14 MG DAILY DOSE)</b>	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA (18 MG DAILY DOSE)</b>	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA (20 MG DAILY DOSE)</b>	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA (24 MG DAILY DOSE)</b>	T1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LENVIMA (8 MG DAILY DOSE)</b>	T1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>LORBRENA</b>	T1		PA; R

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Drug Name	Brand	Generic	Additional Information
NERLYNX	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)
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)
TAGRISSO	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA ( <i>Erlotinib HCl</i> )	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASIGNA	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TURALIO	T1		PA; R
TYKERB	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	T1		PA; R
VOTRIENT	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XALKORI	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); AG (Min 16 Years)
XOSPATA	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)
ZYKADIA	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); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Antineoplastic Antibody-Drug Complexes***</b>			
<b>MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*Antineoplastic Combinations***</b>			
<b>LONSURF</b>	T1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>RITUXAN HYCELA</b>	MB		R
<b>*Antineoplastics Misc.***</b>			
<b>ACTIMMUNE</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HYDREA (Hydroxyurea)</b>	T1	T1	R
<b>INTRON A</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MATULANE</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SYNRIBO</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Aromatase Inhibitors***</b>			
<i>anastrozole oral</i>		T1	R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 Day)
<b>ARIMIDEX</b>	T1		R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 day)
<b>AROMASIN (Exemestane)</b>	T1	T1	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)
<b>FEMARA (Letrozole)</b>	T1	T1	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)
<b>*Chemotherapy Adjuncts - Hyperuricemia Agents***</b>			
<b>ELITEK</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Estrogen Receptor Antagonist***</b>			
<b>FASLODEX INTRAMUSCULAR SOLUTION (Fulvestrant) 250 MG/5ML</b>	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Estrogens-Antineoplastic***</b>			
<b>EMCYT</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Folic Acid Antagonists Rescue Agents***</b>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	R
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>		T1	R
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>			
<b>FIRMAGON</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Imidazotetrazines***</b>			
<b>TEMODAR ORAL (Temozolomide)</b>	T1	T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
<b>INREBIC</b>	T1		PA; R
<b>JAKAFI</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Lhrh Analogs***</b>			
<b>ELIGARD SUBCUTANEOUS KIT 22.5 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 60 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 30 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 120 days); AG (Min 18 Years)
<b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (FDA approved only for prostate cancer.); M; QL (1 inj per 180 days); AG (Min 18 Years)

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

Drug Name	Brand	Generic	Additional Information
TRELSTAR MIXJECT	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VANTAS	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Mitotic Inhibitors***</b>			
<i>etoposide oral</i>		T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Nitrogen Mustards***</b>			
ALKERAN ORAL	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
cyclophosphamide oral capsule		T1	R
LEUKERAN	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Nitrosoureas***</b>			
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)
<b>*Progestins-Antineoplastic***</b>			
MEGACE ORAL ( <i>Megestrol Acetate</i> )	T1	T1	R
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>		T1	R
<i>megestrol acetate oral tablet</i>		T1	R
<b>*Retinoids***</b>			
<i>tretinoin oral</i>		T1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene</i>		T1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
TARGRETIN ORAL	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Topoisomerase I Inhibitors***</b>			
HYCAMTIN ORAL	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Urinary Tract Protective Agents***</b>			
MESNEX ORAL	SP		SP
<b>*Antiparkinson Agents*</b>			
<b>*Antiparkinson Anticholinergics***</b>			
benztropine mesylate oral		T1	R
trihexyphenidyl hcl oral elixir		T3	R
trihexyphenidyl hcl oral tablet		T1	R
<b>*Antiparkinson Dopaminergics***</b>			
amantadine hcl oral capsule		T1	R
amantadine hcl oral syrup		T1	R
bromocriptine mesylate oral		T1	R
GOCOVRI	T3		PA; R
INBRIJA	T3		PA; R
OSMOLEX ER	T3		PA; R
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
AZILECT (Rasagiline Mesylate)	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
selegiline hcl oral		T1	R
XADAGO	T3		PA; R
<b>*Central/Peripheral Comt Inhibitors***</b>			
TASMAR ORAL TABLET (Tolcapone) 100 MG	T3	T1	PA; R
<b>*Decarboxylase Inhibitors***</b>			
carbidopa oral		T1	R
<b>*Levodopa Combinations***</b>			
carbidopa-levodopa		T1	R
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		T1	R
RYTARY	T3		PA; R
STALEVO 100 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 125 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 150 (Carbidopa-Levodopa-Entacapone)	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)

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Drug Name	Brand	Generic	Additional Information
<b>STALEVO 200 (Carbidopa-Levodopa-Entacapone)</b>	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 50 (Carbidopa-Levodopa-Entacapone)</b>	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>STALEVO 75 (Carbidopa-Levodopa-Entacapone)</b>	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
<b>APOKYN SUBCUTANEOUS SOLUTION</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MIRAPEX ER</b>	T3		R&M; AI (:); QL (1 EA per 1 Day)
<b>NEUPRO</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>pramipexole dihydrochloride</i>		T1	R
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>		T2	R&M; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>		T2	R
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR (ROPINIROLE HCl ER) 12 MG, 6 MG</b>	T3	T3	R
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG</b>	T3		R&M; QL (8 EA per 1 Day)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG</b>	T3		R&M; QL (4 EA per 1 Day)
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG</b>	T3		R&M; QL (3 EA per 1 Day)
<i>ropinirole hcl</i>		T1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T3	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T3	R&M; AI (Max #540 Mail Order); QL (4 EA per 1 Day)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T3	R&M; AI (Max #270 Mail Orden); QL (3 EA per 1 Day)
<b>*Peripheral Comt Inhibitors***</b>			
<b>COMTAN (Entacapone)</b>	T3	T1	R
<b>*Antipsychotics/Antimanic Agents*</b>			
<b>*Antimanic Agents***</b>			
<i>lithium</i>		T1	R
<i>lithium carbonate er</i>		T1	R
<i>lithium carbonate oral</i>		T1	R
<b>*Antipsychotics - Misc.***</b>			
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG</b>	T3		R

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Drug Name	Brand	Generic	Additional Information
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		R&M; AI (Max #450 Mail Order); QL (5 EA per 1 Day)
LATUDA	T3		R&M; QL (1 EA per 1 Day); AG (Min 10 Years)
ziprasidone hcl		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Benzisoxazoles***</b>			
FANAPT	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FANAPT TITRATION PACK	T3		R&M; 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	T3		R&M; AI (90 tablets per copay); QL (2 EA per 1 Day); AG (Min 12 Years)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	T3		R&M; AI (90 tablets per copay); QL (1 EA per 1 Day); AG (Min 12 Years)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg		T3	R&M; AI (90 tablets per copay); QL (2 EA per 1 day); AG (Min 12 Years)
paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg		T3	R&M; AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years)
RISPERIDONE M-TAB ORAL TABLET DISPERISIBLE 1 MG	T1		R
risperidone oral solution		T1	R
risperidone oral tablet		T1	R
<b>*Butyrophенones***</b>			
haloperidol lactate oral		T1	R
haloperidol oral		T1	R
<b>*Dibenzodiazepines***</b>			
clozapine oral tablet 100 mg, 25 mg		T1	R&M; AI (Max #810 Mail Order); QL (9 EA per 1 Day)
clozapine oral tablet 200 mg		T1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
clozapine oral tablet 50 mg		T1	R&M; AI (Max #540 per 90days); QL (6 EA per 1 Day)
<b>*Dibenzo-Oxepino Pyrroles***</b>			
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T3		R&M; QL (2 EA per 1 Day)
<b>*Dibenzothiazepines***</b>			
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg		T3	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg		T3	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg		T1	R

Drug Name	Brand	Generic	Additional Information
quetiapine fumarate oral tablet 400 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
quetiapine fumarate oral tablet 50 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUEtiapine Fumarate ER) 400 MG</b>	T3	T3	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<b>*Dibenzoxazepines***</b>			
loxapine succinate oral		T1	R
<b>*Phenothiazines***</b>			
chlorpromazine hcl oral		T1	R
fluphenazine hcl oral concentrate		T3	R
fluphenazine hcl oral elixir		T3	R
fluphenazine hcl oral tablet		T1	R
perphenazine oral		T1	R
prochlorperazine		T2	R
prochlorperazine maleate oral		T2	R
thioridazine hcl oral		T1	R
trifluoperazine hcl oral		T1	R
<b>*Quinolinone Derivatives***</b>			
<b>ABILIFY ORAL SOLUTION</b>	T3		R&M; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days)
aripiprazole oral solution		T1	R&M; QL (25 ML per 1 day)
aripiprazole oral tablet 10 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
aripiprazole oral tablet 15 mg, 20 mg, 30 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
aripiprazole oral tablet 2 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
aripiprazole oral tablet 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 day)
<b>REXULTI</b>	T3		PA; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Thienbenzodiazepines***</b>			
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 7.5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine oral tablet 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (4 EA per 1 day)
olanzapine oral tablet dispersible 10 mg		T3	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Thioxanthenes***</b>			
thiothixene oral		T3	R

Drug Name	Brand	Generic	Additional Information
<b>*Antiretrovirals Adjuvants***</b>			
<b>*Antiretrovirals Adjuvants***</b>			
TYBOST	T3		R&M; AI (:)
<b>*Antiseptics &amp; Disinfectants*</b>			
<b>*Antiseptics &amp; Disinfectants***</b>			
FORMADON ( <i>Formaldehyde</i> )	T2	T2	R
<b>*Iodine Antiseptics***</b>			
IODOSORB	T3		R
<b>*Antivirals*</b>			
<b>*Antiretroviral Combinations***</b>			
<i>abacavir sulfate-lamivudine</i>		T1	R
<i>abacavir-lamivudine-zidovudine</i>		T1	R&M; AI (:); QL (2 EA per 1 day)
ATRIPLA	T2		R&M; AI (:); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	T3		R&M; QL (1 EA per 1 day)
CIMDUO	T2		R&M; QL (1 EA per 1 day)
COMBIVIR ( <i>Lamivudine-Zidovudine</i> )	T3	T1	R&M; AI (:)
COMPLERA	T2		R&M; AI (:)
DELSTRIGO	T3		ST; R
DESCOVY	T3		R&M; QL (1 EA per 1 day)
DOVATO	T3		PA; ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months - only approved for new starts)
EVOTAZ	T3		R&M; AI (:)
GENVOYA	T2		R&M; AI (:)
JULUCA	T3		PA; R
KALETRA ORAL TABLET	T2		R&M; AI (:)
<i>lopinavir-ritonavir</i>		T2	R
ODEFSEY	T2		R&M; AI (:)
PREZCOBIX	T3		R&M; AI (:)
STRIBILD	T2		R&M; AI (:)
SYMFIA	T2		R&M; QL (1 EA per 1 day)
SYMFIA LO	T2		R&M; QL (1 EA per 1 day)
SYMTUZA	T3		PA; R
TEMIXYS	T2		R&M; QL (1 EA per 1 day)
TRIUMEQ	T3		R&M; AI (:); QL (1 EA per 1 day); AG (Min 16 Years)
TRIZIVIR	T3		R&M; AI (:); QL (2 EA per 1 Day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	T2		R&M; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG	T2		R&M; AI (:); QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***</b>			
SELZENTRY ORAL SOLUTION	T2		R
SELZENTRY ORAL TABLET 150 MG, 300 MG	T2		R&M; AI (:)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T2		R
<b>*Antiretrovirals - Fusion Inhibitors***</b>			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antiretrovirals - Integrase Inhibitors***</b>			
ISENTRESS	T2		R&M; AI (:)
ISENTRESS HD	T2		R
TIVICAY ORAL TABLET 10 MG, 25 MG	T2		R
TIVICAY ORAL TABLET 50 MG	T2		R&M; AI (:)
VITEKTA	T2		R&M; AI (:)
<b>*Antiretrovirals - Protease Inhibitors***</b>			
APTIVUS	T3		R&M; AI (:)
CRIVIXAN ORAL CAPSULE 200 MG, 400 MG	T2		R&M; AI (:)
INVIRASE	T2		R&M; AI (:)
LEXIVA ORAL SUSPENSION	T2		R&M; AI (:)
NORVIR ORAL CAPSULE	T2		R&M; AI (:)
NORVIR ORAL PACKET	T2		R
NORVIR ORAL SOLUTION	T2		R&M; AI (:)
PREZISTA ORAL SUSPENSION	T2		R&M; AI (:)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T2		R&M; AI (:)
REYATAZ ORAL CAPSULE 150 MG, 200 MG	T2		R&M; AI (:); QL (2 EA per 1 Day)
REYATAZ ORAL CAPSULE 300 MG	T2		R&M; AI (:); QL (1 EA per 1 Day)
REYATAZ ORAL PACKET	T2		R&M; AI (:)
ritonavir		T2	R
VIRACEPT ORAL TABLET	T2		R&M; AI (:)
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues***</b>			
EDURANT	T2		R&M; AI (:); QL (1 EA per 1 Day)
efavirenz oral capsule 200 mg		T1	R&M; QL (1 EA per 1 day)
efavirenz oral capsule 50 mg		T1	R&M; QL (2 EA per 1 day)
efavirenz oral tablet		T1	R&M; QL (2 EA per 2 days)
INTELENCE	T2		R&M; AI (:)
nevirapine er oral tablet extended release 24 hour 100 mg		T1	R
nevirapine er oral tablet extended release 24 hour 400 mg		T1	R&M; AI (:)

Drug Name	Brand	Generic	Additional Information
PIFELTRO	T3		ST; R&M; AI ( STEP: No prior history of antiretroviral in 6 months-only approved for new starts )
RESCRIPTOR	T3		R&M; AI (:)
VIRAMUNE ORAL SUSPENSION (Nevirapine)	T2	T2	R&M; AI (:)
VIRAMUNE ORAL TABLET (Nevirapine)	T3	T1	R&M; AI (:)
<b>*Antiretrovirals - Rti-Nucleoside Analogues- Purines***</b>			
abacavir sulfate oral solution		T1	R
VIDEX	T2		R&M; AI (:)
VIDEX EC (Didanosine)	T3	T1	R&M; AI (:)
ZIAGEN ORAL TABLET (Abacavir Sulfate)	T3	T1	R&M; AI (:)
<b>*Antiretrovirals - Rti-Nucleoside Analogues- Pyrimidines***</b>			
EMTRIVA ORAL CAPSULE	T2		R&M; AI (:); QL (1 EA per 1 Day)
EMTRIVA ORAL SOLUTION	T2		R&M; AI (:); QL (720 ML per 30 Days)
EPIVIR (LamiVUDine)	T3	T1	R&M; AI (:)
<b>*Antiretrovirals - Rti-Nucleoside Analogues- Thymidines***</b>			
RETROVIR ORAL CAPSULE (Zidovudine)	T3	T1	R&M; AI (:)
RETROVIR ORAL SYRUP (Zidovudine)	T3	T1	R&M; AI (:)
ZERIT (Stavudine)	T3	T1	R&M; AI (:)
<b>*Antiretrovirals - Rti-Nucleotide Analogues***</b>			
tenofovir disoproxil fumarate		T2	R
VIREAD ORAL POWDER	T2		R&M; AI (:)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2		R&M; AI (:); QL (1 EA per 1 day)
<b>*Cmv Agents***</b>			
PREVYMIS INTRAVENOUS	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PREVYMIS ORAL	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	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day)
valganciclovir hcl oral solution reconstituted		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
valganciclovir hcl oral tablet	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
<b>*Hepatitis B Agents***</b>			
<b>BARACLUDE ORAL SOLUTION</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (20 ML per 1 Day); AG (Min 16 Years)
<b>BARACLUDE ORAL TABLET 1 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
entecavir	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 16 Years)
<b>EPIVIR HBV (LamiVUDine)</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>HEPSERA</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TYZEKA</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 16 Years)
<b>VEMLIDY</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Hepatitis C Agents***</b>			
<b>COPEGUS (Ribavirin)</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>DAKLINZA</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>MODERIBA (1000 MG PACK)</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>MODERIBA (1200 MG PACK)</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>MODERIBA (600 MG PACK)</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>MODERIBA (800 MG PACK)</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>MODERIBA 1200 DOSE PACK</b>	SP		R&M; QL (2 EA per 1 Day)
<b>MODERIBA 800 DOSE PACK</b>	SP		R&M; QL (2 EA per 1 Day)
<b>MODERIBA ORAL TABLET (Ribavirin) 200 MG</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>OLYSIO</b>	SP		PA; SP
<b>PEGASYS PROCLICK</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PEGASYS SUBCUTANEOUS KIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PEGINTRON</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PEG-INTRON</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PEG-INTRON REDIPEN</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PEG-INTRON REDIPEN PAK 4</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>REBETOL</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RIBAPAK ORAL TABLET 400 MG, 600 MG</b>	SP		R&M; QL (2 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
RIBASPHERE ORAL CAPSULE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RIBASPHERE ORAL TABLET ( <i>Ribavirin</i> ) 200 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
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)
RIBASPHERE RIBAPAK (1000 PACK)	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK (1200 PACK)	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK (600 PACK)	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK (800 PACK)	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	SP		R&M; QL (2 EA per 1 day)
RIBATAB ORAL TABLET 400 MG	SP		R&M; QL (2 EA per 1 day)
<i>ribavirin oral capsule</i>		SP	R
SOVALDI ORAL TABLET 200 MG	SP		PA; R
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	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); AG (Min 18 Years)
<b>*Herpes Agents - Purine Analogues***</b>			
acyclovir oral		T1	R
SITAVIG	T3		PA; R&M; AI (Max #15 tablets retail or mail order); AG (Min 16 Years)
valacyclovir hcl oral tablet 1 gm		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
valacyclovir hcl oral tablet 500 mg		T1	R&M; QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<b>*Herpes Agents - Thymidine Analogues***</b>			
famciclovir oral		T1	R
<b>*Influenza Agents***</b>			
FLUMADINE ( <i>riMANTAdine HCl</i> )	T3	T3	R
<b>*Neuraminidase Inhibitors***</b>			
<i>oseltamivir phosphate oral capsule</i>		T1	RO; QL (10 EA per 5 Dayss)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1	RO; QL (24 ML per 5 days)
RELENZA DISKHALER	T3		R&M; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)
<b>*Anti-Von Willebrand Factor Agents***</b>			
<b>*Anti-Von Willebrand Factor Agents***</b>			
CABLIVI	SP		PA; R
<b>*Assorted Classes*</b>			
<b>*Antileprotics***</b>			
THALOMID	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***</b>			
BENLYSTA SUBCUTANEOUS	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Chelating Agents***</b>			
CUPRIMINE ORAL CAPSULE ( <i>penicillAMINE</i> ) 250 MG	T2	T2	R
DEPEN TITRATABS	T3		R
<i>trientine hcl</i>		SP	PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Cyclosporine Analogs***</b>			
GENGRAF ORAL CAPSULE ( <i>CycloSPORINE Modified</i> ) 100 MG, 25 MG	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 50 MG	SP		SP
GENGRAF ORAL SOLUTION ( <i>CycloSPORINE Modified</i> )	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL ( <i>CycloSPORINE Modified</i> )	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>SANDIMMUNE (CycloSPORINE)</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Enzymes***</b>			
<b>XIAFLEX</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
<b>REVLIMID</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
<b>CELLCEPT (Mycophenolate Mofetil)</b>	T3	T1	R
<b>MYFORTIC ORAL TABLET DELAYED RELEASE (Mycophenolic Acid) 180 MG</b>	T3	T1	R&M; AI (;); QL (6 EA per 1 Day)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE (Mycophenolic Acid) 360 MG</b>	T3	T1	R&M; AI (;); QL (4 EA per 1 Day)
<b>*Macrolide Immunosuppressants***</b>			
<b>ASTAGRAF XL</b>	T3		R
<b>ENVARSUS XR</b>	T3		PA; R
<b>PROGRAF ORAL (Tacrolimus)</b>	T3	T1	R
<b>RAPAMUNE (Sirolimus)</b>	T3	T3	R
<b>ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Potassium Removing Resins***</b>			
<b>KAYEXALATE (Sodium Polystyrene Sulfonate)</b>	T3	T1	R
<b>KIONEX (Sodium Polystyrene Sulfonate)</b>	T1	T1	R
<b>LOKELMA</b>	T3		PA; R
<b>SPS (Sodium Polystyrene Sulfonate)</b>	T1	T1	R
<b>VELTASSA</b>	T3		PA; R
<b>*Purine Analogs***</b>			
<i>azathioprine oral</i>		T1	R
<b>*Selective T-Cell Costimulation Blockers***</b>			
<b>NULOJIX</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	SP		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
<b>*Beta Blockers*</b>			
<b>*Alpha-Beta Blockers***</b>			
carvedilol		T1	R
labetalol hcl oral		T1	R
<b>*Beta Blockers Cardio-Selective***</b>			
acebutolol hcl oral		T1	R
atenolol oral		T1	R
betaxolol hcl oral tablet 10 mg		T1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
betaxolol hcl oral tablet 20 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
bisoprolol fumarate		T1	R
<b>BYSTOLIC</b>	T2		R&M; AI (:)
<b>KAPSPARGO SPRINKLE</b>	T3		ST; R&M; AI (Step: metoprolol succinate er)
metoprolol succinate er		T1	R
metoprolol tartrate oral		T1	R
<b>*Beta Blockers Non-Selective***</b>			
<b>HEMANGEOL</b>	T3		R&M; AG (Max 2 Years)
<b>LEVATOL</b>	T3		R
nadolol oral tablet 20 mg, 40 mg, 80 mg		T1	R
pindolol		T1	R
propranolol hcl er		T1	R
propranolol hcl oral solution		T2	R
propranolol hcl oral tablet		T1	R
<b>SORINE (Sotalol HCl)</b>	T1	T1	R
sotalol hcl (af)		T1	R
timolol maleate oral		T3	R
<b>*Bile Acid Synthesis Disorder Agents***</b>			
<b>*Bile Acid Synthesis Disorder Agents***</b>			
<b>CHOLBAM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Biologicals Misc*</b>			
<b>*Allergenic Extracts***</b>			
<b>GRASTEK</b>	T3		PA; ST; R
<b>RAGWITEK</b>	T3		PA; ST; R

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Drug Name	Brand	Generic	Additional Information
<b>*Biologicals Misc***</b>			
<b>ADAGEN</b>	MB		R
<b>*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***</b>			
<b>*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***</b>			
<b>AIMOVIG</b>	SP		PA; R&M; AI (Limited to 30 day supply.)
<b>AIMOVIG (140 MG DOSE)</b>	SP		PA; R&M; AI (Limited to 30 day supply.)
<b>AJOVY</b>	SP		PA; SP; AI (Limited to 30 day supply); QL (0.05 ML per 1 day)
<b>EMGALITY</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EMGALITY (300 MG DOSE)</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Calcium Channel Blockers*</b>			
<b>*Calcium Channel Blockers***</b>			
<b>AFEDITAB CR (NIFEdipine ER)</b>	T1	T1	R
<i>amlodipine besylate oral</i>		T1	R
<b>CARTIA XT (Diltiazem HCl ER Coated Beads)</b>	T1	T1	R
<i>dilt-cd</i>		T1	R
<i>diltiazem hcl cd</i>		T1	R
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T1	R
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		T1	R
<i>diltiazem hcl oral</i>		T1	R
<i>dilt-xr</i>		T1	R
<i>diltzac</i>		T1	R
<i>felodipine er</i>		T2	R
<i>isradipine</i>		T1	R
<i>nicardipine hcl oral</i>		T1	R
<b>NIFEDIAC CC (NIFEdipine ER)</b>	T1	T1	R
<b>NIFEDICAL XL (NIFEdipine ER Osmotic Release)</b>	T1	T1	R
<i>nifedipine oral</i>		T1	R
<i>nimodipine oral</i>		T1	R&M; AI (Max #756 Mail Order); QL (8.4 EA per 1 Day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>TAZTIA XT (Diltiazem HCl ER Beads)</b>	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
<b>TIADYLT ER</b> ( <i>Diltiazem HCl ER Beads</i> )	T1	T1	R
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 240 mg		T1	R
verapamil hcl er oral capsule extended release 24 hour 360 mg		T3	R
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		T1	R
verapamil hcl oral		T1	R
<b>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b> ( <i>Verapamil HCl ER</i> ) 200 MG	T1	T1	R
<b>VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR</b> ( <i>Verapamil HCl ER</i> ) 300 MG	T3	T1	R
<b>*Cardiotonics*</b>			
<b>*Cardiac Glycosides***</b>			
<b>DIGITEK</b> ( <i>Digoxin</i> )	T1	T1	R
<b>DIGOX</b> ( <i>Digoxin</i> )	T1	T1	R
<b>LANOXIN ORAL</b> ( <i>Digoxin</i> )	T3	T1	R
<b>*Cardiovascular Agents - Misc.*</b>			
<b>*Prostaglandin Vasodilators***</b>			
<b>ORENITRAM</b>	SP		PA; SP
<b>REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>VENTAVIS</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
<b>ADEMPAS</b>	SP		PA; SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 18 Years)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
<i>ambrisentan oral tablet 5 mg</i>	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); AG (Min 18 Years)
<b>LETAIRIS</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>OPSUMIT</b>	SP		PA; SP

Drug Name	Brand	Generic	Additional Information
TRACLEER ORAL TABLET	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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
ADCIRCA (Tadalafil (PAH))	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ALYQ (Tadalafil (PAH))	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL SUSPENSION RECONSTITUTED (Sildenafil Citrate)	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL TABLET	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
sildenafil citrate oral tablet 20 mg		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
<b>*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***</b>			
CIALIS ORAL TABLET (Tadalafil) 2.5 MG, 5 MG	T3	T1	ST; R&M; AI (ST: For BPH step thru 3 drugs for 3 mo EACH: alfuzosin ER, tamulosin, silodosin, finasteride 5mg, dutasteride, brand or generic Jalyn.); M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Cephalosporins*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
cefadroxil		T1	R
cephalexin oral capsule 250 mg, 500 mg		T1	R
cephalexin oral suspension reconstituted		T1	R
<b>*Cephalosporins - 2Nd Generation***</b>			
cefaclor er		T3	R
cefaclor oral capsule		T2	R
cefaclor oral suspension reconstituted		T3	R
cefprozil		T3	R

Drug Name	Brand	Generic	Additional Information
<b>CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML</b>	T3		R
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>		T1	R
<i>cefuroxime axetil oral tablet</i>		T1	R
<b>*Cephalosporins - 3Rd Generation***</b>			
<b>CEDAX</b>	T3		R
<i>cefdinir oral capsule</i>		T1	R
<i>cefdinir oral suspension reconstituted</i>		T3	R
<i>cefditoren pivoxil</i>		T3	R
<i>cefpodoxime proxetil oral suspension reconstituted</i>		T1	R
<i>cefpodoxime proxetil oral tablet</i>		T3	R
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%</i>		MB	SP
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED (Cefixime)</b>	T3	T1	R
<b>SUPRAX ORAL TABLET</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>SUPRAX ORAL TABLET CHEWABLE</b>	T3		R
<b>*Chemicals*</b>			
<b>*Bulk Chemicals - Be's***</b>			
<i>belladonna</i>		T3	R
<b>*Bulk Chemicals - En***</b>			
<i>enalapril maleate</i>		T3	R
<b>*Bulk Chemicals - Fl's***</b>			
<i>fluoxymesterone</i>		T3	PA; RO
<b>*Bulk Chemicals - Va's***</b>			
<i>vancomycin hcl</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Contraceptives*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
<b>AZURETTE</b>	\$0		R&M; AI (;); F; QL (28 EA per 30 Days)
<b>BEKYREE</b>	\$0		R&M; F; QL (28 EA per 30 days)
<b>KARIVA (Viorele)</b>	\$0	\$0	R&M; AI (;); F; QL (28 EA per 30 Days)
<b>KIMIDESS</b>	\$0		R&M; F; QL (28 EA per 30 days)
<b>LO LOESTRIN FE</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
<b>NECON 10/11 (28)</b>	\$0		R
<b>PIMTREA (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (;); F; QL (28 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>*Combination Contraceptives - Oral***</b>			
<b>ALTAVERA (Marlissa)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>APRI (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>AUBRA (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>AUROVELA 1/20</b>	\$0		R&M; F; \$0; QL (1.34 EA per 1 day)
<b>AUROVELA 24 FE (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>AUROVELA FE 1.5/30</b>	\$0		R&M; F; QL (1.34 EA per 1 day)
<b>AVIANE (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>BALZIVA (Brielllyn)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>BLISOVI 24 FE (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>BLISOVI FE 1.5/30</b>	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
<b>BLISOVI FE 1/20</b>	T1		R&M; QL (1.34 EA per 1 day)
<b>BREVICON (28)</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>CHATEAL (Marlissa)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>CRYSELLE-28</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>CYCLAFEM 1/35 (Alyacen 1/35)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>CYRED (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>DASETTA 1/35 (Alyacen 1/35)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>DELYLA (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>ELINEST</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>EMOQUETTE (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>ENSKYCE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>ESTARYLLA</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<i>ethynodiol diac-eth estradiol</i>		\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>FALMINA (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>FEMCON FE</b>	\$0		R&M; AI (Max #112 Mail Orden); F; QL (1.34 EA per 1 day)
<b>FEMYNOR (Norgestimate-Eth Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>GIANVI (Drospirenone-Ethinyl Estradiol)</b>	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
<b>GILDAGIA (Brielllyn)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>GILDESS 1.5/30</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>GILDESS 1/20 (Norethindrone Acet-Ethinyl Est)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>GILDESS 24 FE (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>GILDESS FE 1/20 (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>HAILEY 1.5/30</b>	\$0		R&M; F; QL (1.34 EA per 1 day)
<b>HAILEY 24 FE (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>ISIBLOOM</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>JASMIEL (Drospirenone-Ethinyl Estradiol)</b>	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
<b>JULEBER (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>JUNEL 1.5/30</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>JUNEL 1/20 (Norethindrone Acet-Ethinyl Est)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>JUNEL FE 1.5/30</b>	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
<b>JUNEL FE 1/20 (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>JUNEL FE 24 (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>KAITLIB FE (Norethin-Eth Estradiol-Fe)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
KALLIGA	\$0		R&M; F; QL (1.34 EA per 1 Day)
KELNOR 1/35	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KELNOR 1/50 ( <i>Ethyndiol Diac-Eth Estradiol</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
KURVELO ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARIN 1.5/30	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LARIN 1/20 ( <i>Norethindrone Acet-Ethiny Est</i> )	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LARIN 24 FE ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
LARIN FE 1/20 ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARISSIA	\$0		R&M; F; QL (1.34 EA per 1 day)
LAYOLIS FE ( <i>Norethin-Eth Estradiol-Fe</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LESSINA ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LEVORA 0.15/30 (28) ( <i>Marlissa</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LILLOW ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21)	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
LOMEDIA 24 FE ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
LORYNA ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
LOW-OGESTREL	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 Day)
LUTERA ( <i>Levonorgestrel-Ethinyl Estrad</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
MELODETTA 24 FE ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>MIBELAS 24 FE</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>MICROGESTIN 1.5/30</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>MICROGESTIN 1/20</b> ( <i>Norethindrone Acet-Ethinyl Est</i> )	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>MICROGESTIN 24 FE</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; F; QL (1.34 EA per 1 day)
<b>MICROGESTIN FE 1.5/30</b>	\$0		R&M; AI (;); F; QL (1.34 EA per 1 day)
<b>MICROGESTIN FE 1/20</b> ( <i>Norethin Ace-Eth Estrad-FE</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>MODICON (28)</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>MONO-LINYAH</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>MONONESSA</b> ( <i>Norgestimate-Eth Estradiol</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>NECON 0.5/35 (28)</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>NECON 1/35 (28) (Alyacen 1/35)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>NECON 1/50 (28)</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>NIKKI</b> ( <i>Drospirenone-Ethynodiol</i> )	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>		\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethindrone acet-ethynodiol oral tablet 1.5-30 mg-mcg</i>		T1	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethindrone acet-ethynodiol oral tablet chewable</i>		\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>NORINYL 1+50 (28)</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>NORTREL 0.5/35 (28)</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>NORTREL 1/35 (21)</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>NORTREL 1/35 (28)</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail)
<b>OCELLA</b> ( <i>Drospirenone-Ethynodiol</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<b>OGESTREL</b>	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>ORSYTHIA (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>PHILITH (Briellyn)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>PIRMELLA 1/35</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>PORTIA-28 (Marlissa)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>PREVIFEM (Norgestimate-Eth Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>RECLIPSEN (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>SAFYRAL (Drospirene-Eth Estrad-Levomefol)</b>	T3	T3	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>SOLIA (Desogestrel-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
<b>SPRINTEC 28 (Norgestimate-Eth Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
<b>SRONYX (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>SYEDA (Drospirenone-Ethinyl Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>TARINA 24 FE</b>	\$0		R&M; \$0; QL (1.34 EA per 1 day)
<b>TARINA FE 1/20 (Norethin Ace-Eth Estrad-FE)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>TYDEMY (Drospirene-Eth Estrad-Levomefol)</b>	T3	T3	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
<b>VESTURA (Drospirenone-Ethinyl Estradiol)</b>	\$0	\$0	R&M; F; \$0; QL (1.34 EA per 1 day)
<b>VIENVA (Levonorgestrel-Ethinyl Estrad)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
<b>VYFEMLA</b>	\$0		R&M; AI (Max #112); F; QL (1.34 EA per 1 day)
<b>VYLIBRA (Norgestimate-Eth Estradiol)</b>	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
WERA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
WYMZYA FE ( <i>Norethin-Eth Estradiol-Fe</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ZARAH ( <i>Drospirenone-Ethinyl Estradiol</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ZENCHENT	\$0		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
ZENCHENT FE ( <i>Norethin-Eth Estradiol-Fe</i> )	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ZOVIA 1/35E (28)	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ZUMANDIMINE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 Day)
<b>*Combination Contraceptives - Transdermal***</b>			
ORTHO EVRA	T3		R&M; AI (Max #9 Patches Mail Order); F; QL (3 EA per 30 Days)
XULANE	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days)
<b>*Combination Contraceptives - Vaginal***</b>			
ELURYNG	\$0		R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 days)
NUVARING	\$0		R&M; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days)
<b>*Continuous Contraceptives - Oral***</b>			
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg		\$0	R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Emergency Contraceptives***</b>			
AFTERA	\$0		R&M; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
ECONTRA EZ	\$0		R&M; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
ECONTRA ONE-STEP	\$0		R&M; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
ELLA	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
MY CHOICE	\$0		R&M; AI (Not covered at Mail Order)
MY WAY ( <i>Levonorgestrel</i> )	\$0	\$0	RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
NEXT CHOICE ONE DOSE	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
OPCICON ONE-STEP	\$0		R&M; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
<b>OPTION 2</b>	\$0		R&M; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
<b>PLAN B (Levonorgestrel)</b>	\$0	\$0	RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days)
<b>PLAN B ONE-STEP (Levonorgestrel)</b>	\$0	\$0	RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
<b>REACT</b>	\$0		R&M; AI (Not covered at Mail Order); F; QL (3 EA per 30 days)
<b>TAKE ACTION</b>	\$0		RO; AI (Not covered at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
<b>*Extended-Cycle Contraceptives - Oral***</b>			
<b>AMETHIA</b>	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>AMETHIA LO (Levonorgest-Eth Estrad 91-Day)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
<b>ASHLYNA (Levonorgest-Eth Estrad 91-Day)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>CAMRESE</b>	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>CAMRESE LO (Levonorgest-Eth Estrad 91-Day)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
<b>DAYSEE</b>	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>FAYOSIM (Levonorgest-Eth Est &amp; Eth Est)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
<b>INTROVALE (Levonorgest-Eth Estrad 91-Day)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>JOLESSA (Levonorgest-Eth Estrad 91-Day)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>QUARTETTE</b>	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days)
<b>QUASENSE (Levonorgest-Eth Estrad 91-Day)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>RIVELSA (Levonorgest-Eth Est &amp; Eth Est)</b>	\$0	\$0	R&M; AI (Max #91 Mail Order); F; QL (91 EA per 91 days)
<b>SETLAKIN</b>	\$0		R&M; AI (Max #91 Mail Order); F; QL (91 EA per 90 days)
<b>*Four Phase Contraceptives - Oral***</b>			
<b>NATAZIA</b>	\$0		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
<b>*Progestin Contraceptives - Injectable***</b>			
<b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE</b>	\$0		R&M; F; \$0; QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension</i>		\$0	R&M; F; \$0; QL (1 ML per 90 Days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>		\$0	R&M; F; \$0; QL (1 ML per 90 days)

Drug Name	Brand	Generic	Additional Information
<b>*Progestin Contraceptives - Oral***</b>			
CAMILA (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DEBLITANE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
ERRIN (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
HEATHER (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
INCASSIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.25 EA per 1 day)
JENCYCLA (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
JOLIVETTE (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
LYZA (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORA-BE (Norethindrone)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORLYDA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
NORLYROC	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
SHAROBEL	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
TULANA	\$0		R&M; F; \$0; QL (1.25 EA per 1 day)
<b>*Triphasic Contraceptives - Oral***</b>			
ARANELLE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
CAZIANT	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CESIA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CYCLAFEM 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)

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Drug Name	Brand	Generic	Additional Information
DASETTA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
ENPRESSE-28	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
ESTROSTEP FE	\$0		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
LEENA	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
LEVONEST	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
levonorg-eth estrad triphasic oral tablet		\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
MYZILRA	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NECON 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORTREL 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
PIRMELLA 7/7/7 (Alyacen 7/7/7)	\$0	\$0	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
TILIA FE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
TRI FEMYNOR	\$0		R&M; F; QL (28 EA per 30 Dayss)
TRI-ESTARYLLA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-LEGEST FE	\$0		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
TRI-LINYAH (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-LO-ESTARYLLA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MARZIA (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MILI	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
TRI-LO-SPRINTEC (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRINESSA (28) (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRINESSA LO (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)

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Drug Name	Brand	Generic	Additional Information
TRI-NORINYL (28)	\$0		R&M; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)
TRI-PREVIFEM (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRI-SPRINTEC (Norgestim-Eth Estrad Triphasic)	\$0	\$0	R&M; F; QL (28 EA per 30 Days)
TRIVORA (28)	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
VELIVET	\$0		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<b>*Corticosteroids*</b>			
<b>*Glucocorticosteroids***</b>			
BAYCADRON (Dexamethasone)	T1	T1	R
budesonide er oral capsule extended release 24 hour		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
cortisone acetate oral		T2	R
DELTASONE (predniSONE)	T1	T1	R
DEXAMETHASONE INTENSOL	T1		R
dexamethasone oral solution		T1	R
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg		T1	R
dexamethasone oral tablet 1 mg, 2 mg		T3	R
DEXPAK 6 DAY ORAL TABLET	T3		R
EMFLAZA	T3		PA; R&M; AG (Min 5 Years)
ENTOCORT EC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	T3		R&M; QL (3 EA per 1 Day)
FLO-PRED	T2		R
hydrocortisone oral		T1	R
MEDROL ORAL TABLET 2 MG	T3		R
methylprednisolone (pak) oral tablet		T1	R
methylprednisolone oral tablet		T1	R
MILLIPRED ORAL SOLUTION (PrednisoNONE Sodium Phosphate)	T2	T3	R
ORAPRED (PrednisoNONE Sodium Phosphate)	T3	T1	R
ORAPRED ODT (PrednisoNONE Sodium Phosphate)	T3	T2	R
prednisolone oral solution		T3	R
prednisolone oral syrup 15 mg/5ml		T3	R
prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml		T1	R
prednisone (pak)		T1	R
PREDNISONE INTENSOL	T2		R
prednisone oral		T1	R
VERIPRED 20	T3		R
<b>*Mineralocorticoids***</b>			
fludrocortisone acetate oral		T1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Cough/Cold/Allergy*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
benzonatate oral capsule 100 mg, 200 mg		T1	R
<b>*Antitussive - Opioid***</b>			
hydrocodone-homatropine		T1	R
hydromet		T1	R
<b>TUSSIGON (Hydrocodone-Homatropine)</b>	T1	T1	R
<b>*Antitussive-Expectorant***</b>			
cheratussin ac		T2	RO; QL (240 ML per 10 days)
<b>FLOWTUSS</b>	T3		PA; ST; R
g tussin ac		T2	RO; QL (240 ML per 10 days)
guaiatussin ac		T2	RO; QL (240 ML per 10 days)
guaifenesin ac		T2	RO; QL (240 ML per 10 days)
guaifenesin-codeine oral solution		T2	RO; QL (240 ML per 10 days)
guaifenesin-codeine oral syrup		T2	RO; QL (240 ML per 10 days)
hydrocodone-guaifenesin		T3	PA; R
<b>OBREDON</b>	T3		PA; ST; R
virtussin a/c		T2	RO; QL (240 ML per 10 days)
<b>*Decongestant &amp; Antihistamine***</b>			
<b>CLARINEX-D 12 HOUR</b>	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>PEDIATEX TD</b>	T3		R
promethazine vc		T1	R
promethazine vc plain oral syrup		T1	R
promethazine-phenylephrine		T1	R
<b>*Decongestant W/ Expectorant***</b>			
lusair		T3	R
<b>*Expectorants***</b>			
guaifenesin oral tablet 200 mg		T1	R
<b>*Iodine Expectorants***</b>			
<b>SSKI</b>	T2		R
<b>*Misc. Respiratory Inhalants***</b>			
<b>HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %</b>	T1	T1	R
sodium chloride inhalation nebulization solution 0.9 %		T1	R
<b>*Mucolytics***</b>			
acetylcysteine inhalation solution 10 %		T1	R
acetylcysteine inhalation solution 20 %		T2	R
<b>*Non-Narc Antitussive-Antihistamine***</b>			
promethazine-dm oral syrup		T1	R
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>			
<b>BROMFED DM</b>	T1		R

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Drug Name	Brand	Generic	Additional Information
tgg 50pse/3brm/30dm		T3	R
<b>*Opioid Antitussive-Antihistamine***</b>			
lexuss 210		T3	R&M; QL (4 ML per 1 day)
promethazine-codeine oral syrup		T1	R
<b>TUSSIONEX PENNKinetic ER ORAL LIQUID EXTENDED RELEASE (Hydrocod Polst-CPM Polst ER)</b>	T3	T2	R
VITUZ	T3		R&M; QL (120 ML per 30 days)
<b>*Opioid Antitussive-Decongestant-Antihistamine***</b>			
M-END PE	T1		R
<b>POLY HIST NC</b>	T3		PA; ST; R
promethazine vc/codeine		T1	R
promethazine-phenyleph-codeine		T1	R
pseudoeph-chlorphen-hydrocod		T3	R
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
IBRANCE	T1		PA; SP
KISQALI 200 DOSE	T1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 400 DOSE	T1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 600 DOSE	T1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VERZENIO	T1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Cystic Fibrosis Agent - Combinations***</b>			
<b>*Cystic Fibrosis Agent - Combinations***</b>			
ORKAMBI ORAL PACKET	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
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); AG (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)

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Drug Name	Brand	Generic	Additional Information
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG</b>	SP		PA; SP
<b>TRIKAFTA</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Dermatologicals*</b>			
<b>*Acne Antibiotics***</b>			
<b>ACZONE EXTERNAL GEL (Dapsone) 5 %</b>	T3	T3	PA; ST; R
<b>CLINDACIN ETZ EXTERNAL SWAB (Clindamycin Phosphate)</b>	T1	T1	R
<b>CLINDACIN-P (Clindamycin Phosphate)</b>	T1	T1	R
<i>clindamycin phosphate external</i>		T1	R
<i>ery</i>		T2	R
<i>erythromycin external gel</i>		T3	R
<i>erythromycin external pad</i>		T2	R
<i>erythromycin external solution</i>		T1	R
<i>sulfacetamide sodium (acne)</i>		T1	R
<b>*Acne Combinations***</b>			
<b>AVAR-E EMOLlient (Sulfacetamide Sodium-Sulfur)</b>	T3	T3	R
<b>AVAR-E GREEN (Sulfacetamide Sodium-Sulfur)</b>	T3	T3	R
<b>PRASCION (Sulfacetamide Sodium-Sulfur)</b>	T3	T3	R
<i>ss 10-2</i>		T3	R
<i>sss 10-5 external cream</i>		T3	R
<i>sss 10-5 external foam</i>		T3	R&M; QL (4 GM per 1 day); AG (Min 12 Years)
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>		T3	R
<i>sulfacetamide sodium-sulfur external liquid 10-2 %</i>		T3	R
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %</i>		T1	R
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		T3	R
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		T3	R
<i>sulfacetamide-sulfur in urea external emulsion</i>		T3	R
<b>*Acne Products***</b>			
<i>adapalene external cream</i>		T1	R
<i>adapalene external gel 0.1 %</i>		T2	R
<b>ALTRENO</b>	T3		R
<b>AMNESTEEM (ISOtretinoin)</b>	T3	T3	R
<b>BENZEPRO SHORT CONTACT (Benzoyl Peroxide)</b>	T3	T3	R
<i>benzoyl peroxide short contact</i>		T3	R
<i>bpo foam external foam 9.8 %</i>		T3	R
<i>bpo external gel 4 %</i>		T3	R
<i>bpo foaming cloths external 3 %</i>		T3	R

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Drug Name	Brand	Generic	Additional Information
bpo foaming cloths external 6 %		T1	R
<b>CLARAVIS (ISOTRETINOIN)</b>	T3	T3	R
<b>MYORISAN (ISOTRETINOIN)</b>	T3	T3	R
<i>tretinoin external cream</i>		T1	R
<i>tretinoin external gel 0.01 %, 0.025 %</i>		T1	R
<i>tretinoin external gel 0.05 %</i>		T3	R
<i>tretinoin microsphere external gel 0.04 %</i>		T1	R
<b>ZENATANE (ISOTRETINOIN)</b>	T3	T3	R
<b>*Agents For External Genital And Perianal Warts***</b>			
<b>VEREGEN</b>	T3		R&M; QL (1 GM per 1 day)
<b>*Antibiotic Steroid Combinations - Topical***</b>			
<b>CORTISPORIN EXTERNAL OINTMENT</b>	T3		R
<b>*Antibiotics - Topical***</b>			
<b>ALTABAX</b>	T3		R&M; QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T2	R
<i>mupirocin external</i>		T1	R
<b>XEPI</b>	T3		PA; ST; R&M; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo)
<b>*Antifungals - Topical Combinations***</b>			
<b>ALA-QUIN</b>	T3		R
<i>clotrimazole-betamethasone</i>		T1	R
<b>DERMAZENE (Hydrocortisone-Iodoquinol)</b>	T3	T3	R
<b>LOTRISONE EXTERNAL CREAM</b>	T3		ST; R
<i>nystatin-triamcinolone</i>		T3	R
<b>*Antifungals - Topical***</b>			
<b>CICLODAN EXTERNAL CREAM (Ciclopirox Olamine)</b>	T1	T1	R
<i>ciclopirox external gel</i>		T2	R
<i>ciclopirox external shampoo</i>		T1	R
<i>ciclopirox external solution</i>		T2	R
<b>MENTAX</b>	T3		R
<i>naftifine hcl external cream</i>		T1	R
<b>NAFTIN EXTERNAL GEL 1 %</b>	T3		R
<b>NYAMYC (Pedi-Dri)</b>	T1	T1	R
<i>nystatin external</i>		T1	R
<b>NYSTOP (Pedi-Dri)</b>	T1	T1	R
<b>PEDIADERM AF COMPLETE</b>	T3		R
<b>PENLAC</b>	T3		PA; R
<b>*Anti-Inflammatory Agents - Topical**</b>			
<i>diclofenac epolamine</i>		T3	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<i>diclofenac sodium transdermal gel 1 %</i>		T1	R&M; QL (20 GM per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>diclofenac sodium transdermal solution</i>		T1	R&M; AI (#150ml per copay retail or mail order); QL (5 ML per 1 day)
<b>FLECTOR</b>	T3		R&M; AI (Max #180 Mail Orden); QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Antineoplastic Alkylating Agents - Topical***</b>			
<b>VALCHLOR</b>	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); AG (Min 18 Years)
<b>*Antineoplastic Antimetabolites - Topical***</b>			
<b>CARAC (Fluorouracil)</b>	T1	T1	PA; ST; R&M; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 day)
<b>EFUDEX EXTERNAL CREAM</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); CI (ST: Both Tolak 4% and generic fluorouracil 5%)
<b>FLUOROPLEX</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<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</i>		T1	R
<b>TOLAK</b>	T1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum)
<b>*Antineoplastic Or Premalignant Lesions - Topical</b>			
Misc.***			
<b>PICATO</b>	T1		PA; R
<b>*Antineoplastic Or Premalignant Lesions - Topical</b>			
Nsaid's***			
<i>diclofenac sodium transdermal gel 3 %</i>		T1	PA; ST; R&M; AI (STEP: Both Tolak 4% cream and imiquimod 5% cream); QL (3.34 GM per 1 day)
<b>*Antineoplastic Retinoids - Topical***</b>			
<b>PANRETIN</b>	T1		PA; R
<b>*Antipruritics - Topical***</b>			
<b>PRUDOXIN (Doxepin HCl)</b>	T3	T3	PA; R
<b>ZONALON (Doxepin HCl)</b>	T3	T3	PA; R
<b>*Antipsoriatics - Systemic***</b>			
<b>8-MOP</b>	T3		R

Drug Name	Brand	Generic	Additional Information
<b>COSENTYX</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector 150 MG/ML</b>	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>methoxsalen rapid</i>		T1	R
<b>SILIQ</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SKYRIZI (150 MG DOSE)</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SORIATANE ORAL CAPSULE (Acitretin) 10 MG, 17.5 MG, 25 MG</b>	T3	T3	R
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TALTZ</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>TREMFYA</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Antipsoriatics***</b>			
<b>CALCITRENE (Calcipotriene)</b>	T1	T1	R
<b>DOVONEX EXTERNAL CREAM (Calcipotriene)</b>	T3	T1	R
<b>DRITHO-CREME HP</b>	T3		R
<i>tazarotene external</i>		T1	R&M; QL (30 GM per 30 days)
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	T3		R
<b>TAZORAC EXTERNAL GEL</b>	T3		R
<b>VECTICAL (Calcitriol)</b>	T3	T3	R&M; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
<b>*Antiseborrheic Combinations***</b>			
<i>selenium sulf-pyrithione-urea</i>		T1	R
<b>*Antiseborrheic Products***</b>			
<b>OVACE PLUS WASH EXTERNAL GEL (Sulfacetamide Sodium)</b>	T3	T3	R

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Drug Name	Brand	Generic	Additional Information
selenium sulfide external lotion		T2	R
selenium sulfide external shampoo 2.25 %		T1	R
sodium sulfacetamide external shampoo		T1	R
sulfacetamide sodium external liquid		T3	R
<b>*Antiviral Topical Combinations***</b>			
XERESE	T3		R
<b>*Antivirals - Topical***</b>			
DENAVIR	T3		R
ZOVIRAX EXTERNAL (Acyclovir)	T3	T3	R
<b>*Burn Products***</b>			
SSD (Silver Sulfadiazine)	T1	T1	R
SULFAMYLYON EXTERNAL CREAM	T3		R
THERMAZENE (Silver Sulfadiazine)	T1	T1	R
<b>*Cauterizing Agents***</b>			
silver nitrate external ointment		T3	R
TRI-CHLOR	T3		R
<b>*Corticosteroids - Topical***</b>			
ala-cort external cream 2.5 %		T1	R
alclometasone dipropionate		T1	R
amcinonide		T3	R
betamethasone dipropionate aug external cream		T1	R
betamethasone dipropionate aug external gel		T3	R
betamethasone dipropionate aug external lotion		T1	R
betamethasone dipropionate aug external ointment		T1	R
betamethasone dipropionate external		T1	R
betamethasone valerate external		T1	R
clobetasol propionate e		T1	R
clobetasol propionate external cream		T1	R
clobetasol propionate external gel		T1	R
clobetasol propionate external liquid		T1	R
clobetasol propionate external lotion		T3	R
clobetasol propionate external solution		T1	R
clocortolone pivalate		T3	R
clocortolone pivalate pump		T3	R
CLODAN EXTERNAL SHAMPOO (Clobetasol Propionate)	T3	T3	R
CORDRAN EXTERNAL CREAM 0.05 %	T3		PA; R
CORDRAN EXTERNAL LOTION (Flurandrenolide)	T3	T3	R
DESONATE	T3		R
desonide external cream		T1	R
desonide external lotion		T3	R
desonide external ointment		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>desoximetasone external cream 0.25 %</i>		T2	R
<i>desoximetasone external gel</i>		T2	R
<i>desoximetasone external ointment 0.25 %</i>		T2	R
<i>diflorasone diacetate external cream</i>		T3	ST; RO; AI (EST through at least 2 of the following in the last 3 months: Betamethasone, Clobetasol, Hydrocortisone, Triamcinolone); QL (60 GM per 30 days)
<i>diflorasone diacetate external ointment</i>		T3	R
<i>fluocinolone acetonide body</i>		T2	R
<i>fluocinolone acetonide external</i>		T2	R
<i>fluocinolone acetonide scalp</i>		T2	R
<i>fluocinonide external</i>		T1	R
<i>fluocinonide-e</i>		T1	R
<i>fluticasone propionate external cream</i>		T1	R
<i>fluticasone propionate external lotion</i>		T3	R
<i>fluticasone propionate external ointment</i>		T1	R
<i>halobetasol propionate external cream</i>		T1	R&M; QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1	R&M; QL (1 GM per 1 day)
<b>HALOG EXTERNAL OINTMENT</b>	T3		R
<i>hydrocortisone butyrate external cream</i>		T1	R
<i>hydrocortisone butyrate external ointment</i>		T1	R
<i>hydrocortisone butyrate external solution</i>		T1	R
<i>hydrocortisone external cream 2.5 %</i>		T1	R
<i>hydrocortisone external lotion 2.5 %</i>		T1	R
<i>hydrocortisone external ointment 2.5 %</i>		T1	R
<i>hydrocortisone valerate</i>		T1	R
<b>KENALOG EXTERNAL (Triamcinolone Acetonide)</b>	T3	T1	R
<b>LUXIQ (Betamethasone Valerate)</b>	T3	T1	R
<i>mometasone furoate external</i>		T1	R
<b>NOLIX EXTERNAL LOTION (Flurandrenolide)</b>	T3	T3	R
<b>OLUX (Clobetasol Propionate)</b>	T3	T1	R
<b>OLUX-E (Clobetasol Propionate Emulsion)</b>	T3	T3	R&M; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>prednicarbate external cream</i>		T1	R
<b>TEMOVATE EXTERNAL OINTMENT (Clobetasol Propionate)</b>	T3	T1	R
<b>TOPICORT EXTERNAL CREAM (Desoximetasone) 0.05 %</b>	T1	T1	R
<i>triamcinolone acetonide external cream</i>		T1	R
<i>triamcinolone acetonide external lotion</i>		T1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
TRIANEX	T3		R
<b>*Depigmenting Agents***</b>			
ACLARO	T2		R
<b>*Emollient/Keratolytic Agents***</b>			
CARB-O-PHILIC/40 EXTERNAL CREAM ( <i>Urea</i> )	T3	T3	R
CEROVEL EXTERNAL LOTION ( <i>Urea</i> )	T3	T3	R
KERAFOAM 42	T3		R
REA LO 40 EXTERNAL CREAM ( <i>Urea</i> )	T3	T3	R
U-KERA E ( <i>Urea</i> )	T3	T3	R
UMECTA EXTERNAL EMULSION	T3		R
URAMAXIN EXTERNAL LOTION ( <i>Urea</i> )	T3	T1	R
<i>urea external suspension 40 %</i>		T3	R
<i>urea-c40</i>		T3	R
X-VIATE EXTERNAL CREAM ( <i>Urea</i> )	T3	T3	R
X-VIATE EXTERNAL LOTION ( <i>Urea</i> )	T3	T3	R
<b>*Enzymes - Topical***</b>			
REVINA	T2		R
SANTYL	T3		R
VASOLEX	T2		R
<b>*Imidazole-Related Antifungals - Topical***</b>			
<i>clotrimazole external solution</i>		T1	R
<i>econazole nitrate external</i>		T1	R
EXELDERM	T3		R
JUBLIA	T3		PA; R&M; AI (Max 6-4ml bottles or Max 3-8ml bottles for up to 90ds); QL (0.27 ML per 1 day); AG (Min 18 Years)
<i>ketoconazole external cream</i>		T1	R
NIZORAL (Ketoconazole)	T3	T1	R
<i>oxiconazole nitrate</i>		T1	R&M; AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 days)
<b>*Immunomodulators Imidazoquinolinamines - Topical***</b>			
ALDARA ( <i>Imiquimod</i> )	T3	T1	R
<b>*Keratolytic/Antimitotic Agents***</b>			
CONDYLOX EXTERNAL GEL	T3		R
<i>podofilox external</i>		T1	R
SALACYN EXTERNAL CREAM ( <i>Salicylic Acid</i> )	T2	T1	R
<i>salicylic acid external foam</i>		T1	R
<i>salicylic acid external lotion</i>		T1	R
<i>salicylic acid external shampoo</i>		T1	R
<i>salicylic acid wart remover</i>		T1	R

Drug Name	Brand	Generic	Additional Information
<b>*Local Anesthetics - Topical***</b>			
<b>GLYDO EXTERNAL GEL</b>	T1		R
<i>lidocaine external ointment</i>		T1	R
<i>lidocaine hcl external gel 2 %</i>		T1	R
<b>LIDODERM (Lidocaine)</b>	T3	T3	R
<b>XYLOCAINE EXTERNAL (Lidocaine HCl)</b>	T3	T1	R
<b>*Macrolide Immunosuppressants - Topical***</b>			
<b>ELIDEL</b>	T3		PA; R&M; QL (1 GM per 1 day); AG (Min 2 Years)
<i>pimecrolimus</i>		T3	PA; R&M; QL (1 GM per 1 Day); AG (Min 2 Years)
<b>PROTOPIC</b>	T3		PA; R&M; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external</i>		T1	R&M; AI (Max #180gm Mail Order); QL (30 GM per 30 days); AG (Min 2 Years)
<b>*Photodynamic Therapy Agents - Topical***</b>			
<b>METVIXIA</b>	T1		R
<b>*Rosacea Agents***</b>			
<b>FINACEA EXTERNAL GEL</b>	T3		R&M; AI (Finacea Foam is Non Formulary.)
<i>metronidazole external lotion</i>		T1	R
<b>MIRVASO</b>	T3		PA; ST; R
<b>ROSADAN EXTERNAL GEL (MetroNIDAZOLE)</b>	T1	T1	R
<b>*Scabicides &amp; Pediculicides***</b>			
<b>ELIMITE</b>	T3		PA; ST; R
<b>EURAX</b>	T3		PA; ST; R
<i>lindane external shampoo</i>		T3	R
<i>malathion external</i>		T1	R&M; QL (2.7 ML per 1 day)
<b>NATROBA (Spinosad)</b>	T3	T3	PA; R
<b>OVIDE</b>	T3		PA; ST; R&M; QL (2.7 ML per 1 day)
<i>permethrin external cream</i>		T1	R
<b>SKLICE</b>	T3		PA; ST; RO; AI (Not covered at Mail Order); QL (117 GM per 30 Days)
<b>ULESFIA</b>	T3		PA; R
<b>*Steroid-Local Anesthetic Combinations***</b>			
<b>CORTANE-B EXTERNAL</b>	T3		R
<b>EPIFOAM</b>	T2		R
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>		T1	R
<b>PRAMOSONE E</b>	T3		R
<b>PRAMOSONE EXTERNAL LOTION 1-2.5 %</b>	T3		R
<b>*Tar Products***</b>			
<b>SCYTERA</b>	T3		R

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<b>*Topical Anesthetic Combinations***</b>			
ITCH-X EXTERNAL SOLUTION	T3		R
<i>lidocaine-prilocaine external cream</i>		T1	R
<b>*Topical Selective Retinoid X Receptor Agonists***</b>			
TARGRETIN EXTERNAL	T1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (120 GM per 30 Days)
<b>*Topical Steroid Combinations***</b>			
calcipotriene-betameth diprop		T1	R&M; QL (400 GM per 30 days); AG (Min 16 Years)
CARMOL-HC	T3		R
CORTALO	T3		R
hydrocortisone acetate-aloe external gel		T3	R&M; AI (Max #129gm Mail Order); QL (43 GM Max Qty Per Fill Retail)
TACLONEX EXTERNAL OINTMENT	T3		R&M; AI (;); QL (400 GM per 30 Days); AG (Min 16 Years)
TACLONEX EXTERNAL SUSPENSION	T3		R&M; AI (#60gm per copay retail or mail); QL (2 GM per 1 day); AG (Min 18 Years)
U-CORT	T3		R
<b>*Wound Care - Growth Factor Agents***</b>			
REGRANEX	T3		PA; R&M; AI (Limited to 30 day supply)
<b>*Diagnostic Products*</b>			
<b>*Diagnostic Drugs***</b>			
THYROGEN	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Diagnostic Tests***</b>			
CHEMSTRIP K	T1		R&M; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day)
FASTTAKE TEST	T1		R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day)
KETOCARE	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
KETOSTIX	T2		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)
ONETOUCH TEST	T1		R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day)
ONETOUCH ULTRA BLUE	T1		R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	T1		R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day)
RELION KETONE	T1		R&M; AI (Max #300 Mail Order); QL (100 EA per 30 Days)

Drug Name	Brand	Generic	Additional Information
SURESTEP PRO TEST	T1		R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day)
SURESTEP TEST	T1		R&M; AI (Limited to 30 day supply); QL (10 EA per 1 day)
<b>*Digestive Aids*</b>			
<b>*Digestive Enzymes***</b>			
CREON	T2		R
PANCREAZE	T3		PA; ST; R&M; AI (Electronic Step through Creon and Zenpep)
PERTZYE	T3		PA; ST; R&M; AI (Electronic Step through Creon and Zenpep)
SUCRAID	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ULTRESA	T3		R
VIOKACE	T3		PA; ST; R&M; AI (Step through both Creon and Zenpep)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 10000-32000 UNIT, 15000-47000 UNIT, 15000-51000 UNIT, 20000-63000 UNIT, 20000-68000 UNIT, 25000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 40000-136000 UNIT, 5000-24000 UNIT	T2		R
zenpep oral capsule delayed release particles 3000-10000 unit		T2	R
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (Pancrelipase (Lip-Prot-Amyl)) 5000 UNIT	T2	T3	R
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<b>*Direct-Acting P2y12 Inhibitors***</b>			
BRILINTA	T2		R
<b>*Diuretics*</b>			
<b>*Carbonic Anhydrase Inhibitors***</b>			
acetazolamide er		T3	R
acetazolamide oral		T1	R
KEVEYIS	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); AG (Min 18 Years)
methazolamide oral		T2	R
NEPTAZANE	T3		PA; ST; R
<b>*Diuretic Combinations***</b>			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		R
amiloride-hydrochlorothiazide		T1	R
spironolactone-hctz		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1	R
<i>triamterene-hctz oral tablet</i>		T1	R
<b>*Loop Diuretics***</b>			
<i>bumetanide oral</i>		T1	R
<b>EDECRIN (Ethacrynic Acid)</b>	T3	T1	R
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1	R
<i>furosemide oral tablet</i>		T1	R
<i>torsemide oral</i>		T1	R
<b>*Potassium Sparing Diuretics***</b>			
<i>amiloride hcl oral</i>		T3	R
<b>DYRENIUM (Triamterene)</b>	T3	T3	R
<i>spironolactone oral</i>		T1	R
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
<i>chlorothiazide oral</i>		T1	R
<i>chlorthalidone oral tablet 25 mg</i>		T2	R
<i>chlorthalidone oral tablet 50 mg</i>		T1	R
<b>DIURIL</b>	T2		R
<i>hydrochlorothiazide oral</i>		T1	R
<i>indapamide oral</i>		T1	R
<i>methyclothiazide oral</i>		T3	R
<i>metolazone</i>		T1	R
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (DnrIs)***</b>			
<b>*Dopamine And Norepinephrine Reuptake Inhibitors (DnrIs)***</b>			
<b>SUNOSI</b>	T3		PA; R
<b>*Endocrine And Metabolic Agents - Misc.*</b>			
<b>*Bisphosphonates***</b>			
<b>ACTONEL ORAL TABLET 150 MG</b>	T3		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<b>ACTONEL ORAL TABLET 30 MG, 5 MG</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>ACTONEL ORAL TABLET 35 MG</b>	T3		R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	T1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 35 mg</i>	T1		R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 40 mg</i>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 70 mg</i>	T1		R&M; AI (Max #12 Mail Order); QL (0.14 EA per 1 day)
<i>etidronate disodium</i>	T3		R
<i>ibandronate sodium oral</i>	T2		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)

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Drug Name	Brand	Generic	Additional Information
<i>pamidronate disodium</i>		SP	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	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days)
<b>SKELID</b>	T3		R
<i>zoledronic acid intravenous solution reconstituted</i>		SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Calcimimetic Agents***</b>			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; QL (5 EA per 1 Day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; QL (4 EA per 1 Day)
<b>SENSIPAR ORAL TABLET 30 MG, 60 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
<b>SENSIPAR ORAL TABLET 90 MG</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
<b>*Calcitonins***</b>			
<b>FORTICAL (Calcitonin (Salmon))</b>	T3	T2	R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
<b>MIACALCIN</b>	T3		R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
<b>*Carnitine Replenisher - Agents***</b>			
<b>CARNITOR ORAL (LevOCARNitine)</b>	T3	T3	PA; ST; R
<b>CARNITOR SF (LevOCARNitine)</b>	T3	T3	PA; ST; R
<b>*Corticotropin***</b>			
<b>ACTHAR HP</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Dopamine Receptor Agonists***</b>			
<i>cabergoline</i>		T3	R
<b>*Fabry Disease - Agents***</b>			
<b>GALAFOLD</b>	SP		PA; R&M; AI (limited distribution Accredo Pharmacy.)

Drug Name	Brand	Generic	Additional Information
<b>*Gaa Deficiency Treatment - Agents***</b>			
LUMIZYME	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYOZYME	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Gnrh/Lhrh Antagonists***</b>			
ORILISSA	T3		PA; R
<b>*Growth Hormone Receptor Antagonists***</b>			
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		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Growth Hormone Releasing Hormones (Ghrh)***</b>			
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	SP		PA; R
<b>*Growth Hormones***</b>			
GENOTROPIN	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN MINIQUICK	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE	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; 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; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ	SP		PA; R
NUTROPIN AQ NUSPIN 10	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
NUTROPIN AQ NUSPIN 20	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ PEN	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN CLICK.EASY	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
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	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORBTIVE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>			
NITYR	T3		PA; R
ORFADIN ( <i>Nitisinone</i> )	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Homocystinuria Treatment - Agents***</b>			
CYSTADANE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hyperammonemia Treatment - Agents***</b>			
CARBAGLU	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
HECTOROL ORAL	SP		SP
paricalcitol oral capsule 1 mcg, 2 mcg		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
paricalcitol oral capsule 4 mcg		T1	R&M; QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	T3		PA; R
ROCALTROL (Calcitriol)	T3	T2	R
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3		R&M; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
ZEMPLAR ORAL CAPSULE 4 MCG	T3		R&M; AI (;); QL (0.4 EA per 1 day); AG (Min 18 Years)
<b>*Insulin-Like Growth Factors (Somatomedins)***</b>			
INCRELEX	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***</b>			
LUPRON DEPOT-PED (1-MONTH)	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)	SP		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 90 days)
SYNAREL	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Mucopolysaccharidosis II (Mps II) - Agents***</b>			
ELAPRASE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Mucopolysaccharidosis Vi (Mps Vi) - Agents***</b>			
NAGLAZYME	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Parathyroid Hormone And Derivatives***</b>			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NATPARA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TYMLOS	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Phenylketonuria Treatment - Agents***</b>			
KUVAN	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PALYNZIQ	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Rank Ligand (Rankl) Inhibitors***</b>			
PROLIA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>			
EVISTA	T3		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
OSPHENA	T3		PA; ST; R
raloxifene hcl		\$0	R&M; F; QL (1 EA per 1 day)
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>			
JYNARQUE ORAL TABLET	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JYNARQUE ORAL TABLET THERAPY PACK	SP		PA; R&M; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
SAMSCA	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
<b>*Somatostatic Agents***</b>			
<i>octreotide acetate</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SANDOSTATIN LAR DEPOT</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Urea Cycle Disorder - Agents***</b>			
<b>BUPHENYL ORAL POWDER (Sodium Phenylbutyrate) 3 GM/TSP</b>	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>RAVICTI</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sodium phenylbutyrate oral tablet</i>		SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Vasopressin***</b>			
<b>DDAVP INJECTION SOLUTION (Desmopressin Acetate) 4 MCG/ML</b>	T3	T3	R
<b>DDAVP NASAL (Desmopressin Acetate Spray)</b>	T3	T3	R
<b>DDAVP ORAL TABLET (Desmopressin Acetate) 0.1 MG</b>	T3	T3	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day)
<b>DDAVP ORAL TABLET (Desmopressin Acetate) 0.2 MG</b>	T3	T3	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>DDAVP RHINAL TUBE (Desmopressin Ace Rhinal Tube)</b>	T3	T1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig</i>		T3	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<b>NOCDURNA</b>	T3		PA; R
<b>NOCTIVA</b>	T3		PA; R
<b>STIMATE</b>	T3		R
<b>*Estrogens*</b>			
<b>*Estrogen &amp; Androgen***</b>			
<b>COVARYX (Est Estrogens-Methyltest)</b>	T1	T1	R
<b>COVARYX HS (Est Estrogens-Methyltest HS)</b>	T1	T1	R
<i>est estrogens-methyltest ds</i>		T1	R
<b>*Estrogen &amp; Progestin***</b>			
<b>AMABELZ</b>	T1		R&M; F

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Drug Name	Brand	Generic	Additional Information
<b>COMBIPATCH</b>	T3		R&M; F
<b>FYAVOLV ORAL TABLET (Norethindrone-Eth Estradiol) 0.5-2.5 MG-MCG</b>	T2	T2	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
<i>jevantique lo</i>		T2	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>MIMVEY (Estradiol-Norethindrone Acet)</b>	T3	T3	R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
<b>MIMVEY LO (Estradiol-Norethindrone Acet)</b>	T1	T1	R&M; F
<b>PREMPHASE</b>	T2		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG</b>	T2		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<b>PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG</b>	T2		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
<b>*Estrogens***</b>			
<b>ALORA (Estradiol)</b>	T3	T1	R&M; AI (;); QL (2 EA per 1 Week)
<b>CENESTIN</b>	T3		PA; ST; R
<b>DEPO-ESTRADOL</b>	T3		R
<b>DOTTI</b>	T1		R&M; QL (2 EA per 1 Week)
<b>ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG</b>	T3		R&M; F; AG (Min 18 Years)
<b>ENJUVIA ORAL TABLET 0.9 MG</b>	T3		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>estradiol oral</i>		T1	R
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>		T1	R&M; AI (Max #12 Mail Order); F; QL (0.14 mg per 1 day)
<i>estradiol transdermal patch weekly 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>		T1	R&M; 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	R
<i>estropipate oral</i>		T1	R
<b>MENEST</b>	T3		R
<b>MENOSTAR</b>	T3		R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR</b>	T3		R&M; QL (2 EA per 1 Week)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR</b>	T3	T1	R&M; AI (;); QL (2 EA per 1 Week)
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	T3	R&M; AI (;); QL (2 EA per 1 Week)
<b>PREMARIN ORAL</b>	T2		R
<b>VIVELLE-DOT (Estradiol)</b>	T3	T1	R&M; AI (;); QL (2 EA per 1 Week)

Drug Name	Brand	Generic	Additional Information
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb***</b>			
DUAVEE	T3		PA; ST; R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
<b>*Farnesoid X Receptor (Fxr) Agonists***</b>			
OCALIVA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Fluoroquinolones*</b>			
<b>*Fluoroquinolones***</b>			
AVELOX ABC PACK (Moxifloxacin HCl)	T3	T1	R
AVELOX ORAL (Moxifloxacin HCl)	T3	T1	R
BAXDELA ORAL	T3		PA; R
ciprofloxacin hcl oral tablet 100 mg		T3	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ciprofloxacin oral		T1	R
ciprofloxacin-ciproflox hcl er		T3	R&M; AI (;); QL (1 EA per 1 Day)
FACTIVE	T3		R
levofloxacin oral solution		T2	R
levofloxacin oral tablet 250 mg		T2	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
levofloxacin oral tablet 500 mg, 750 mg		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
NOROXIN	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ofloxacin oral tablet 200 mg, 300 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
ofloxacin oral tablet 400 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Gastrointestinal Agents - Misc.*</b>			
<b>*Gallstone Solubilizing Agents***</b>			
CHENODAL	T3		R
ursodiol oral capsule		T2	R
ursodiol oral tablet		T3	R
<b>*Gastrointestinal Antiallergy Agents***</b>			
cromolyn sodium oral		T2	R
<b>*Gastrointestinal Chloride Channel Activators***</b>			
AMITIZA ORAL CAPSULE 24 MCG	T3		R&M; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AG (Min 16 Years)

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Drug Name	Brand	Generic	Additional Information
<b>AMITIZA ORAL CAPSULE 8 MCG</b>	T3		R&M; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AG (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1	R
<i>metoclopramide hcl oral tablet</i>		T1	R
<b>METOZOLV ODT ORAL TABLET DISPERSIBLE (Metoclopramide HCl) 5 MG</b>	T3	T3	R
<b>*Glucagon-Like Peptide-2 (GLP-2) Analogs***</b>			
<b>GATTEX</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
<b>LINZESS</b>	T2		R
<b>*Ibs Agent - Selective 5-HT3 Receptor Antagonists***</b>			
<b>LOTRONEX ORAL TABLET 0.5 MG</b>	T3		R&M; F
<b>LOTRONEX ORAL TABLET 1 MG</b>	T3		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day); AG (Min 12 Years)
<b>*Inflammatory Bowel Agents***</b>			
<b>APRISO</b>	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>ASACOL HD (Mesalamine)</b>	T2	T1	R
<i>balsalazide disodium</i>		T1	R
<b>CANASA</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<b>DELZICOL (Mesalamine)</b>	T2	T2	R
<b>DIPENTUM</b>	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<b>GIAZO</b>	T3		R
<b>LIALDA</b>	T3		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day); AG (Min 18 Years)
<i>mesalamine er</i>		T3	R
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T3	R&M; QL (4 EA per 1 Day); AG (Min 18 Years)
<i>mesalamine rectal enema</i>		T3	R
<i>mesalamine rectal suppository</i>		T3	R&M; QL (1 EA per 1 Day)
<i>mesalamine-cleanser</i>		T3	R
<b>PENTASA</b>	T3		R
<b>SFROWASA</b>	T3		R
<b>SULFAZINE (SulfaSALAzine)</b>	T1	T1	R
<b>SULFAZINE EC (SulfaSALAzine)</b>	T1	T1	R

Drug Name	Brand	Generic	Additional Information
<b>*Intestinal Acidifiers***</b>			
enulose		T1	R
generlac		T1	R
<i>lactulose encephalopathy</i>		T1	R
<b>*Peripheral Opioid Receptor Antagonists***</b>			
MOVANTIK	T3		R
RELISTOR ORAL	T3		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T3		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMPROIC	T3		PA; R
<b>*Phosphate Binder Agents***</b>			
ELIPHOS	T3		R
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); AG (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); AG (Min 16 Years)
RENAGEL ORAL TABLET 400 MG	T3		R&M; AI (Max #3150 Mail order); QL (35 EA per 1 day)
RENAGEL ORAL TABLET 800 MG	T3		R&M; AI (Max #1800 Mail Order); QL (20 EA per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T3	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T3	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet</i>		T3	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
VELPHORO	T3		PA; ST; R
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
CIMZIA PREFILLED	SP		PA; R
CIMZIA STARTER KIT	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)

Drug Name	Brand	Generic	Additional Information
<b>*Genitourinary Agents - Miscellaneous*</b>			
<b>*5-Alpha Reductase Inhibitors***</b>			
dutasteride oral		T1	R&M; AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
finasteride oral tablet 5 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Alpha 1-Adrenoceptor Antagonists***</b>			
CARDURA XL	T3		R
RAPAFLO (Silodosin)	T3	T3	R
tamsulosin hcl		T1	R
UROXATRAL (Alfuzosin HCl ER)	T3	T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Citrates***</b>			
cytra k crystals		T2	R
cytra-2		T3	R
cytra-k		T2	R
tricitrates		T1	R
UROCIT-K 10 (Potassium Citrate ER)	T2	T2	R
UROCIT-K 15 (Potassium Citrate ER)	T3	T3	R
UROCIT-K 5 (Potassium Citrate ER)	T2	T2	R
<b>*Cystinosis Agents***</b>			
CYSTAGON	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCYSB1	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Genitourinary Irrigants***</b>			
ARGYLE STERILE SALINE (Sodium Chloride)	T1	T1	R
CURITY STERILE SALINE (Sodium Chloride)	T1	T1	R
RENACIDIN	T1		R
<b>*Interstitial Cystitis Agents***</b>			
ELMIRON	T3		R&M; QL (3 EA per 1 day)
<b>*Prostatic Hypertrophy Agent Combinations***</b>			
JALYN (Dutasteride-Tamsulosin HCl)	T3	T1	R&M; M
<b>*Urinary Analgesics***</b>			
PHENAZO ORAL TABLET (Phenazopyridine HCl) 200 MG	T1	T1	R
PYRIDIUM (Phenazopyridine HCl)	T3	T1	R
<b>*Urinary Stone Agents***</b>			
THIOLA	T3		PA; R
THIOLA EC	T3		PA; R

Drug Name	Brand	Generic	Additional Information
<b>*Glycopeptides***</b>			
<b>*Glycopeptides***</b>			
vancomycin hcl oral capsule		T1	R
<b>*Gout Agents*</b>			
<b>*Gout Agent Combinations***</b>			
colchicine-probenecid		T1	R
<b>*Gout Agents***</b>			
allopurinol oral		T1	R
<b>COLCRYS (Colchicine)</b>	T3	T3	R
febuxostat		T2	ST; R&M; AI (STEP: Through the following for 3 months in last 6 months: Allopurinol); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>ULORIC</b>	T2		ST; R&M; AI (STEP: Through the following for 3 months in last 12 months: Allopurinol and Febuxostat); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ZURAMPIC</b>	T3		PA; ST; R
<b>*Uricosurics***</b>			
probenecid oral		T1	R
<b>*Hematological Agents - Misc.*</b>			
<b>*Bradykinin B2 Receptor Antagonists***</b>			
FIRAZYR (Icatibant Acetate)	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*C1 Inhibitors***</b>			
HAEGARDA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Cyclopentyltriazolopyrimidine (Cptp) Derivatives***</b>			
<b>BRILINTA</b>	T2		R
<b>*Hematorheologic Agents***</b>			
pentoxifylline er		T1	R
<b>*Phosphodiesterase Iii Inhibitors***</b>			
cilostazol		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>*Plasma Kallikrein Inhibitors***</b>			
KALBITOR	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
aspirin-dipyridamole er		T2	R

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<b>*Platelet Aggregation Inhibitors***</b>			
dipyridamole oral		T1	R
<b>*Quinazoline Agents***</b>			
anagrelide hcl		T1	R
<b>*Thienopyridine Derivatives***</b>			
clopidogrel bisulfate oral tablet 75 mg		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
EFFIENT (Prasugrel HCl)	T3	T1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
ticlopidine hcl		T1	R
<b>*Hematopoietic Agents*</b>			
<b>*Agents For Gaucher Disease***</b>			
CERDELGA	SP		PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ELELYSO	MB		R
ZAVESCA (Miglustat)	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Cobalamins***</b>			
cyanocobalamin injection solution 1000 mcg/ml		T1	R
NASCOBAL	T3		PA; R
<b>*Cxcr4 Receptor Antagonist***</b>			
MOZOBIL	SP		R
<b>*Cytotoxic Agents***</b>			
DROXIA	SP		ST; R&M; AI (Step applies; step through Siklos and Hydroxyurea for 3 mo in last year)
SIKLOS ORAL TABLET 100 MG	SP		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (10 EA per 1 day); AG (Min 2 Years and Max 17 Years)
SIKLOS ORAL TABLET 1000 MG	SP		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 2 Years and Max 17 Years)
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	SP		PA; SP

Drug Name	Brand	Generic	Additional Information
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PROCRIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Folic Acid/Folates***</b>			
<i>folic acid oral tablet 1 mg</i>		\$0	R&M; QL (2 EA per 1 Day)
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)***</b>			
<b>NEULASTA</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NEULASTA DELIVERY KIT</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NEULASTA ONPRO</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NEUPOGEN</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NIVESTYM INJECTION SOLUTION</b>	SP		SP
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>UDENYCA</b>	SP		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZARXIO</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***</b>			
<b>LEUKINE INTRAVENOUS</b>	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
<b>*Interleukins***</b>			
NEUMEGA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Iron W/ Folic Acid***</b>			
FOLIVANE-F	T2		R
INTEGRA F	T2		R
<b>*Iron***</b>			
fer-iron		\$0	R&M; AG (Max 1 Years)
FERRLECIT (Na Ferric Gluc Cplx in Sucrose)	SP	SP	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ferrous sulfate oral liquid		\$0	R&M; AG (Max 1 Years)
ferrous sulfate oral solution 75 (15 fe) mg/ml		\$0	R&M; AG (Max 1 Years)
iron supplement childrens		\$0	R&M; AG (Max 1 Years)
SPATONE PUR-ABSORB IRON	\$0		R&M; AG (Max 1 Years)
<b>*Thrombopoietin (Tpo) Receptor Agonists***</b>			
DOPTELET ORAL TABLET 20 MG	SP		PA; R
MULPLETA	SP		PA; R
NPLATE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hemostatics*</b>			
<b>*Hemostatics - Systemic***</b>			
AMICAR ORAL SOLUTION	T2		R
AMICAR ORAL TABLET	T2		R
LYSTEDA (Tranexamic Acid)	T3	T1	R&M; F
<b>*Hepatitis C Agent - Combinations***</b>			
<b>*Hepatitis C Agent - Combinations***</b>			
EPCLUSIA (Sofosbuvir-Velpatasvir)	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); AG (Min 18 Years)
HARVONI ORAL TABLET 45-200 MG	SP		PA; R
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)

Drug Name	Brand	Generic	Additional Information
MAVYRET	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TECHNIVIE	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); AG (Min 18 Years)
VIEKIRA PAK	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIEKIRA XR	SP		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOSEVI	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEPATIER	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>			
<b>*Hereditary Orotic Aciduria Treatment - Agents**</b>			
XURIDEN	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>			
<b>*Histamine H3-Receptor Antagonist/Inverse Agonists***</b>			
WAKIX	SP		PA; R
<b>*Hypnotics*</b>			
<b>*Barbiturate Hypnotics***</b>			
phenobarbital oral tablet		T1	R
SECONAL	T3		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
<b>*Benzodiazepine Hypnotics***</b>			
estazolam		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 15 mg		T3	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
flurazepam hcl oral capsule 30 mg		T3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
midazolam hcl oral		T1	R&M; QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)

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Drug Name	Brand	Generic	Additional Information
<i>temazepam oral capsule 15 mg, 30 mg</i>		T1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		T3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<b>*Hypnotics - Tricyclic Agents***</b>			
<i>doxepin hcl oral tablet</i>		T3	ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years)
<b>SILENOR</b>	T3		ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators***</b>			
<i>eszopiclone</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		T1	R&M; AI (#15 per copay. Max #60 retail or #180 Mail); QL (15 EA per 1 Copay)
<i>zaleplon oral capsule 5 mg</i>		T1	R&M; AI (#15 per copay. Max #90 Retail or #270 Mail); QL (15 EA per 1 Copay)
<i>zolpidem tartrate er</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>zolpidem tartrate oral</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<b>*Selective Melatonin Receptor Agonists***</b>			
<b>HETLIOZ</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day); AG (Min 18 Years)
<b>ROZEREM</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Hypophosphatasia (Hpp) Agents***</b>			
<b>*Hypophosphatasia (Hpp) Agents***</b>			
<b>STRENSIQ</b>	SP		PA; SP; AI (Limited distribution- PantheRX. Some medications may be available at retail. 30 day supply limit applies.)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>VIBERZI</b>	T3		PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Insulin-Incretin Mimetic Combinations***</b>			
<b>*Insulin-Incretin Mimetic Combinations***</b>			
SOLIQUA	T2		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
<b>*Interleukin-5 Antagonists (IgG1 Kappa)***</b>			
<b>*Interleukin-5 Antagonists (IgG1 Kappa)***</b>			
FASENRA PEN	SP		PA; R
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
TIBSOVO	T1		PA; R
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
IDHIFA	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Laxatives*</b>			
<b>*Bowel Evacuant Combinations***</b>			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM	T3		R
GAVILYTE-C (PEG 3350/Electrolytes)	\$0	\$0	R&M; \$0
GAVILYTE-G (PEG-3350/Electrolytes)	\$0	\$0	R&M; \$0
GAVILYTE-H	\$0		R&M; \$0
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
GOLYTELY	T3		R
MOVIPREP	T3		R
NULYTELY WITH FLAVOR PACKS	T3		R
PCP 100	\$0		R&M; \$0
PEG-PREP	\$0		R&M; \$0
PREPOPIK	T3		R
SUPREP BOWEL PREP KIT	T3		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	R&M; \$0
<b>*Laxatives - Miscellaneous***</b>			
constulose		T1	R
KRISTALOSE (Lactulose)	T3	T3	PA; R
lactulose oral solution		T1	R
<b>*Saline Laxative Mixtures***</b>			
OSMOPREP	T3		R&M; QL (1.34 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>*Leptin Analogues***</b>			
<b>*Leptin Analogues***</b>			
MYALEPT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Local Anesthetics-PARENTERAL*</b>			
<b>*Local Anesthetic &amp; Sympathomimetic***</b>			
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	MB	MB	R
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	MB	MB	R
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
XIIDRA	T3		PA; R
<b>*Macrolides*</b>			
<b>*Azithromycin***</b>			
azithromycin oral packet		T1	R
azithromycin oral suspension reconstituted		T1	R
azithromycin oral tablet 250 mg, 500 mg		T1	R
azithromycin oral tablet 600 mg		T2	R
<b>*Clarithromycin***</b>			
clarithromycin er		T2	R
clarithromycin oral suspension reconstituted		T2	R
clarithromycin oral tablet		T1	R
<b>*Erythromycins***</b>			
E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate)	T3	T3	R
E.E.S. GRANULES	T2		R
ERYPED 200	T2		R
ERYPED 400 (Erythromycin Ethylsuccinate)	T2	T2	R
ERY-TAB	T3		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		R
erythromycin base oral capsule delayed release particles		T3	R
erythromycin base oral tablet		T3	R
<b>*Fidaxomicin***</b>			
DIFICID	T3		PA; RO; QL (4 EA per 1 day)
<b>*Medical Devices*</b>			
<b>*Applicators,Cotton Balls,Etc***</b>			
alcohol swabs pad		T3	R

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Drug Name	Brand	Generic	Additional Information
easy comfort alcohol pads pad		T3	R
<b>*Cervical Caps***</b>			
FEMCAP	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF CAVITY-RIM CERV CAP	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF FITTING SET	\$0		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
<b>*Condoms - Female***</b>			
FC FEMALE CONDOM	\$0		R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
FC2 FEMALE CONDOM	\$0		R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
<b>*Diaphragms***</b>			
CAYA	\$0		R
OMNIFLEX DIAPHRAGM	\$0		R&M; F
ORTHO DIAPHRAGM COIL	\$0		R&M; F
ORTHO DIAPHRAGM FLAT	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 60	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 65	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 70	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 75	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 80	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 85	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 90	\$0		R&M; F
WIDE-SEAL DIAPHRAGM 95	\$0		R&M; F
<b>*Glucose Monitoring Test Supplies***</b>			
1st choice lancets super thin		T1	R&M; QL (10 EA per 1 day)
1st choice lancets thin		T1	R&M; QL (10 EA per 1 day)
1st choice lancets ultra thin		T1	R&M; QL (10 EA per 1 day)
1st tier unilet comfortouch		T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK FASTCLIX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK MULTICLIX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SAFE-T PRO LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SOFT TOUCH LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
acti-lance 28g		T1	R&M; QL (10 EA per 1 day)
acti-lance lite lancets 28g		T1	R&M; QL (10 EA per 1 day)
acti-lance special lancets 17g		T1	R&M; QL (10 EA per 1 day)
acti-lance universal 23g		T1	R&M; QL (10 EA per 1 day)
ADVOCATE LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)
ADVOCATE SAFETY LANCETS (GNP Lancets)	T1	T1	R&M; QL (10 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>af lancets super thin</i>		T1	R&M; QL (10 EA per 1 day)
<b>AGAMATRIX ULTRA-THIN LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>aimsco twist lancets 32g</i>		T1	R&M; QL (10 EA per 1 day)
<b>AIMSCO TWIST LANCETS 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>assure comfort lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>assure comfort lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS HIGH (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS LOW (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS MICRO (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS NORMAL (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>ASSURE HAEMOLANCE PLUS PED (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>ASSURE LANCE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>ASSURE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>AT LAST LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>aurora lancet super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>aurora lancet thin 23g</i>		T1	R&M; QL (10 EA per 1 day)
<b>BAYER MICROLET LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>BD LANCET ULTRAFINE 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>BD LANCET ULTRAFINE 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>BD MICROTAINER LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>BD ULTRA-FINE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>bullseye mini safety lancets</i>		T1	R&M; QL (10 EA per 1 day)
<b>BULLSEYE SAFETY LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>careone lancet thin 23g</i>		T1	R&M; QL (10 EA per 1 day)
<i>careone lancet ultra thin 28g</i>		T1	R&M; QL (10 EA per 1 day)
<b>CLEANLET LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>CLEVER CHEK LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>COAGUCHEK LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>comfort assured lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>comfort assured lancets 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>comfort lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets micro thin 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets original</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets thin 26g</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs lancets ultra thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>cvs ultra thin lancets</i>		T1	R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>DEXCOM G6 RECEIVER</b>	T3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (1 EA per 1 Lifetime)
<b>DEXCOM G6 SENSOR</b>	T3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (3 EA per 1 month)
<b>DEXCOM G6 TRANSMITTER</b>	T3		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (1 EA per 3 months)
<b>DIASTAR EASY TEST II LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>DIASTAR EASY TEST LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>DROPLET LANCETS ULTRA THIN 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>drug mart lancets thin 26g</i>		T1	R&M; QL (10 EA per 1 day)
<i>drug mart lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<b>DRUG MART ON-THE-GO LANCET 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>DRUG MART UNILET LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>DRUG MART UNILET LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>duane reade lancet altern site</i>		T1	R&M; QL (10 EA per 1 day)
<i>duane reade lancet super thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>duane reade lancet ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>easy comfort lancets</i>		T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 23G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 28G/TWIST (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 30G/TWIST (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 32G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 32G/TWIST (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH LANCETS 33G/TWIST (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 23G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TOUCH SAFETY LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASY TWIST &amp; CAP LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASYTEST II LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EASYTEST LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)

Drug Name	Brand	Generic	Additional Information
<b>EMBRACE LANCETS ULTRA THIN 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>eql color lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>eql color lancets micro 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>eql super thin lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>eql thin lancets 26g</i>		T1	R&M; QL (10 EA per 1 day)
<b>E-Z JECT LANCET MICRO-THIN 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>E-Z JECT LANCET SUPER THIN 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>E-Z JECT LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>E-Z JECT LANCETS 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>E-Z JECT LANCETS THIN 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EZ SMART BLOOD GLUCOSE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 23G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>EZ-LETS LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>FIFTY50 SAFETY SEAL LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>FINE 30 (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>FINGERSTIX LANCETS (Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 Day)
<b>FORA LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>freds pharmacy unilet lanc 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>freds pharmacy unilet lanc 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>FREESTYLE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>FREESTYLE LIBRE 14 DAY READER</b>	T2		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 per Lifetime)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T2		ST; R&M; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (2 EA per 28 days)
<b>FREESTYLE LIBRE READER</b>	T2		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (1 EA per 1 Lifetime)
<b>FREESTYLE LIBRE SENSOR SYSTEM</b>	T2		ST; RO; AI (ST: History of diabetic meds with hypoglycemia potential.); QL (3 EA per 30 days)
<b>FREESTYLE UNISTICK II LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>GENTLE-LET GP LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>GENTLE-LET LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>global inject ease lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>global inject ease lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>GLUCOCOM LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>GLUCOCOM LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>GLUCOCOM LANCETS 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)

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

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<i>lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<b>LANCETS ULTRA FINE (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>LANCETS ULTRA THIN (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>lancets ultra thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>LIFESCAN UNISTIK 2</b>	T1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)
<b>LIFESCAN UNISTIK II LANCETS</b>	T1		R&M; 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	R&M; QL (10 EA per 1 day)
<b>LITETOUCH LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>live better lancet super thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>live better lancet ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>longs lancets standard</i>		T1	R&M; QL (10 EA per 1 day)
<i>longs lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>longs lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>major comfort lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet</i>		T1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet extra</i>		T1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet norm</i>		T1	R&M; QL (10 EA per 1 day)
<i>medicine shoppe lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>medicine shoppe lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>medi-lance lancets</i>		T1	R&M; QL (10 EA per 1 day)
<b>MEDISENSE THIN LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE EXTRA 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE LITE 25G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE PLUS EXTRA 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE PLUS LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE PLUS LITE 25G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE PLUS SPECIAL 0.8MM (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE PLUS SUPERLITE 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE PLUS UNIVERSAL 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEDLANCE UNIVERSAL 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEIJER LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEIJER LANCETS THIN (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEIJER LANCETS UNIVERSAL 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEIJER LANCETS UNIVERSAL 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEIJER LANCETS UNIVERSAL 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MEIJER SUPER THIN LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MICROLET LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>MICROTAINER SAFETY FLOW LANCET (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)

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

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<b>PSS SELECT GP LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>PSS SELECT SAFETY LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>px lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>px lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>qc lancets super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>qc lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<b>RA E-ZJECT COLOR LANCETS 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS THIN 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS THIN 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RA E-ZJECT LANCETS ULTRA THIN (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>reality lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>reality trigger lancets</i>		T1	R&M; QL (10 EA per 1 day)
<b>RELION LANCETS MICRO-THIN 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RELION LANCETS STANDARD 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RELION LANCETS THIN 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RELION LANCETS ULTRA-THIN 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RELION ULTRA THIN LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RELION ULTRA THIN PLUS LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RENEW ADV CARTRIDGE REFILLS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>REXALL LANCETS ULTRA THIN 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>RIGHTEST GL300 LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SAFE-T-LANCE (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SAFE-T-LANCE PLUS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>safety lancet 21g/pressure act</i>		T1	R&M; QL (10 EA per 1 day)
<i>safety lancet 28g/pressure act</i>		T1	R&M; QL (10 EA per 1 day)
<b>SAFETY LANCET 2MM (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SAFETY LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SAFETY LANCETS 21G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>safety lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<b>SAFETY LET LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SAFETY SEAL LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>sb lancets thin</i>		T1	R&M; QL (10 EA per 1 day)
<i>sb lancets ultra thin</i>		T1	R&M; QL (10 EA per 1 day)
<b>SHOPKO ON-THE-GO LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SHOPKO UNILET LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SHOPKO UNILET LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SINGLE-LET (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>sm lancets 21g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sm lancets 33g</i>		T1	R&M; QL (10 EA per 1 day)

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<i>sm super thin lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sm thin lancets 26g</i>		T1	R&M; QL (10 EA per 1 day)
<b>SMART DIABETES VANTAGE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SMART SENSE COLOR LANCETS 33G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SMART SENSE STANDARD LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SMART SENSE SUPER THIN LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SMART SENSE THIN LANCETS 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SMARTTEST LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SOLUS V2 LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SOLUS V2 TWIST LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>STERILANCE TL (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>super thin lancets</i>		T1	R&M; QL (10 EA per 1 day)
<i>sure comfort lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>sure comfort lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>SURE-LANCE FLAT LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SURE-LANCE LANCETS 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SURE-LANCE THIN LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SURE-LANCE ULTRA THIN LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SURELITE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>SURE-TOUCH LANCETS UNIVERSAL (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>TECHLITE AST LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>TECHLITE LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>TECHLITE LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet alternate site</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet micro thin 33g</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet super thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet thin 23g</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet thin 26g</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet ultra thin 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>tgt lancet ultra thin 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>THINLETS GP LANCETS (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>THINLETS LANCET (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<i>todays health thin lancets 28g</i>		T1	R&M; QL (10 EA per 1 day)
<i>todays health thin lancets 30g</i>		T1	R&M; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 26G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 28G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)
<b>TRUEPLUS LANCETS 30G (GNP Lancets)</b>	T1	T1	R&M; QL (10 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
<b>*Needles &amp; Syringes***</b>			
<b>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML</b>	T1		R
<b>BD INSULIN SYRINGE U-500</b>	T1		R
<b>BD PEN NEEDLE MINI U/F (Pen Needles 3/16")</b>	T2	T1	R
<b>BD PEN NEEDLE NANO U/F</b>	T2		R
<b>BD PEN NEEDLE ORIGINAL U/F</b>	T2		R
<b>BD PEN NEEDLE SHORT U/F (Pen Needles 5/16")</b>	T2	T1	R
<b>EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML</b>	T1		R
<b>FREESTYLE PRECISION INS SYR (Insulin Syringe)</b>	T1	T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<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, 31g x 5/16" 0.3 ml</i>		T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<i>insulin syringe/needle</i>		T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<b>INSUPEN ULTRAFIN (Pen Needles 5/16") 30G X 8 MM</b>	T1	T1	R
<b>MAXICOMFORT II PEN NEEDLE (Pen Needles)</b>	\$0	T1	R
<b>MAXICOMFORT SYR 27G X 1/2" (Insulin Syringe/Needle) 27G X 1/2" 0.5 ML</b>	T1	T1	R&M; AI (\$0 cost share when purchase insulin vial first, otherwise L1)
<b>MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML</b>	T1		R&M; QL (10 EA per 1 day)
<i>pen needles 1/2"</i>		T1	R
<i>pen needles 29g x 12mm</i>		T1	R
<b>SECURESAFE INSULIN SYRINGE</b>	T1		R
<b>ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML</b>	T1		R
<b>UNIFINE PENTIPS 30G X 5 MM</b>	T1		R
<b>UNIFINE PENTIPS PLUS 30G X 5 MM</b>	T1		R
<b>*Respiratory Therapy Supplies***</b>			
<b>VORTEX HOLDING CHAMBER/MASK</b>	T2		R
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
<b>AEROCHAMBER MINI CHAMBER (Valved Holding Chamber)</b>	T1	T1	R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER MV (Valved Holding Chamber)</b>	T1	T1	R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU (Valved Holding Chamber)</b>	T1	T1	R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU LARGE (Valved Holding Chamber)</b>	T1	T1	R&M; QL (2 EA per 1 Year)
<b>AEROCHAMBER PLUS FLO-VU MEDIUM (Valved Holding Chamber)</b>	T1	T1	R&M; QL (2 EA per 1 Year)

Drug Name	Brand	Generic	Additional Information
AEROCHAMBER PLUS FLO-VU SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
AEROVENT PLUS (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
ARIAL CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER ADULT (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER CHILD (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE COLL SPACER INFANT (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE RIGID SPACER/MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE SPACER NEONATE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE SPACER SMALL CHILD (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
BREATHERITE/LARGE MASK	T1		R&M; QL (1 EA per 2 Years)
BREATHERITE/MEDIUM MASK	T1		R&M; QL (1 EA per 2 Years)
BREATHERITE/SMALL MASK	T1		R&M; QL (1 EA per 2 Years)
CLEVER CHOICE HOLDING CHAMBER	T1		R&M; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER	T1		R&M; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER/LG MASK	T1		R&M; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER/MED MASK	T1		R&M; QL (1 EA per 2 Years)
COMPACT SPACE CHAMBER/SM MASK	T1		R&M; QL (1 EA per 2 Years)
EASIVENT	T1		R&M; QL (1 EA per 2 Years)
EASIVENT MASK LARGE	T1		R&M; QL (1 EA per 2 Years)
EASIVENT MASK MEDIUM	T1		R&M; QL (1 EA per 2 Years)
EASIVENT MASK SMALL	T1		R&M; QL (1 EA per 2 Years)
E-Z SPACER	T1		R&M; QL (1 EA per 2 Years)

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Drug Name	Brand	Generic	Additional Information
E-Z SPACER THE BODY GUARDS PK	T1		R&M; QL (1 EA per 2 Years)
E-Z SPACER/MASK	T1		R&M; QL (1 EA per 2 Years)
FLEXICHAMBER	T1		R&M; QL (1 EA per 2 Years)
FLEXICHAMBER ADULT MASK/SMALL	T1		R&M; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1		R&M; QL (2 EA per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1		R&M; QL (2 EA per 1 Year)
INSPIRACHAMBER/LARGE	T1		R&M; QL (1 EA per 2 Years)
INSPIRACHAMBER/MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
INSPIRACHAMBER/MOUTHPIECE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
INSPIRACHAMBER/SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
INSPIREASE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
INSPIREASE RESERVOIR BAGS	T1		R&M; QL (2 EA per 1 Year)
LITEAIRE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
MASK VORTEX	T1		R&M; QL (2 EA per 1 Year)
MICROCHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
MICROSPACER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-LG MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-MED MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER ADVANTAGE-SM MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-LG MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-LARGE (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-MEDIUM (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-SMALL (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
OPTIHALER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
PANDA MASK LARGE	T1		R&M; QL (2 EA per 1 Year)
PANDA MASK MEDIUM	T1		R&M; QL (2 EA per 1 Year)
PANDA MASK SMALL	T1		R&M; QL (2 EA per 1 Year)
PEDIATRIC PANDA MASK	T1		R&M; QL (2 EA per 1 Year)
POCKET CHAMBER (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)

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Drug Name	Brand	Generic	Additional Information
<b>POCKET SPACER</b> (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
<i>procare spacer/adult mask</i>		T1	R&M; QL (2 EA per 1 year)
<i>procare spacer/child mask</i>		T1	R&M; QL (2 EA per 1 year)
<b>RITEFLO</b> (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
<b>VORTEX VALVED HOLDING CHAMBER</b> (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
<b>WATCHHALER</b> (Valved Holding Chamber)	T1	T1	R&M; QL (2 EA per 1 year)
<b>*Migraine Products*</b>			
<b>*Ergot Combinations***</b>			
<i>ergotamine-caffeine</i>		T3	R
<b>MIGERGOT</b>	T3		R
<b>*Migraine Combinations***</b>			
<i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i>		T3	R
<b>*Migraine Products***</b>			
<i>dihydroergotamine mesylate injection</i>		T3	PA; R&M; AI (:)
<b>ERGOMAR</b>	T3		R&M; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
<b>MIGRAL</b> (Dihydroergotamine Mesylate)	T3	T3	PA; R&M; QL (0.27 ML per 1 day)
<b>*Selective Serotonin Agonists 5-HT(1)***</b>			
<i>almotriptan malate</i>		T2	PA; ST; R&M; QL (9 EA per 1 Copay)
<i>frovatriptan succinate</i>		T1	ST; R&M; AI (ST: through 2 of the following in last 12 mo-almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan.); QL (12 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg</i>		T1	R&M; QL (5 EA per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
<b>RELPAX</b> (Eletriptan Hydrobromide)	T3	T1	R&M; QL (0.9 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1	R&M; QL (6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1	R&M; QL (6 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1	R&M; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T1	R&M; QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		T1	R&M; QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1	R&M; QL (20 tabs per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1	R&M; QL (10 ML per 30 days)

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Drug Name	Brand	Generic	Additional Information
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml		T1	R&M; QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml		T3	R&M; QL (10 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml		T1	R&M; QL (10 ML per 30 days)
<b>TOSYMRA</b>	T3		R&M; QL (30 EA per 30 days)
<b>ZOMIG NASAL SOLUTION 2.5 MG</b>	T3		R&M; QL (4 EA per 1 day)
<b>ZOMIG NASAL SOLUTION 5 MG</b>	T3		R&M; QL (2 EA per 1 day)
<b>ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG</b>	T3	T1	R&M; QL (4 EA per 1 day)
<b>ZOMIG ORAL TABLET (ZOLMitriptan) 5 MG</b>	T3	T1	R&M; QL (2 EA per 1 day)
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG</b>	T3	T1	R&M; QL (4 EA per 1 day)
<b>ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 5 MG</b>	T3	T1	R&M; QL (2 EA per 1 day)
<b>*Minerals &amp; Electrolytes*</b>			
<b>*Fluoride Combinations***</b>			
<b>FLUOR-A-DAY ORAL TABLET CHEWABLE</b>	\$0		R&M; AG (Max 6 Years)
<b>*Fluoride***</b>			
EPIFLUR (Fluoritab)	\$0	\$0	R&M; AG (Max 6 Years)
<b>FLUORABON</b>	\$0		R&M; AG (Max 6 Years)
<b>FLUOR-A-DAY ORAL SOLUTION (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>FLURA-DROPS (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>KARIDIUM (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>LOZI-FLUR</b>	\$0		R&M; AG (Max 6 Years)
<b>LUDENT (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>LURIDE (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>NAFRINSE (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>NAFRINSE DROPS (Fluoritab)</b>	\$0	\$0	R&M; AG (Max 6 Years)
sodium fluoride oral		\$0	R&M; AG (Max 6 Years)
<b>*Phosphate***</b>			
av-phos 250 neutral		T1	R
<b>K-PHOS</b>	T1		R
<b>PHOSPHA 250 NEUTRAL (Virt-Phos 250 Neutral)</b>	T1	T1	R
<b>*Potassium Combinations***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ</b>	T2		R
<b>*Potassium***</b>			
<b>EFFER-K ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ</b>	T1	T1	R
<b>KLOR-CON 10 (Potassium Chloride ER)</b>	T1	T1	R
<b>KLOR-CON M10 (Potassium Chloride Crys ER)</b>	T1	T1	R
<b>KLOR-CON M15</b>	T1		R
<b>KLOR-CON M20 (Potassium Chloride Crys ER)</b>	T1	T1	R

Drug Name	Brand	Generic	Additional Information
<b>KLOR-CON ORAL PACKET (Potassium Chloride) 20 MEQ</b>	T1	T1	R
<b>KLOR-CON ORAL PACKET 25 MEQ</b>	T2		R
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER)</b>	T1	T1	R
<b>KLOR-CON/EF (K-Effervescent)</b>	T1	T1	R
<b>K-PRIME (K-Effervescent)</b>	T1	T1	R
<b>K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 10 MEQ</b>	T3	T1	R
<b>K-TAB ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER) 8 MEQ</b>	T1	T1	R
<i>k-vescent</i>		T1	R
<i>potassium bicarbonate oral</i>		T1	R
<i>potassium chloride er oral capsule extended release</i>		T1	R
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>		T1	R
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>		T3	R
<b>*Mixed Allergenic Extracts***</b>			
<b>*Mixed Allergenic Extracts***</b>			
<b>ODACTRA</b>	T3		PA; R
<b>ORALAIR</b>	T3		PA; ST; R
<b>*Monobactams***</b>			
<b>*Monobactams***</b>			
<b>CAYSTON</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Mouth/Throat/Dental Agents*</b>			
<b>*Anesthetics Topical Oral***</b>			
<i>lidocaine viscous</i>		T1	R
<b>*Anti-Infectives - Throat***</b>			
<i>clotrimazole mouth/throat</i>		T1	R
<i>nystatin mouth/throat</i>		T1	R
<b>*Antiseptic Combinations - Mouth/Throat***</b>			
<b>DEBACTEROL</b>	T3		R
<b>*Antiseptics - Mouth/Throat***</b>			
<b>PERIOGARD (Chlorhexidine Gluconate)</b>	T2	T1	R
<b>*Fluoride Dental Products***</b>			
<b>ACT ANTICAVITY FLUORIDE RINSE (RA Anticavity Fluoride Rinse)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>ACT RESTORING FLUORIDE RINSE (RA Anticavity Fluoride Rinse)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>ACT TOTAL CARE (RA Anticavity Fluoride Rinse)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>CAVAREST (SF)</b>	\$0	\$0	R&M; AG (Max 6 Years)
<b>CAVIRINSE (Neutral Sodium Fluoride)</b>	\$0	\$0	R&M; AG (Max 6 Years)

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Drug Name	Brand	Generic	Additional Information
CLINPRO 5000	\$0		R&M; AG (Max 6 Years)
CONTROLRX (SF 5000 Plus)	\$0	\$0	R&M; AG (Max 6 Years)
DENTA 5000 PLUS (SF 5000 Plus)	\$0	\$0	R&M; AG (Max 6 Years)
DENTAGEL (SF)	\$0	\$0	R&M; AG (Max 6 Years)
FLUORIDEX	\$0		R&M; AG (Max 6 Years)
FLUORIDEX DAILY DEFENSE (SF)	\$0	\$0	R&M; AG (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL GEL (SF)	\$0	\$0	R&M; AG (Max 6 Years)
FLUORIGARD (RA Anticavity Fluoride Rinse)	\$0	\$0	R&M; AG (Max 6 Years)
KARIGEL (SF)	\$0	\$0	R&M; AG (Max 6 Years)
KARIGEL-N (SF)	\$0	\$0	R&M; AG (Max 6 Years)
NAFRINSE DAILY/NEUTRAL	\$0		R&M; AG (Max 6 Years)
NEUTRAGARD ADVANCED (SF)	\$0	\$0	R&M; AG (Max 6 Years)
PHOS-FLUR (SF)	\$0	\$0	R&M; AG (Max 6 Years)
PREVIDENT (SF)	\$0	\$0	R&M; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER	\$0		R&M; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER PLUS	\$0		R&M; AG (Max 6 Years)
PREVIDENT 5000 PLUS (SF 5000 Plus)	\$0	\$0	R&M; AG (Max 6 Years)
sm anticavity fluoride rinse		\$0	R&M; AG (Max 6 Years)
sodium fluoride dental paste		\$0	R&M; \$0; AG (Max 6 Years)
THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION	T1		R&M; \$0; AG (Max 6 Years)
THERA-FLUR-N	\$0		R
<b>*Periodontal Anti-Infectives***</b>			
ARESTIN	T3		PA; R
<b>*Saliva Stimulants***</b>			
cevimeline hcl		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
pilocarpine hcl oral		T1	R
<b>*Steroids - Mouth/Throat***</b>			
ORALONE (Triamcinolone Acetonide)	T1	T1	R
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>			
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>			
MAVENCLAD (10 TABS)	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (4 TABS)	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (5 TABS)	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
MAVENCLAD (6 TABS)	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (7 TABS)	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (8 TABS)	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAVENCLAD (9 TABS)	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Multivitamins*</b>			
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
c-nate dha		T3	R&M; F
completenate		T3	R&M; F
<b>CO-NATAL FA (Prenatabs FA)</b>	T3	T3	R&M; F
<b>CONCEPT DHA</b>	T3		R&M; F
<b>CONCEPT OB</b>	T3		R&M; F
<b>ELITE-OB</b>	T3		R&M; F
<b>FOLIVANE-OB</b>	T3		R&M; F
<b>INATAL ADVANCE (Vinate Ultra)</b>	T3	T3	R&M; F
<b>INATAL GT (Vinate Ultra)</b>	T3	T3	R&M; F
<b>INATAL ULTRA ORAL TABLET (Vinate Ultra)</b>	T3	T3	R&M; F
<b>M-VIT (Prenatal Plus/Iron)</b>	T3	T3	R&M; F
<b>MYNATAL ADVANCE (Vinate Ultra)</b>	T3	T3	R&M; F
<b>MYNATAL ORAL TABLET (Vinate Ultra)</b>	T3	T3	R&M; F
<b>NATELLE ONE ORAL CAPSULE (Calcium PNV) 28-1-250 MG</b>	T3	T3	R&M; F
neonatal complete		T3	R
<b>NIVA-PLUS (Prenatal Plus/Iron)</b>	T3	T3	R&M; F
<b>OB COMPLETE ONE</b>	T3		R&M; F
<b>OB COMPLETE ORAL TABLET</b>	T3		R&M; F
<b>OB COMPLETE PETITE</b>	T3		R&M; F
<b>OB COMPLETE/DHA</b>	T3		R&M; F
<b>OB-NATAL ONE ORAL CAPSULE (UltimateCare ONE NF) 20-7-1 MG</b>	T3	T3	R&M; F
<b>O-CAL FA (Prenatal Plus/Iron)</b>	T3	T3	R&M; F
pnv fe fum/docusate/folic acid		T3	R&M; F
pnv folic acid + iron		T3	R&M; F
pnv prenatal plus multivitamin		T3	R&M; F
pnv tabs 29-1		T3	R&M; F

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Drug Name	Brand	Generic	Additional Information
<b>PREFERA OB + DHA ORAL (HemeNatal OB + DHA) 28-6-1 &amp; 203 MG</b>	T3	T3	R&M; F
<b>PREFERA OB ORAL TABLET (HemeNatal OB) 28-6-1 MG</b>	T3	T3	R&M; F
pregenna		T3	R
<b>PRENATABS RX (Vol-Tab Rx)</b>	T3	T3	R&M; F
prenatal 19		T3	R&M; F
<b>PRENATAL AD (Vinate Ultra)</b>	T3	T3	R&M; F
prenatal formula oral tablet 27-1 mg		T3	R&M; F
prenatal low iron oral tablet 27-1 mg		T3	R&M; F
prenatal oral tablet 27-1 mg		T3	R&M; F
prenatal plus		T3	R&M; F
prenatal plus iron		T3	R&M; F
<b>PRENATAL/FOLIC ACID (Prenatal Plus/Iron)</b>	T3	T3	R&M; F
<b>PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG</b>	T3		R&M; F
<b>PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG</b>	T3		R&M; F
preplus		T3	R&M; F
pretab		T3	R&M; F
se-natal 19		T3	R&M; F
<b>TARON-C DHA</b>	T3		R&M; F
<b>THERANATAL CORE NUTRITION (Prenatal Plus/Iron)</b>	T3	T3	R&M; F
thrivite rx		T3	R&M; F
triadvance		T3	R&M; F
<b>TRICARE (Prenatal Plus/Iron)</b>	T3	T3	R&M; F
<b>TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG</b>	T3	T3	R&M; F
trinatal gt		T3	R&M; F
trinatal ultra		T3	R&M; F
ultra tabs		T3	R&M; F
<b>VINATE DHA</b>	T3		R&M; F
<b>VINATE GT (Vinate Ultra)</b>	T3	T3	R&M; F
<b>VINATE M</b>	T3		R&M; F
virt-nate dha		T3	R&M; F
virt-pn		T3	R&M; F
<b>VITATHELY WITH GINGER (M-Natal Plus)</b>	T3	T3	R
<b>VIVA DHA (Relnate DHA)</b>	T3	T3	R&M; F
vol-plus		T3	R&M; F
vp-heme ob		T3	R&M; F
vp-heme ob + dha		T3	R&M; F
<b>ZATEAN-PN (PNV-Select)</b>	T3	T3	R&M; F

Drug Name	Brand	Generic	Additional Information
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Ca-Omega 3 Fish Oil***</b>			
complete natal dha		T3	R&M; F
PR NATAL 400	T3		R&M; F
PR NATAL 400 EC	T3		R&M; F
TRIVEEN-DUO DHA	T3		R&M; F
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha***</b>			
CITRANATAL 90 DHA ORAL ( <i>Prenaissance 90 DHA</i> ) 90-1 & 300 MG	T3	T3	R&M; F
CITRANATAL ASSURE ORAL ( <i>Prenaissance Promise</i> ) 35-1 & 300 MG	T3	T3	R&M; F
CITRANATAL DHA ( <i>PNV OB+DHA</i> )	T3	T3	R&M; F
extra-virt plus dha		T3	R&M; F
FOCALGIN 90 DHA ( <i>Prenaissance 90 DHA</i> )	T3	T3	R&M; F
FOCALGIN CA ( <i>Prenaissance Promise</i> )	T3	T3	R&M; F
folcal dha oral capsule 27-1.25-300 mg		T3	R&M; F
FOLIVANE-EC CALCIUM DHA NF	T3		R&M; F
FOLIVANE-PRX DHA NF	T3		R&M; F
GESTICARE DHA ORAL 27-1 & 250 MG	T3		R&M; F
MACNATAL CN DHA ( <i>Prenaissance Plus</i> )	T3	T3	R&M; F
NATALVIRT 90 DHA ( <i>Prenaissance 90 DHA</i> )	T3	T3	R&M; F
NATALVIRT CA ( <i>Prenaissance Promise</i> )	T3	T3	R&M; F
NEXA PLUS ( <i>TL-Select DHA</i> )	T3	T3	R&M; F
PREFERAOB ONE ( <i>VP-HEME One</i> )	T3	T3	R&M; F
prenaissance		T3	R&M; F
prenaissance dha		T3	R&M; F
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	T3		R&M; F
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	T3		R&M; F
rulavite dha		T3	R&M; F
SELECT-OB+DHA ( <i>Choice-OB+DHA</i> )	T3	T3	R&M; F
TARON-PREX	T3		R&M; F
tl-select		T3	R&M; F
TRIVEEN-TEN	T3		R&M; F
VEMAVITE-PRX 2 ( <i>PNV-DHA+Docusate</i> )	T3	T3	R&M; F
virt-pn dha		T3	R&M; F
virt-select		T3	R&M; F
VITAMEDMD ONE RX/QUATREFOLIC ( <i>Prena1/Quatrefolic</i> )	T3	T3	R&M; F
VITAMEDMD PLUS RX/QUATREFOLIC ( <i>Prena1 Plus/Quatrefolic</i> )	T3	T3	R&M; F
ZATEAN-PN DHA ( <i>PNV-DHA</i> )	T3	T3	R&M; F

Drug Name	Brand	Generic	Additional Information
<b>*Prenatal Vitamins***</b>			
<b>VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (Prena1/Quatrefolic) 0.6-0.4 MG</b>	T3	T3	R&M; F
<b>*Musculoskeletal Therapy Agents*</b>			
<b>*Central Muscle Relaxants***</b>			
baclofen oral tablet 10 mg, 20 mg		T1	R
carisoprodol oral tablet 350 mg		T1	RO; AI (Max #84 per 21 days); QL (84 EA per 21 days)
chlorzoxazone oral tablet 500 mg		T3	R
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		T2	R
metaxalone oral tablet 800 mg		T2	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
methocarbamol oral		T1	R
orphenadrine citrate er		T1	R
tizanidine hcl oral tablet		T1	R
<b>*Direct Muscle Relaxants***</b>			
dantrolene sodium oral		T2	R
<b>*Muscle Relaxant Combinations***</b>			
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg		T3	R
<b>*Nasal Agents - Systemic And Topical*</b>			
<b>*Nasal Antibiotics***</b>			
<b>BACTROBAN NASAL</b>	T3		R
<b>*Nasal Anticholinergics***</b>			
ipratropium bromide nasal solution 0.03 %		T1	R&M; AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
ipratropium bromide nasal solution 0.06 %		T1	R&M; AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
<b>*Nasal Antihistamines***</b>			
azelastine hcl nasal solution 0.1 %		T1	R&M; AI (;)
azelastine hcl nasal solution 0.15 %		T1	R
<b>PATANASE (Olopatadine HCl)</b>	T3	T1	R&M; QL (1.02 GM per 1 day); AG (Min 6 Years)
<b>*Nasal Steroids***</b>			
<b>BECONASE AQ</b>	T3		R&M; AI (Max #75gm Mail Order); QL (25 GM per 1 Copay)
flunisolide nasal solution 25 mcg/act (0.025%)		T1	R&M; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
<b>ZETONNA</b>	T3		R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
<b>*Topical Decongestants***</b>			
<b>TYZINE NASAL SOLUTION 0.05 %</b>	T3		R

Drug Name	Brand	Generic	Additional Information
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
ENTRESTO	T3		PA; R&M; QL (2 EA per 1 day); AG (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); AG (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); AG (Min 18 Years)
*Neuromuscular Agents*			
*Benzothiazoles***			
riluzole		T1	R
TIGLUTIK	SP		PA; R
*Ophthalmic Agents*			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T3		R
*Artificial Tear Inserts***			
LACRISERT	T3		R
*Artificial Tears And Lubricants***			
THERATEARS OPHTHALMIC GEL	T2		R
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN	T2		R&M; AI (:)
COSOPT PF OPHTHALMIC SOLUTION (Dorzolamide HCl-Timolol Mal PF) 22.3-6.8 MG/ML	T3	T1	PA; R
dorzolamide hcl-timolol mal		T1	R
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml		T3	PA; R
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	T3		R
carteolol hcl		T1	R
ISTALOL	T3		R
levobunolol hcl ophthalmic solution 0.5 %		T1	R
metipranolol		T3	R
timolol maleate ophthalmic solution 0.25 %, 0.5 %		T1	R

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Drug Name	Brand	Generic	Additional Information
<b>TIMOPTIC-XE</b> ( <i>Timolol Maleate</i> )	T3	T3	R
<b>*Cycloplegic Mydriatics***</b>			
<b>ALTAFRIN OPHTHALMIC SOLUTION</b> <i>(Phenylephrine HCl) 10 %, 2.5 %</i>	T1	T1	R
<i>atropine sulfate ophthalmic solution</i>		T1	R
<i>atropine-care</i>		T1	R
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T2	R
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1	R
<b>HOMATROPAIRE</b>	T1		R
<b>MYDRIACYL</b> ( <i>Tropicamide</i> )	T3	T3	R
<i>tropicamide ophthalmic</i>		T3	R
<b>*Miotics - Cholinesterase Inhibitors***</b>			
<b>PHOSPHOLINE IODIDE</b>	T1		R
<b>*Miotics - Direct Acting***</b>			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1	R
<b>*Ophthalmic Antiallergic***</b>			
<b>ALOCRIL</b>	T3		R
<b>ALOMIDE</b>	T3		R
<i>azelastine hcl ophthalmic</i>		T2	R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
<b>BEPREVE</b>	T3		R
<i>cromolyn sodium ophthalmic</i>		T1	R
<b>ELESTAT</b> ( <i>Epinastine HCl</i> )	T3	T2	R
<b>EMADINE</b>	T3		PA; ST; R
<b>LASTACRAFT</b>	T3		PA; ST; R&M; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AG (Min 2 Years)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>		T3	R&M; QL (0.45 ML per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>		T3	R
<b>OPTIVAR</b>	T3		PA; ST; R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
<b>*Ophthalmic Antibiotics***</b>			
<i>bacitracin ophthalmic</i>		T3	R
<b>BESIVANCE</b>	T3		R
<b>CILOXAN OPHTHALMIC OINTMENT</b>	T3		R
<i>ciprofloxacin hcl ophthalmic</i>		T1	R
<i>erythromycin ophthalmic</i>		T1	R
<b>GENTAK OPHTHALMIC OINTMENT</b> ( <i>Gentamicin Sulfate</i> )	T3	T1	R
<i>gentamicin sulfate ophthalmic</i>		T1	R
<i>levofloxacin ophthalmic</i>		T2	R
<b>MOXEZA</b>	T3		R
<i>moxifloxacin hcl ophthalmic</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>ofloxacin ophthalmic</i>		T1	R
<i>romycin</i>		T1	R
<b>TOBREX OPHTHALMIC OINTMENT</b>	T1		R
<b>ZYMAXID (Gatifloxacin)</b>	T3	T1	R
<b>*Ophthalmic Antifungal***</b>			
<b>NATACYN</b>	T3		R
<b>*Ophthalmic Anti-Infective Combinations***</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1	R
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T3	R
<b>NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)</b>	T1	T1	R
<b>POLYCIN (AK-Poly-Bac)</b>	T1	T1	R
<i>polymyxin b-trimethoprim</i>		T1	R
<b>*Ophthalmic Antivirals***</b>			
<i>trifluridine ophthalmic</i>		T1	R
<b>ZIRGAN</b>	T2		R
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
<b>AZOPT</b>	T3		R&M; AI (Max #30ml Mail Order); QL (10 ML per 30 Days)
<i>dorzolamide hcl ophthalmic</i>		T1	R
<b>*Ophthalmic Decongestants***</b>			
<i>ak-con</i>		T3	PA; ST; R
<i>naphazoline hcl ophthalmic</i>		T3	PA; ST; R
<b>NEOFRIN</b>	T1		R
<b>*Ophthalmic Immunomodulators***</b>			
<b>CEQUA</b>	T2		R&M; QL (2 EA per 1 day)
<b>RESTASIS</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	T2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>*Ophthalmic Local Anesthetics***</b>			
<b>ALCAINE (Parcaine)</b>	T3	T1	R
<i>proparacaine hcl ophthalmic</i>		T1	R
<b>TETCAINE (Tetracaine HCl)</b>	T1	T1	R
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
<i>bromfenac sodium (once-daily)</i>		T2	R
<i>bromfenac sodium ophthalmic</i>		T2	R&M; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AG (Min 18 Years)
<i>diclofenac sodium ophthalmic</i>		T1	R
<i>flurbiprofen sodium</i>		T1	R
<i>ketorolac tromethamine ophthalmic</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
NEVANAC	T3		R&M; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2		R
ALPHAGAN P OPHTHALMIC SOLUTION (Brimonidine Tartrate) 0.15 %	T3	T1	R
apraclonidine hcl		T1	R
brimonidine tartrate ophthalmic		T1	R
<b>*Ophthalmic Steroid Combinations***</b>			
bacitra-neomycin-polymyxin-hc		T1	R
BLEPHAMIDE	T3		R
BLEPHAMIDE S.O.P.	T3		R
neomycin-polymyxin-dexameth ophthalmic ointment		T1	R
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1		T1	R
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		T3	R
poly-dex ophthalmic ointment		T1	R
PRED-G	T3		R
PRED-G S.O.P.	T3		R
sulfacetamide-prednisolone ophthalmic solution		T3	R
TOBRADEX OPHTHALMIC OINTMENT	T2		R
TOBRADEX ST	T2		R
tobramycin-dexamethasone		T1	R
<b>*Ophthalmic Steroids***</b>			
ALREX	T3		R
dexamethasone sodium phosphate ophthalmic		T3	R
DUREZOL	T3		R
FLAREX	T3		R
fluorometholone ophthalmic		T1	R
FML	T3		R
FML FORTE	T3		R
INVELTYS	T3		R
LOTEMAX OPHTHALMIC GEL	T3		R&M; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	T3		R
LOTEMAX OPHTHALMIC SUSPENSION (Loteprednol Etabonate)	T3	T3	R
LOTEMAX SM	T3		R
MAXIDEX	T3		R
OMNIPRED (prednisolONE Acetate)	T3	T1	R
PRED FORTE (prednisolONE Acetate)	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
PRED MILD	T3		R
<i>prednisolone acetate p-f</i>		T1	R
<i>prednisolone sodium phosphate ophthalmic</i>		T3	R
VEXOL	T2		R
<b>*Ophthalmic Sulfonamides***</b>			
BLEPH-10 ( <i>Sulfacetamide Sodium</i> )	T2	T1	R
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	R
<b>*Ophthalmics - Cystinosis Agents**</b>			
CYSTARAN	T3		PA; R
<b>*Prostaglandins - Ophthalmic***</b>			
<i>latanoprost ophthalmic</i>		T1	R&M; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2		R&M; AI (:)
TRAVATAN Z	T2		R&M; AI (:)
VYZULTA	T3		PA; ST; R&M; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan)
XELPROS	T3		R
ZIOPTAN	T3		R
<b>*Ophthalmic Nerve Growth Factors***</b>			
<b>*Ophthalmic Nerve Growth Factors***</b>			
OXERVATE	SP		PA; R
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
RHOPRESSA	T3		PA; R
<b>*Orexin Receptor Antagonists***</b>			
<b>*Orexin Receptor Antagonists***</b>			
BELSOMRA	T3		ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Otic Agents*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
<i>acetic acid otic</i>		T1	R
<i>acetic acid-aluminum acetate</i>		T3	R
<b>*Otic Anti-Infectives***</b>			
<i>ciprofloxacin hcl otic</i>		T3	R
<i>ofloxacin otic</i>		T1	R
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
CIPRO HC	T2		R
CIPRODEX	T2		R&M; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days)
CORTISPORIN-TC	T3		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1	R
<i>neomycin-polymyxin-hc otic suspension</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<b>*Otic Steroids***</b>			
ACETASOL HC ( <i>Hydrocortisone-Acetic Acid</i> )	T3	T2	R
DERMOTIC ( <i>Fluocinolone Acetonide</i> )	T3	T1	R&M; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
<b>*Oxaborole-Related Antifungals - Topical***</b>			
<b>*Oxaborole-Related Antifungals - Topical***</b>			
KERYDIN	T3		PA; R
<b>*Oxytocics*</b>			
<b>*Oxytocics***</b>			
METHERGINE ORAL ( <i>Methylergonovine Maleate</i> )	T1	T1	R
<b>*Passive Immunizing Agents - Combinations***</b>			
<b>*Passive Immunizing Agents - Combinations***</b>			
HYQVIA	MB		R
<b>*Passive Immunizing Agents*</b>			
<b>*Antiviral Monoclonal Antibodies***</b>			
SYNAGIS	MB		R
<b>*Immune Serums***</b>			
BIVIGAM	MB		R
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	MB		R
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	MB		R
CYTOGAM	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLEBOGAMMA DIF	MB		R
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	MB		R
GAMMAGARD	MB		R
GAMMAGARD S/D LESS IGA	MB		R
GAMMAKED	MB		R
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML	MB		R
GAMUNEX-C	MB		R
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	MB		R
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	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	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
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	MB		R
PRIVIGEN	MB		R
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WINRHO SDF	SP		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Pcsk9 Inhibitors***</b>			
<b>*Pcsk9 Inhibitors***</b>			
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	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); AG (Min 18 Years)
PRALUENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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); AG (Min 18 Years)
REPATHA	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); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	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); AG (Min 13 Years)
REPATHA SURECLICK	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); AG (Min 13 Years)
<b>*Penicillins*</b>			
<b>*Aminopenicillins***</b>			
amoxicillin oral capsule		T1	R
amoxicillin oral suspension reconstituted		T1	R
amoxicillin oral tablet		T1	R
amoxicillin oral tablet chewable 125 mg, 250 mg		T1	R
ampicillin		T1	R

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Drug Name	Brand	Generic	Additional Information
<b>MOXATAG (Amoxicillin ER)</b>	T3	T3	R
<b>*Natural Penicillins***</b>			
<i>penicillin v potassium</i>		T1	R
<b>*Penicillin Combinations***</b>			
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>		T1	R
<i>amoxicillin-pot clavulanate oral tablet</i>		T1	R
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		T3	R
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML</b>	T3		R
<b>AUGMENTIN XR (Amoxicillin-Pot Clavulanate ER)</b>	T3	T3	R
<b>*Penicillinase-Resistant Penicillins***</b>			
<i>dicloxacillin sodium</i>		T1	R
<b>*Pharmaceutical Adjuvants*</b>			
<b>*Parenteral Vehicles***</b>			
<i>saline bacteriostatic</i>		MB	SP
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>COPIKTRA</b>	T1		PA; R
<b>PIQRAY (200 MG DAILY DOSE)</b>	T1		PA; RO; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PIQRAY (250 MG DAILY DOSE)</b>	T1		PA; RO; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PIQRAY (300 MG DAILY DOSE)</b>	T1		PA; RO; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>ZYDELIG</b>	T1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>			
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***</b>			
<b>EUCRISA</b>	T3		PA; R&M; QL (2 GM per 1 day); AG (Min 2 Years)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>OTEZLA ORAL TABLET</b>	SP		PA; SP; QL (2 EA per 1 day); AG (Min 18 Years)
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	SP		PA; SP; QL (1 EA per 1 Year); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>			
<b>*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***</b>			
TAKHYRO	SP		PA; R
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>			
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**</b>			
LYNPARZA ORAL CAPSULE	T1		PA; SP
LYNPARZA ORAL TABLET	T1		SP
RUBRACA ORAL TABLET 200 MG	T1		PA; ST; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 300 MG	T1		SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TALZENNA	T1		PA; R
ZEJULA	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>			
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***</b>			
LYNPARZA ORAL CAPSULE	T1		PA; SP
LYNPARZA ORAL TABLET	T1		SP
RUBRACA ORAL TABLET 200 MG	T1		PA; ST; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
RUBRACA ORAL TABLET 300 MG	T1		SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
ZEJULA	T1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
<b>*Potassium Removing Agents***</b>			
<b>*Potassium Removing Agents***</b>			
KAYEXALATE (Sodium Polystyrene Sulfonate)	T3	T1	R
KIONEX (Sodium Polystyrene Sulfonate)	T1	T1	R
SPS (Sodium Polystyrene Sulfonate)	T1	T1	R
VELTASSA	T3		PA; R

Drug Name	Brand	Generic	Additional Information
<b>*Progestins*</b>			
<b>*Progestins***</b>			
<b>MAKENA INTRAMUSCULAR (HYDROXYprogesterone Caproate)</b>	MB	MB	R
<b>MAKENA SUBCUTANEOUS</b>	SP		PA; SP
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T2	R
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>		T1	R
<b>MEGACE ES</b>	T3		R&M; AI (Max #450ml Mail Order); QL (150 ML per 30 Days)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T1	R&M; AI (Max #450ml Mail Order); QL (150 ML per 30 days)
<i>norethindrone acetate oral</i>		T1	R&M; F
<i>progesterone intramuscular</i>		T3	R&M; F
<i>progesterone micronized oral</i>		T1	R&M; F
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists***</b>			
<b>ZONTIVITY</b>	T2		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<b>*Psychotherapeutic And Neurological Agents - Misc.*</b>			
<b>*Alcohol Deterrents***</b>			
<i>acamprosate calcium</i>		T1	R&M; QL (6 EA per 1 day)
<b>ANTABUSE</b>	T3		PA; ST; R
<b>CAMPRAL</b>	T3		R&M; AI (;); QL (6 EA per 1 Day)
<i>disulfiram oral</i>		T1	R
<b>*Anti-Cataplectic Agents***</b>			
<b>XYREM</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
<b>*Cholinomimetics - Ache Inhibitors***</b>			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>donepezil hcl oral tablet 23 mg</i>		T1	R
<i>donepezil hcl oral tablet dispersible</i>		T1	R
<b>EXELON ORAL CAPSULE</b>	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>EXELON ORAL SOLUTION</b>	T2		R
<b>EXELON TRANSDERMAL</b>	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
galantamine hydrobromide oral tablet 4 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>RAZADYNE ER (Galantamine Hydrobromide ER)</b>	T3	T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>RAZADYNE ORAL SOLUTION (Galantamine Hydrobromide)</b>	T3	T3	R
<b>RAZADYNE ORAL TABLET 12 MG, 8 MG</b>	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<b>RAZADYNE ORAL TABLET 4 MG</b>	T3		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
rivastigmine		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
<b>*Fibromyalgia Agent - Snris***</b>			
<b>SAVELLA</b>	T3		R
<b>SAVELLA TITRATION PACK</b>	T3		R
<b>*Movement Disorder Drug Therapy***</b>			
<b>AUSTEDO</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>INGREZZA ORAL CAPSULE</b>	T3		PA; R&M; QL (1 EA per 1 day)
<b>XENAZINE (Tetrabenazine)</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>			
<b>AUBAGIO</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Multiple Sclerosis Agents - Interferons***</b>			
<b>AVONEX</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>BETASERON SUBCUTANEOUS KIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>EXTAVIA SUBCUTANEOUS KIT</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
PLEGRIDY	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK	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	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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>			
ZINBRYTA	SP		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
TECFIDERA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
AMPYRA	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); AG (Min 18 Years)
dalfampridine er		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); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Multiple Sclerosis Agents***</b>			
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate)</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (Glatiramer Acetate) 20 MG/ML</b>	SP	SP	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
memantine hcl er		T2	R
memantine hcl oral solution 2 mg/ml		T1	R&M; AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
memantine hcl oral tablet 10 mg		T1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
memantine hcl oral tablet 5 mg		T1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)
<b>NAMENDA ORAL TABLET 10 MG</b>	T3		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 12 Years)
<b>NAMENDA ORAL TABLET 5 MG</b>	T3		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 12 Years)
<b>NAMENDA TITRATION PAK (Memantine HCl)</b>	T3	T1	R
<b>NAMENDA XR TITRATION PACK</b>	T3		R
<b>*Phenothiazines &amp; Tricyclic Agents***</b>			
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg		T2	R
<b>*Pseudobulbar Affect Agent Combinations***</b>			
<b>NUEDEXTA</b>	T3		PA; R
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
ergoloid mesylates oral		T1	PA; R
<b>ORAP ORAL TABLET (Pimozide) 2 MG</b>	T3	T2	R
<b>*Smoking Deterrents***</b>			
<b>BUPROBAN</b>	\$0		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
bupropion hcl er (smoking det)		\$0	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<b>CHANTIX</b>	\$0		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<b>CHANTIX CONTINUING MONTH PAK</b>	\$0		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<b>CHANTIX STARTING MONTH PAK</b>	\$0		R&M; AG (Min 18 Years)
cvs nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr		\$0	R&M; AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
cvs nts step 1		\$0	R&M; AG (Min 18 Years)
eq nicotine mouth/throat gum 4 mg		\$0	R&M; AG (Min 18 Years)
eq nicotine mouth/throat lozenge		\$0	R&M; AG (Min 18 Years)
eq nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
eq nicotine step 3		\$0	R&M; AG (Min 18 Years)
eq nicotine transdermal		\$0	R&M; AG (Min 18 Years)
eql nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
eql nicotine transdermal		\$0	R&M; AG (Min 18 Years)
gnp nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
hm nicotine		\$0	R&M; AG (Min 18 Years)
hm nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
<b>KLS QUIT2 MOUTH/THROAT GUM (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>KLS QUIT4 MOUTH/THROAT GUM (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>NICODERM CQ (Nicotine)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>NICORETTE (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>NICORETTE MINI (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>NICORETTE STARTER KIT (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
nicotine step 1		\$0	R&M; AG (Min 18 Years)
nicotine step 2		\$0	R&M; AG (Min 18 Years)
nicotine step 3		\$0	R&M; AG (Min 18 Years)
<b>NICOTROL</b>	\$0		R&M; AG (Min 18 Years)
<b>NICOTROL NS</b>	\$0		R&M; QL (4 ML per 1 Day); AG (Min 18 Years)
px stop smoking aid		\$0	R&M; AG (Min 18 Years)
ra mini nicotine		\$0	R&M; AG (Min 18 Years)
ra nicotine		\$0	R&M; AG (Min 18 Years)
ra nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
sm nicotine		\$0	R&M; AG (Min 18 Years)
sm nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
sw nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
tgt nicotine		\$0	R&M; AG (Min 18 Years)
tgt nicotine polacrilex		\$0	R&M; AG (Min 18 Years)
tgt nicotine step one		\$0	R&M; AG (Min 18 Years)
tgt nicotine step three		\$0	R&M; AG (Min 18 Years)
tgt nicotine step two		\$0	R&M; AG (Min 18 Years)
<b>THRIVE (Nicotine Polacrilex)</b>	\$0	\$0	R&M; AG (Min 18 Years)
<b>ZYBAN</b>	\$0		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>			
GILENYA	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT STARTER PACK	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Thienbenzodiazepines &amp; Ssris***</b>			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg		T3	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
olanzapine-fluoxetine hcl oral capsule 6-25 mg		T3	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</b>			
OFEV	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
<b>*Pulmonary Fibrosis Agents***</b>			
<b>*Pulmonary Fibrosis Agents***</b>			
ESBRIET ORAL CAPSULE	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
UPTRAVI ORAL TABLET	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); AG (Min 18 Years)
UPTRAVI ORAL TABLET THERAPY PACK	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); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Respiratory Agents - Misc.*</b>			
<b>*Cftr Potentiators***</b>			
KALYDECO ORAL PACKET	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KALYDECO ORAL TABLET	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); AG (Min 6 Years)
<b>*Hydrolytic Enzymes***</b>			
PULMOZYME	SP		SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days)
<b>*Respiratory Agents - Misc.***</b>			
INFASURF INHALATION	T1		R
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
ADDYI	T3		R&M; F; QL (1 EA per 1 day); AG (Min 18 Years)
<b>*Serotonin Modulators***</b>			
<b>*Serotonin Modulators***</b>			
nefazodone hcl		T3	R
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg		T1	R
trazodone hcl oral tablet 300 mg		T1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (2 EA per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		R&M; AI (Step through 2 drugs in either of the following classes for at least 2mo in last 12mo: Serotonin Reuptake Inhibitors (SSRI), Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)); QL (1 EA per 1 day); AG (Min 18 Years)
VIIBRYD ORAL KIT	T3		R&M; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AG (Min 12 Years)
VIIBRYD ORAL TABLET	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIIBRYD STARTER PACK	T3		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
GLYXAMBI	T3		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	T3		PA; R&M; AI (Electronic Step through both Farxiga and Januvia in last 6 months.)
QTERN ORAL TABLET 5-5 MG	T3		PA; R&M; AI (Trial of both of the following in last 6 months: Farxiga Januvia)
<b>*Sinus Node Inhibitors**</b>			
<b>*Sinus Node Inhibitors**</b>			
CORLANOR ORAL SOLUTION	T3		PA; R
CORLANOR ORAL TABLET	T3		PA; ST; R
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
INVOKAMET	T2		R
INVOKAMET XR	T2		R
SEGLUROMET	T3		R
SYNJARDY	T3		R
SYNJARDY XR	T3		R
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	T2		R
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
<b>*Spleen Tyrosine Kinase (Syk) Inhibitors***</b>			
TAVALISSE	SP		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Steroids - Mouth/Throat/Dental***</b>			
<b>*Steroids - Mouth/Throat/Dental***</b>			
ORALONE (Triamcinolone Acetonide)	T1	T1	R
<b>*Sulfonamides*</b>			
<b>*Sulfonamides***</b>			
sulfadiazine oral		T3	R
<b>*Tetracyclines*</b>			
<b>*Tetracyclines***</b>			
demeclocycline hcl oral		T3	R
doxycycline hyclate oral capsule		T1	R
doxycycline hyclate oral tablet 100 mg		T2	R
doxycycline hyclate oral tablet 20 mg		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T1	R&M; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>		T2	R
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1	R
<i>doxycycline monohydrate oral tablet 100 mg</i>		T2	R
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		T1	R
<b>MINOCIN ORAL CAPSULE (Minocycline HCl) 100 MG, 75 MG</b>	T3	T1	R
<i>minocycline hcl oral tablet</i>		T3	R
<b>MORGIDOX ORAL CAPSULE (Doxycycline Hyclate) 50 MG</b>	T1	T1	R
<i>tetracycline hcl oral</i>		T1	R
<b>VIBRAMYCIN ORAL SYRUP</b>	T3		R
<b>*Thyroid Agents*</b>			
<b>*Antithyroid Agents***</b>			
<i>propylthiouracil oral</i>		T1	R
<b>TAPAZOLE (MethIMAzole)</b>	T3	T1	R
<b>*Thyroid Hormones***</b>			
<b>ARMOUR THYROID (NP Thyroid)</b>	T3	T3	R
<b>CYTOMEL (Liothyronine Sodium)</b>	T3	T2	R
<b>EUTHYROX (Levothyroxine Sodium)</b>	T1	T1	R
<b>LEVO-T (Levothyroxine Sodium)</b>	T1	T1	R
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg</i>		T1	R
<b>LEVOXYL (Levothyroxine Sodium)</b>	T1	T1	R
<b>NATURE-THROID</b>	T3		R
<b>SYNTHROID (Levothyroxine Sodium)</b>	T2	T1	R
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	T3		R
<b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>	T3		R
<b>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</b>	T3		R
<b>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</b>	T3		R
<b>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</b>	T3		R
<b>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T2		R
<b>TIROSINT-SOL</b>	T2		R
<b>UNITHROID DIRECT (Levothyroxine Sodium)</b>	T1	T1	R

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Drug Name	Brand	Generic	Additional Information
<b>UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T1	T1	R
<b>UNITHROID ORAL TABLET (Levothyroxine Sodium) 150 MCG</b>	T2	T1	R
<b>WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 97.5 MG</b>	T3		R
<b>WESTHROID ORAL TABLET (Thyroid) 65 MG</b>	T3	T3	R
<b>WP THYROID</b>	T3		R
<b>*Toxoids*</b>			
<b>*Toxoid Combinations***</b>			
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	\$0		RO
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5</b>	\$0		RO
<b>DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5</b>	\$0		RO
<i>diphtheria-tetanus toxoids dt</i>		\$0	RO
<b>DIPHTHERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU</b>	\$0		RO
<b>INFANRIX</b>	\$0		RO
<b>KINRIX INTRAMUSCULAR SUSPENSION</b>	\$0		RO
<b>PEDIARIX</b>	\$0		RO
<b>QUADRACEL</b>	\$0		RO
<b>TENIVAC</b>	\$0		RO
<i>tetanus-diphtheria toxoids td</i>		\$0	RO
<b>*Transthyretin Stabilizers***</b>			
<b>*Transthyretin Stabilizers***</b>			
<b>VYNDAMAX</b>	SP		PA; R
<b>VYNDAQEL</b>	SP		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Tryptophan Hydroxylase Inhibitors***</b>			
<b>*Tryptophan Hydroxylase Inhibitors***</b>			
<b>XERMELO</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>*Ulcer Drugs*</b>			
<b>*Anticholinergic Combinations***</b>			
<b>B-DONNA</b>	T1		R
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		T3	R
<i>belladonna-opium</i>		T3	R
<i>chlordiazepoxide-clidinium</i>		T1	R

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Drug Name	Brand	Generic	Additional Information
<i>phenobarbital-belladonna alk</i>		T2	R
<b>PHENOHYTRO ORAL TABLET</b>	T1		R
<b>*Antispasmodics***</b>			
<b>BENTYL INTRAMUSCULAR</b> ( <i>Dicyclomine HCl</i> )	T3	T3	R
<b>BENTYL ORAL CAPSULE</b> ( <i>Dicyclomine HCl</i> )	T3	T1	R
<b>BENTYL ORAL TABLET</b> ( <i>Dicyclomine HCl</i> )	T3	T1	R
<b>*Belladonna Alkaloids***</b>			
<i>ed-spaz</i>		T3	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<b>HYOMAX-SL</b> ( <i>Hyoscyamine Sulfate</i> )	T1	T1	R
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>		T1	R
<i>hyoscyamine sulfate oral elixir</i>		T1	R
<i>hyoscyamine sulfate oral solution</i>		T3	R
<i>hyoscyamine sulfate oral tablet</i>		T3	R
<i>hyoscyamine sulfate oral tablet dispersible</i>		T3	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>hyosyne oral solution</i>		T1	R
<i>oscimin oral tablet</i>		T3	R
<i>oscimin oral tablet dispersible</i>		T3	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>oscimin sr</i>		T1	R
<i>oscimin sublingual</i>		T1	R
<b>*H-2 Antagonists***</b>			
<i>cimetidine hcl oral</i>		T3	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1	R
<i>famotidine oral suspension reconstituted</i>		T1	R
<i>famotidine oral tablet 20 mg, 40 mg</i>		T1	R
<i>nizatidine oral capsule 150 mg</i>		T2	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution</i>		T2	R
<i>ranitidine hcl oral capsule</i>		T1	R
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		T1	R
<i>ranitidine hcl oral tablet 300 mg</i>		T1	R
<b>*Misc. Anti-Ulcer***</b>			
<b>CARAFATE ORAL SUSPENSION</b> ( <i>Sucralfate</i> )	T2	T2	R
<i>sucralfate oral tablet</i>		T1	R
<b>*Proton Pump Inhibitors***</b>			
<b>DEXILANT</b>	T3		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		T1	R&M; QL (4 EA per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>		T1	R&M; QL (2 EA per 1 day)
<b>FIRST-LANSOPRAZOLE</b>	T2		RO
<b>FIRST-OMEPRAZOLE</b>	T2		RO
<i>lansoprazole oral capsule delayed release</i>		T1	R
<i>omeprazole oral capsule delayed release</i>		T1	R
<b>OMEPRAZOLE+SYRSPEND SF ALKA</b>	T2		RO
<i>pantoprazole sodium oral</i>		T1	R
<b>PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (Lansoprazole)</b>	T3	T3	R&M; AI (Excluded Drugs List applies if over maximum age of 1.); AG (Max 1 Years)
<i>rabeprazole sodium oral tablet delayed release</i>		T1	R
<b>*Quaternary Anticholinergics***</b>			
<b>CANTIL</b>	T3		R
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<b>PAMINE FORTE (Methscopolamine Bromide)</b>	T3	T1	R
<i>propantheline bromide oral</i>		T1	R
<b>ROBINUL ORAL (Glycopyrrolate)</b>	T3	T1	R
<b>ROBINUL-FORTE (Glycopyrrolate)</b>	T3	T1	R
<b>*Ulcer Anti-Infective W/ Bismuth Combinations***</b>			
<b>HELIDAC</b>	T3		R&M; AI (Max #1 box (#224) retail or 90 days); QL (1 EA per 30 Days)
<b>*Ulcer Drugs - Prostaglandins***</b>			
<b>CYTOTEC ORAL TABLET (Misoprostol) 100 MCG</b>	T3	T1	R
<b>*Urinary Anti-Infectives*</b>			
<b>*Methenamine Combos***</b>			
<b>UROQID #2</b>	T3		R
<b>*Urinary Anti-Infectives***</b>			
<i>methenamine hippurate</i>		T1	R
<i>methenamine mandelate oral tablet 0.5 gm</i>		T3	R
<i>methenamine mandelate oral tablet 1 gm</i>		T1	R
<b>MONUROL</b>	T3		R
<i>nitrofurantoin macrocrystal oral</i>		T1	R
<i>nitrofurantoin monohyd macro</i>		T1	R
<i>nitrofurantoin oral suspension</i>		T1	R
<b>*Urinary Antiseptic-Antispasmodic &amp;/Or Analgesics***</b>			
<b>AZUPHEN MB (Uticap)</b>	T3	T3	R
<b>HYOPHEN</b>	T3		R&M; QL (3.74 EA per 1 day); AG (Min 12 Years)
<b>PHOSPHASAL (Urin DS)</b>	T2	T2	R
<i>ur n-c</i>		T2	R
<b>UROGESIC-BLUE</b>	T3		PA; ST; R

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Drug Name	Brand	Generic	Additional Information
USTELL ( <i>Uticap</i> )	T3	T3	R
UTIRA-C ( <i>Urin DS</i> )	T2	T2	R
UTRONA-C ( <i>Urin DS</i> )	T2	T2	R
<b>*Urinary Antispasmodics*</b>			
<b>*Beta-3 Adrenergic Agonists***</b>			
MYRBETRIQ	T2		R
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
<i>darifenacin hydrobromide er</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
ENABLEX	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T1	R
<i>oxybutynin chloride oral</i>		T1	R
SANCTURA	T3		PA; ST; R
SANCTURA XR	T3		PA; ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1	R
TOVIAZ	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>trospium chloride</i>		T1	R
<i>trospium chloride er</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
VESICARE	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)</b>			
<i>darifenacin hydrobromide er</i>		T2	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
ENABLEX	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T1	R
<i>oxybutynin chloride oral</i>		T1	R
SANCTURA	T3		PA; ST; R
SANCTURA XR	T3		PA; ST; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1	R
TOVIAZ	T3		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>trospium chloride</i>		T1	R
<i>trospium chloride er</i>		T1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
VESICARE	T2		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***</b>			
MYRBETRIQ	T2		R
<b>*Urinary Antispasmodics - Cholinergic Agonists***</b>			
bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg		T1	R
<b>*Urinary Antispasmodics - Cholinergic Agonists*** (New)</b>			
bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg		T1	R
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>			
flavoxate hcl		T1	R
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)</b>			
flavoxate hcl		T1	R
<b>*Vaccines*</b>			
<b>*Bacterial Vaccines***</b>			
MENACTRA	\$0		RO
MENOMUNE SUBCUTANEOUS INJECTABLE	\$0		RO
MENVEO	\$0		RO
PNEUMOVAX 23	\$0		RO
PREVNAR 13	\$0		RO; QL (0.5 ML per 1 Lifetime)
TRUMENBA	\$0		RO; AG (Max 26 Years)
<b>*Viral Vaccine Combinations***</b>			
M-M-R II SUBCUTANEOUS	\$0		R
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0		R
<b>*Viral Vaccines***</b>			
AFLURIA	\$0		RO
AFLURIA PRESERVATIVE FREE	\$0		RO
CERVARIX	\$0		RO; F; AG (Max 27 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0		RO
FLUAD	\$0		RO; \$0; AG (Min 65 Years)
FLUARIX	\$0		RO
FLUARIX QUADRIVALENT	\$0		RO
FLUBLOK	\$0		RO
FLUBLOK QUADRIVALENT	\$0		RO; \$0
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		RO; \$0

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Drug Name	Brand	Generic	Additional Information
FLULAVAL INTRAMUSCULAR INJECTABLE	\$0		RO
FLULAVAL QUADRIVALENT	\$0		RO
FLUMIST QUADRIVALENT	\$0		RO
FLUVIRIN	\$0		RO
FLUVIRIN PRESERVATIVE FREE	\$0		RO
FLUZONE HIGH-DOSE	\$0		RO
FLUZONE INTRADERMAL DEVICE	\$0		RO
FLUZONE INTRAMUSCULAR	\$0		RO
FLUZONE QUADRIVALENT	\$0		RO
GARDASIL 9	\$0		RO; AG (Max 45 Years)
GARDASIL INTRAMUSCULAR SUSPENSION	\$0		RO; AG (Max 27 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0		RO
HEPLISAV-B INTRAMUSCULAR SOLUTION	\$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; AG (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	\$0		RO
VARIVAX	\$0		RO
ZOSTAVAX	\$0		RO; AG (Min 50 Years)
<b>*Vaginal Products*</b>			
<b>*Imidazole-Related Antifungals***</b>			
GYNAZOLE-1	T3		R&M; F
TERAZOL 3 ( <i>Terconazole</i> )	T3	T2	R&M; F
TERAZOL 7 ( <i>Terconazole</i> )	T3	T2	R&M; F
ZAZOLE ( <i>Terconazole</i> )	T3	T2	R&M; F
<b>*Miscellaneous Vaginal Combinations***</b>			
RELAGARD	T3		R&M; F
<b>*Spermicides***</b>			
ENCARE VAGINAL SUPPOSITORY	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS CONCEPTROL	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
TODAY SPONGE	\$0		R&M; AI (Max #36 Mail Order); F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	\$0		R&M; AI (Max #12 Retail or #36 Mail Order); F

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Drug Name	Brand	Generic	Additional Information
<b>*Vaginal Anti-Infectives***</b>			
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T3		R&M; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<i>clindamycin phosphate vaginal</i>		T1	R&M; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
<b>VANDAZOLE (MetroNIDAZOLE)</b>	T2	T2	R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
<b>*Vaginal Estrogens***</b>			
<b>ESTRACE VAGINAL (Estradiol)</b>	T1	T2	R&M; F
<b>FEMRING VAGINAL RING 0.05 MG/24HR</b>	T3		R&M; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
<b>FEMRING VAGINAL RING 0.1 MG/24HR</b>	T3		R&M; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
<b>PREMARIN VAGINAL</b>	T2		R&M; F
<b>YUVAFEM (Estradiol)</b>	T1	T1	R&M; F
<b>*Vaginal Progestins***</b>			
<b>CRINONE</b>	SP		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
<b>ENDOMETRIN</b>	T3		PA; R&M; F
<b>*Vasopressors*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		T2	R&M; AI (Non Mylan pens are non formulary. Limit 1 refill of 2 pens in one month.); QL (2 EA per 2 days)
<b>*Vasopressors***</b>			
<i>midodrine hcl</i>		T3	R
<b>*Vitamins*</b>			
<b>*Paba***</b>			
<b>POTABA ORAL CAPSULE</b>	T3		R
<b>POTABA ORAL TABLET</b>	T3		R
<b>*Vitamin D***</b>			
<i>cvs childrens vitamin d</i>		\$0	R&M; AG (Min 65 Years)
<i>cvs vit d 5000 high-potency</i>		\$0	R&M; AG (Min 65 Years)
<i>cvs vitamin d</i>		\$0	R&M; AG (Min 65 Years)
<i>cvs vitamin d3 oral capsule 1000 unit, 400 unit</i>		\$0	R&M; AG (Min 65 Years)
<i>d 1000</i>		\$0	R&M; AG (Min 65 Years)
<i>d 10000</i>		\$0	R&M; AG (Min 65 Years)
<i>d 2000</i>		\$0	R&M; AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	R&M; AG (Min 65 Years)
<i>d 5000</i>		\$0	R&M; AG (Min 65 Years)
<i>d-1000</i>		\$0	R&M; AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	R&M; AG (Min 65 Years)
<i>d-2000 maximum strength</i>		\$0	R&M; AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
d2000 ultra strength		\$0	R&M; AG (Min 65 Years)
d3 adult		\$0	R&M; AG (Min 65 Years)
d3 high potency oral capsule 125 mcg (5000 ut)		T1	R&M; \$0; AG (Min 65 Years)
d3 high potency oral capsule 25 mcg (1000 ut)		\$0	R&M; AG (Min 65 Years)
d3 kids		\$0	R&M; AG (Min 65 Years)
d3 maximum strength oral capsule		\$0	R&M; AG (Min 65 Years)
d3 super strength		\$0	R&M; AG (Min 65 Years)
d3-1000		\$0	R&M; AG (Min 65 Years)
<b>D3-50 (Vitamin D3)</b>	\$0	\$0	R&M; AG (Min 65 Years)
d-400		\$0	R&M; AG (Min 65 Years)
d-5000		\$0	R&M; AG (Min 65 Years)
d-5000 maximum strength		\$0	R&M; AG (Min 65 Years)
<b>DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)</b>	\$0	\$0	R&M; AG (Min 65 Years)
<b>DECARA ORAL CAPSULE 625 MCG (25000 UT)</b>	\$0		R&M; AG (Min 65 Years)
delta d3		\$0	R&M; AG (Min 65 Years)
<b>DIALYVITE VITAMIN D 5000 (D-3-5)</b>	\$0	\$0	R&M; AG (Min 65 Years)
<b>DIALYVITE VITAMIN D3 MAX</b>	\$0		R&M; AG (Min 65 Years)
<b>DRISDOL ORAL CAPSULE (Ergocalciferol)</b>	T3	T1	R
eql vitamin d gummies child		\$0	R&M; AG (Min 65 Years)
eql vitamin d-3		\$0	R&M; AG (Min 65 Years)
eql vitamin d3 oral tablet		\$0	R&M; AG (Min 65 Years)
gnp vitamin d maximum strength		\$0	R&M; AG (Min 65 Years)
gnp vitamin d oral tablet 25 mcg (1000 ut)		\$0	R&M; AG (Min 65 Years)
gnp vitamin d oral tablet chewable		\$0	R&M; AG (Min 65 Years)
gnp vitamin d super strength		\$0	R&M; AG (Min 65 Years)
gnp vitamin d3 extra strength		\$0	R&M; AG (Min 65 Years)
<b>HEALTHY KIDS VITAMIN D3 (D 400)</b>	\$0	\$0	R&M; AG (Min 65 Years)
hm vitamin d		\$0	R&M; AG (Min 65 Years)
hm vitamin d3 oral capsule		\$0	R&M; AG (Min 65 Years)
kp vitamin d oral capsule 25 mcg (1000 ut)		\$0	R&M; AG (Min 65 Years)
kp vitamin d oral tablet chewable		\$0	R&M; AG (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT</b>	\$0	\$0	R&M; AG (Min 65 Years)
<b>MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)</b>	T1		R&M; \$0; AG (Min 65 Years)
<b>OPTIMAL-D (Vitamin D3)</b>	\$0	\$0	R&M; AG (Min 65 Years)
pa vitamin d-3		\$0	R&M; AG (Min 65 Years)
pa vitamin d-3 gummy		\$0	R&M; AG (Min 65 Years)
<b>PRONUTRIENTS VITAMIN D3 (Vitamin D3)</b>	\$0	\$0	R&M; AG (Min 65 Years)
qc vitamin d3 oral capsule		\$0	R&M; AG (Min 65 Years)
qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)		\$0	R&M; AG (Min 65 Years)

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<b>Drug Name</b>	<b>Brand</b>	<b>Generic</b>	<b>Additional Information</b>
<i>ra vitamin d-3</i>		\$0	R&M; AG (Min 65 Years)
<i>sm vitamin d</i>		\$0	R&M; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 50 mcg (2000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>sm vitamin d3 oral tablet</i>		\$0	R&M; AG (Min 65 Years)
<i>super daily d3 oral liquid 2000 ut/0.028ml</i>		\$0	R
<i>th vitamin d3</i>		\$0	R&M; AG (Min 65 Years)
<b>THERA-D 2000 (Vitamin D)</b>	\$0	\$0	R&M; AG (Min 65 Years)
<b>THERA-D 4000</b>	\$0		R&M; AG (Min 65 Years)
<b>THERA-D RAPID REPLETION (Vitamin D)</b>	\$0	\$0	R&M; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>		T1	R
<i>vitamin d high potency</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d oral capsule 125 mcg (5000 ut)</i>		\$0	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d oral tablet 400 unit</i>		\$0	R&M; AG (Min 65 Years)
<b>VITAMIN D-1000 MAX ST (Vitamin D)</b>	\$0	\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 high potency</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	R&M; AG (Min 65 Years)
<i>vitamin d-400</i>		\$0	R&M; AG (Min 65 Years)
<b>*Vitamin K***</b>			
<i>phytonadione oral</i>		T3	R



## Medical Benefit

Drug Name	Brand	Generic	Additional Information
ABELCET	MB		SP
ABILIFY INTRAMUSCULAR	MB		SP
ABRAXANE	MB		SP
ACTEMRA INTRAVENOUS	MB		R
ADCETRIS	MB		SP
ADRUCIL	MB		SP
ADVATE	MB		R
adynovate	MB		R
AFSTYLA	MB		R
ALDURAZYME	MB		R
ALFERON N	MB		SP
ALIMTA	MB		SP
ALKERAN INTRAVENOUS	MB		SP
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	MB		SP
ALPHANATE/VWF COMPLEX/HUMAN	MB		R
ALPHANINE SD	MB		R
<i>alternaria</i>	MB		SP
AMBISOME	MB		SP
<i>american cockroach</i>	MB		SP
<i>american elm</i>	MB		SP
AMEVIVE	MB		SP
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	MB		SP
<i>aminophylline intravenous</i>	MB		SP
<i>ammonium chloride intravenous</i>	MB		SP
<i>amphotericin b injection</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
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	MB		R
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	MB		R
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	MB		R
ARCALYST	MB		R
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	MB		SP
ARRANON	MB		SP
ARZERRA	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>aspergillus fumigatus subcutaneous solution 20000 pnl/ml</i>	MB		SP
<b>ATGAM</b>	MB		SP
<b>ATROOPEN INTRAMUSCULAR DEVICE</b>	MB		SP
<b>AVASTIN</b>	MB		SP
<i>azacitidine</i>	MB		SP
<i>aztreonam</i>	MB		SP
<b>BEBULIN</b>	MB		R
<b>BELEODAQ</b>	MB		SP
<b>BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT</b>	MB		R
<b>BENLYSTA INTRAVENOUS</b>	MB		R
<b>BERINERT</b>	MB		R
<i>bermuda grass</i>	MB		SP
<b>BICNU</b>	MB		SP
<i>bleomycin sulfate</i>	MB		SP
<b>BLINCYTO</b>	MB		SP
<b>BLOXIVERZ</b>	MB		SP
<b>BONIVA INTRAVENOUS</b>	MB		PA; SP
<b>BOTOX</b>	MB		R
<b>BRINEURA INJECTION</b>	MB		SP
<b>BRIVIACT INTRAVENOUS</b>	MB		SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	MB		SP
<b>BUSULFEX</b>	MB		SP
<b>CAMPTOSAR</b>	MB		SP
<b>CANCIDAS</b>	MB		SP
<b>CAPASTAT SULFATE</b>	MB		SP
<i>carboplatin intravenous solution</i>	MB		SP
<i>cat hair extract</i>	MB		SP
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	MB		SP
<i>cefazolin sodium intravenous solution</i>	MB		SP
<i>cefazolin sodium intravenous solution reconstituted</i>	MB		SP
<i>cefepime hcl</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</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</i>	MB		SP
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	MB		SP
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 2-2.22 gm-%</i>	MB		SP
<b>CELLCEPT INTRAVENOUS</b>	MB		SP
<b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</b>	MB		R
<i>chloramphenicol sod succinate</i>	MB		SP
<i>chorionic gonadotropin intramuscular</i>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cidofovir intravenous</i>	MB		SP
<b>CINQAIR</b>	MB		R
<b>CINRYZE</b>	MB		R
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	MB		SP
<i>cladribine intravenous solution 1 mg/ml</i>	MB		SP
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml</i>	MB		SP
<b>CLOLAR</b>	MB		SP
<b>COAGADEX</b>	MB		R
<b>CORIFACT</b>	MB		R
<b>COSMEGEN</b>	MB		SP
<b>CRESEMBA INTRAVENOUS</b>	MB		SP
<b>CUBICIN</b>	MB		SP
<i>cyclophosphamide injection</i>	MB		SP
<b>CYRAMZA</b>	MB		SP
<i>cytarabine (pf)</i>	MB		SP
<i>cytarabine injection solution</i>	MB		SP
<b>CYTOVENE</b>	MB		SP
<i>dacarbazine intravenous</i>	MB		SP
<b>DACOGEN</b>	MB		SP
<i>daunorubicin hcl intravenous injectable</i>	MB		SP
<b>DAUNOXOME</b>	MB		SP
<i>decitabine</i>	MB		SP
<b>DEPOCYT</b>	MB		SP
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML</b>	MB		SP
<i>diphenhydramine hcl injection</i>	MB		SP
<b>DOCEFREZ</b>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<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</i>	MB		SP
<i>dog epithelium subcutaneous solution 1:10</i>	MB		SP
<b>DORIBAX</b>	MB		SP
<b>DOXIL</b>	MB		SP
<i>doxorubicin hcl</i>	MB		SP
<i>doxorubicin hcl liposomal</i>	MB		SP
<b>DYSPORT</b>	MB		R
<i>eastern cottonwood</i>	MB		SP
<b>ELLENCE</b>	MB		SP
<b>ELOCTATE</b>	MB		R
<b>ELOXATIN INTRAVENOUS SOLUTION 100 MG/20ML, 50 MG/10ML</b>	MB		SP
<b>EMPliciti</b>	MB		SP
<b>ENLON</b>	MB		SP
<b>ENTYVIO</b>	MB		PA; SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	MB		SP
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	MB		R
<i>epoprostenol sodium</i>	MB		R
<b>ERAXIS</b>	MB		SP
<b>ERBITUX</b>	MB		SP
<b>ETOPOPHOS</b>	MB		SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	MB		SP
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	MB		PA; SP
<b>EVZIO</b>	MB		SP
<b>EYLEA INTRAOCULAR</b>	MB		R
<b>FABRAZYME</b>	MB		R
<b>FASENRA</b>	MB		PA; R
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED</b>	MB		R
<b>FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED</b>	MB		R
<i>fentanyl citrate (pf) injection solution cartridge</i>	MB		SP
<b>FIBRYGA</b>	MB		R
<b>FLOLAN</b>	MB		R
<i>flouxuridine injection</i>	MB		SP
<b>FLUDARA</b>	MB		SP
<i>fludarabine phosphate</i>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<b>FLUORAC</b>	MB		SP
<i>fluorouracil intravenous</i>	MB		SP
<b>FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML</b>	MB		SP
<i>foscarnet sodium intravenous solution 24 mg/ml</i>	MB		SP
<b>FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML</b>	MB		SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	MB		SP
<b>GAZYVA</b>	MB		SP
<b>GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE</b>	MB		PA; SP
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	MB		SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	MB		SP
<b>GEMZAR</b>	MB		SP
<b>GENVISC 850</b>	MB		PA; SP
<b>GLASSIA</b>	MB		R
<b>GLIADEL WAFER</b>	MB		SP
<b>GONAL-F</b>	MB		SP
<b>GONAL-F RFF</b>	MB		SP
<b>GONAL-F RFF REDIRECT</b>	MB		PA; SP
<b>HALAVEN</b>	MB		SP
<b>HELIXATE FS</b>	MB		R
<b>HEMLIBRA</b>	MB		R
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT</b>	MB		R
<b>HERCEPTIN</b>	MB		SP
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	MB		R
<b>HYALGAN</b>	MB		PA; SP
<b>HYCAMTIN INTRAVENOUS</b>	MB		SP
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	MB		SP
<b>HYMOVIS</b>	MB		PA; SP
<b>IDAMYCIN PFS</b>	MB		SP
<i>idarubicin hcl</i>	MB		SP
<b>IFEX</b>	MB		SP
<i>ifosfamide</i>	MB		SP
<i>ifosfamide-mesna intravenous kit 1-1 gm</i>	MB		SP
<b>IMFINZI</b>	MB		SP
<b>IMLYGIC</b>	MB		PA; SP
<b>INFLECTRA</b>	MB		R
<b>INJECTAFER</b>	MB		PA; SP
<b>INVANZ</b>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>irinotecan hcl</i>	MB		SP
<b>ISTODAX</b>	MB		SP
<b>IXEMPRA KIT</b>	MB		SP
<b>IXIARO</b>	MB		SP
<b>JEVTANA</b>	MB		SP
<b>JIVI</b>	MB		R
<i>johnson grass</i>	MB		SP
<b>KADCYLA</b>	MB		SP
<i>kanamycin sulfate injection</i>	MB		SP
<b>KANUMA</b>	MB		PA; SP
<b>KCENTRA INTRAVENOUS KIT 500 UNIT</b>	MB		R
<b>KEYTRUDA</b>	MB		SP
<b>KOATE-DVI</b>	MB		R
<b>KOGENATE FS</b>	MB		R
<b>KOGENATE FS BIO-SET</b>	MB		R
<b>KOVALTRY</b>	MB		R
<b>KRYSTEXXA</b>	MB		R
<b>LEMTRADA</b>	MB		R
<b>LINCOCIN</b>	MB		SP
<b>LIPODOX</b>	MB		SP
<b>LIPODOX 50</b>	MB		SP
<b>LUCENTIS INTRAOCULAR</b>	MB		R
<b>LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE</b>	MB		R
<b>MACUGEN</b>	MB		R
<b>MARQIBO</b>	MB		SP
<i>melphalan hcl</i>	MB		SP
<i>meropenem</i>	MB		SP
<b>METASTRON</b>	MB		SP
<i>methotrexate sodium injection solution reconstituted</i>	MB		SP
<i>methyldopate hcl</i>	MB		SP
<b>MINIMED 530G INSULIN PUMP</b>	MB		SP
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	MB		R
<i>mite (d. farinae)</i>	MB		SP
<i>mite (d. pteronyssinus)</i>	MB		SP
<i>mitomycin intravenous</i>	MB		SP
<i>mitoxantrone hcl</i>	MB		R
<i>mixed ragweed</i>	MB		SP
<b>MONOCLATE-P</b>	MB		R
<b>MONONINE</b>	MB		R
<i>mountain cedar</i>	MB		SP

Drug Name	Brand	Generic	Additional Information
<b>MUSTARGEN</b>	MB		SP
<b>MYCAMINE</b>	MB		SP
<b>MYOBLOC</b>	MB		R
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>naloxone hcl injection solution 1 mg/ml</i>	MB		SP
<b>NAVELBINE</b>	MB		SP
<i>neostigmine methylsulfate injection</i>	MB		SP
<b>NIPENT</b>	MB		SP
<b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</b>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>NOVOEIGHT</b>	MB		R
<b>NOVOSEVEN RT</b>	MB		R
<b>NUWIQ</b>	MB		R
<i>obizur</i>	MB		R
<b>OCREVUS</b>	MB		R
<b>ONCASPAR INJECTION</b>	MB		SP
<b>ONIVYDE</b>	MB		SP
<b>OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML</b>	MB		PA; SP
<b>OTIPRIO</b>	MB		SP
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	MB		SP
<i>oxaliplatin</i>	MB		SP
<i>paclitaxel</i>	MB		SP
<i>penicillin g pot in dextrose</i>	MB		SP
<i>penicillin g potassium</i>	MB		SP
<i>penicillin g procaine</i>	MB		SP
<i>penicillin g sodium</i>	MB		SP
<b>PENTAM</b>	MB		SP
<b>PERJETA</b>	MB		PA; SP
<b>PHOTOFRIN</b>	MB		SP
<b>PHYSIOLYTE</b>	MB		SP
<b>PHYSIOSOL IRRIGATION</b>	MB		SP
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	MB		SP
<b>PORTRAZZA</b>	MB		SP
<i>potassium acetate intravenous solution 2 meq/ml</i>	MB		SP
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	MB		SP

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Drug Name	Brand	Generic	Additional Information
<i>potassium chloride intravenous solution 0.4 meq/ml</i>	MB		SP
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	MB		SP
<b>PREGNYL</b>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<b>PRIMAXIN IV</b>	MB		SP
<b>PROCRIT</b>	MB		R
<b>PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT</b>	MB		R
<b>PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT</b>	MB		R
<b>PROGRAF INTRAVENOUS</b>	MB		SP
<b>PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG</b>	MB		R
<b>PROLEUKIN</b>	MB		SP
<b>PROVENGE</b>	MB		SP
<b>QUADRAMET</b>	MB		SP
<b>RECLAST</b>	MB		R
<b>RECOMBINATE</b>	MB		R
<b>REGONOL INTRAVENOUS</b>	MB		SP
<b>REMICADE</b>	MB		R
<b>RENFLEXIS</b>	MB		R
<b>REVATIO INTRAVENOUS</b>	MB		R
<i>ringers irrigation</i>	MB		SP
<b>RITUXAN INTRAVENOUS SOLUTION</b>	MB		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>rixubis intravenous solution reconstituted 250 unit</i>	MB		R
<b>RUCONEST</b>	MB		R
<i>scopolamine hbr injection</i>	MB		SP
<b>SIGNIFOR</b>	MB		R
<b>SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG</b>	MB		R
<i>sildenafil citrate intravenous</i>	MB		R
<b>SIMULECT</b>	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</i>	MB		SP
<b>SOLIRIS INTRAVENOUS SOLUTION 10 MG/ML</b>	MB		R
<b>SOMATULINE DEPOT</b>	MB		R
<b>SPINRAZA</b>	MB		PA; SP
<b>STELARA INTRAVENOUS</b>	MB		PA; SP

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Drug Name	Brand	Generic	Additional Information
<i>streptomycin sulfate intramuscular</i>	MB		SP
<b>SYLATRON SUBCUTANEOUS KIT 4 X 200 MCG, 4 X 300 MCG</b>	MB		SP
<b>SYLVANT</b>	MB		R
<b>TAXOTERE INTRAVENOUS CONCENTRATE 20 MG/ML, 80 MG/4ML</b>	MB		SP
<b>TEFLARO</b>	MB		SP
<b>TEMODAR INTRAVENOUS</b>	MB		SP
<i>teniposide</i>	MB		SP
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%</i>	MB		SP
<b>THERACYS</b>	MB		SP
<b>THYMOGLOBULIN</b>	MB		SP
<i>ticarcillin-pot clavulanate</i>	MB		SP
<b>TICE BCG</b>	MB		SP
<b>TIMENTIN</b>	MB		SP
<i>timothy grass pollen allergen subcutaneous solution 100000 bau/ml</i>	MB		SP
<b>TIS-U-SOL</b>	MB		SP
<b>TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</b>	MB		SP
<i>topotecan hcl</i>	MB		SP
<b>TORISEL</b>	MB		SP
<i>tranexamic acid intravenous solution 100 mg/ml</i>	MB		SP
<b>TREANDA</b>	MB		SP
<b>TRETEN</b>	MB		R
<b>TRISENOX INTRAVENOUS SOLUTION 10 MG/10ML</b>	MB		SP
<b>TYGACIL</b>	MB		SP
<b>TYSABRI</b>	MB		R
<b>TYVASO</b>	MB		R
<b>TYVASO REFILL</b>	MB		R
<b>TYVASO STARTER</b>	MB		R
<b>UNITUXIN</b>	MB		SP
<b>UVADEX</b>	MB		SP
<b>VALSTAR</b>	MB		SP
<b>VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML</b>	MB		SP
<b>VELCADE INJECTION</b>	MB		SP
<b>VELETRI</b>	MB		R
<b>VFEND IV</b>	MB		SP
<b>VIBATIV</b>	MB		SP
<b>VIDAZA</b>	MB		SP
<b>VIMIZIM</b>	MB		R

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Drug Name	Brand	Generic	Additional Information
<i>vinblastine sulfate intravenous solution</i>	MB		SP
<b>VINCASAR PFS</b>	MB		SP
<i>vincristine sulfate intravenous</i>	MB		SP
<i>vinorelbine tartrate</i>	MB		SP
<b>VISTIDE</b>	MB		SP
<b>VISUDYNE</b>	MB		R
<b>VONVENDI</b>	MB		R
<i>voriconazole intravenous</i>	MB		SP
<b>VPRIV</b>	MB		R
<i>white oak</i>	MB		SP
<b>WILATE INTRAVENOUS KIT</b>	MB		R
<b>WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT</b>	MB		R
<b>XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT</b>	MB		R
<b>XGEVA</b>	MB		R
<b>XOFIGO INTRAVENOUS SOLUTION 27 MCCI/ML</b>	MB		SP
<b>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	MB		R
<b>XYNTHA SOLOFUSE</b>	MB		R
<b>YEROVY</b>	MB		PA; SP
<b>ZALTRAP</b>	MB		SP
<b>ZANOSAR</b>	MB		SP
<b>ZEMAIRA</b>	MB		R
<b>ZEMPLAR INTRAVENOUS</b>	MB		SP
<b>ZEVALIN Y-90</b>	MB		SP
<i>zoledronic acid intravenous concentrate</i>	MB		R
<i>zoledronic acid intravenous solution</i>	MB		R
<b>ZOMETA</b>	MB		R

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VENCLEXTA STARTING PACK	67	VITAMEDMD PLUS		WIDE-SEAL DIAPHRAGM 65	137
venlafaxine hcl	50	RX/QUATREFOLIC	156	WIDE-SEAL DIAPHRAGM 70	137
venlafaxine hcl er	50	VITAMEDMD REDICHEW RX	157	WIDE-SEAL DIAPHRAGM 75	137
VENTAVIS	92	vitamin d	184	WIDE-SEAL DIAPHRAGM 80	137
VENTOLIN HFA	42	vitamin d (cholecalciferol)	184	WIDE-SEAL DIAPHRAGM 85	137
verapamil hcl	92	vitamin d (ergocalciferol)	184	WIDE-SEAL DIAPHRAGM 90	137
verapamil hcl er	92	vitamin d high potency	184	WIDE-SEAL DIAPHRAGM 95	137
VEREGEN	108	VITAMIN D-1000 MAX ST	184	WILATE	195
VERELAN PM	92	vitamin d3	184	WINRHO SDF	164
VERIPRED 20	104	vitamin d-3	184	WIXELA INHUB	40
VERZENIO	106	vitamin d3 high potency	184	WP THYROID	176
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VESTURA	99	vitamin d3 super strength	184	XADAGO	78
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VFEND	58	VITATELY WITH GINGER	155	XARELTO	44
VFEND IV	194	VITEKTA	83	XARELTO STARTER PACK	44
VIBATIV	194	VITUZ	106	XARTEMIS XR	35
VIBERZI	134	VIVA DHA	155	XATMEP	69
VIBRAMYCIN	175	VIVELLE-DOT	124	XELJANZ	13
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VICODIN ES	25	VIZIMPRO	73	XELODA	69
VICODIN HP	25	vol-plus	155	XELPROS	162
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<b>XERESE</b>	111
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<b>XGEVA</b>	195
<b>XIAFLEX</b>	89
<b>XIFAXAN</b>	64
<b>XIGDUO XR</b>	174
<b>XIIDRA</b>	136
<b>XOFIGO</b>	195
<b>XOLAIR</b>	41
<b>XOPENEX HFA</b>	42
<b>XOSPATA</b>	73
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	67
<b>XTAMPZA ER</b>	34
<b>XTANDI</b>	68
<b>XULANE</b>	100
<b>XURIDEN</b>	133
<b>X-VIATE</b>	113
<b>XYLOCAINE</b>	114
<b>XYLON</b>	26
<b>XYNTHA</b>	195
<b>XYNTHA SOLOFUSE</b>	195
<b>XYREM</b>	167
<b>YERVOY</b>	195
<b>YONSA</b>	68
<b>YUPELRI</b>	42
<b>YUVAFEM</b>	182
<i>zafirlukast</i>	43
<i>zaleplon</i>	134
<b>ZALTRAP</b>	195
<b>ZANOSAR</b>	195
<b>ZARAH</b>	100
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<b>ZAVESCA</b>	130
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<b>ZEPATIER</b>	133
<b>ZERIT</b>	84
<b>ZETONNA</b>	157
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<b>ZIAGEN</b>	84
<i>zileuton er</i>	39
<b>ZINBRYTA</b>	169
<b>ZIOPTAN</b>	162
<i>ziprasidone hcl</i>	80
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<b>ZOHYDRO ER</b>	34
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<b>ZOLINZA</b>	69
<i>zolpidem tartrate</i>	134
<i>zolpidem tartrate er</i>	134
<b>ZOMACTON</b>	120
<b>ZOMETA</b>	195
<b>ZOMIG</b>	151
<b>ZOMIG ZMT</b>	151
<b>ZONALON</b>	109
<b>ZONEGRAN</b>	47
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<b>ZONTIVITY</b>	167
<b>ZORBTIVE</b>	120
<b>ZORTRESS</b>	89
<b>ZOSTAVAX</b>	181
<b>ZOVIA 1/35E (28)</b>	100
<b>ZOVIRAX</b>	111
<b>ZUBSOLV</b>	35
<b>ZUMANDIMINE</b>	100
<b>ZUPLENZ</b>	57
<b>ZURAMPIC</b>	129
<b>ZYBAN</b>	171
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<b>ZYFLO CR</b>	39
<b>ZYKADIA</b>	73
<b>ZYMAXID</b>	160
<b>ZYPITAMAG</b>	61
<b>ZYTIGA</b>	68
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Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

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



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# Multi-language Interpreter Services

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

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

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

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

Arabic:

إن كان لديك أو لدى شخص تساعدك بخصوص Blue Cross Blue Shield of Arizona ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة للتحدث مع مترجم اتصل بـ 877-475-4799.

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

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

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

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

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

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

Farsi:

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

Assyrian:

بَلِجَّا لَّيْلَى، بَلِجَّا لَّيْلَى، Blue Cross Blue Shield of Arizona بَلِجَّا لَّيْلَى، بَلِجَّا لَّيْلَى، 877-475-4799 بَلِجَّا لَّيْلَى.

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

Thai: หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณสามารถติดต่อขอความช่วยเหลือและข้อมูลในภาษา ของคุณได้โดยไม่มีค่าใช้จ่าย พดคุยกับเรา โทร 877-475-4799

