



An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Arizona's Prescription Medication

Formulary for Portfolio and SimpleHealth Plans

Effective 1/1/19

Your prescription medications fall into one of four categories or “tiers.” Each tier has a different out of pocket cost or coinsurance. Medications are categorized by—not by their generic, brand-name or specialty drug label. So, for this benefit each tier may contain a combination of generic, brand-name and specialty drugs.

Drug Benefit	Description
Tier 1	Retail and Mail Order Co-Insurance
Tier 2	Specialty Co-Insurance *Limited to a 30 day supply at the In-Network Specialty Pharmacies or Retail Pharmacy
Tier 3	Certain generic preventive drugs will have a very low or no cost share
Tier 4	Medical Benefit *When covered these medications would apply under medical benefit

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

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

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

Additional Information About Your Prescription Benefits

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

Non-Formulary Exception Process:

- Non-Formulary medications are not covered unless an exception is made. A medication is considered non-formulary if it is not included on this formulary document below. If a provider feels there are no suitable formulary alternatives available, they may request that an exception be made to allow coverage for a non-formulary medication by filling out the Non-Formulary Exception Request Form along with appropriate documentation supporting the request.
- You can find the non-formulary request form, along with other prior authorization request forms, at azblue.com. Click on the "Resource Center" tab, select "Pharmacy" and select the "View resources for QHP Pharmacy Plans". A non-formulary exception request does not guarantee approval. Drugs that are not on the formulary and have specific plan benefit exclusions will not be covered, such as weight loss products.
- Formulary exception requests are reviewed within 72 hours from the time that the complete request has been received via fax or over the phone. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

What if my medication requires Prior Authorization?

Medications Requiring Prior Authorization:

- Certain medications may be considered formulary however they require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. Medications are noted below if prior authorization is required. This is found in the "Additional Information" section and is noted with "PA" for Prior Authorization.
- A prior authorization request must be submitted and signed by your provider. Request forms are found at azblue.com. Click on the "Resource Center" tab, select "Pharmacy" and select the "View resources for QHP Pharmacy Plans". Forms are listed at the bottom of the page by medication name under "Retail and Mail Order Prescription Drug Precertification Forms". If the medication being requested is not listed under the specific forms section please utilize the general form listed on azblue.com at the top of the page under "Other Forms and Resources." Instructions on where to submit the form and the required information is included within the form itself.
- Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

For Questions regarding your Pharmacy Benefits please contact Pharmacy Member Services

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

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

**Blue Cross Blue Shield of Arizona Formulary
Portfolio and SimpleHealth**

Table of Contents

*5-Ht4 Receptor Agonists***	10
*Adenosine Receptor Antagonist***	10
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	10
*Agents For Narcotic Withdrawal***	12
*Agents For Opioid Withdrawal***	12
Amebicides	12
Aminoglycosides	12
*Aminomethylcyclines***	13
Analgesics - Anti-Inflammatory	13
Analgesics - Nonnarcotic	17
Analgesics - Opioid	22
Androgens-Anabolic	35
Anorectal Agents	35
Antacids	36
Anthelmintics	36
Antianginal Agents	36
Antianxiety Agents	36
Antiarrhythmics	38
Antiasthmatic And Bronchodilator Agents	39
Anticoagulants	43
Anticonvulsants	44
Antidepressants	47
Antidiabetics	50
Antidiarrheals	55
Antidotes And Specific Antagonists	55
Antidotes	55
Antiemetics	57
Antifungals	58
Antihistamines	58
Antihyperlipidemics	59
Antihypertensives	61
Anti-Infective Agents - Misc.	64
Antimalarials	65
Antimyasthenic Agents	65
Antimyasthenic/Cholinergic Agents	66
Antimycobacterial Agents	66
*Antineoplastic - Bcl-2 Inhibitors***	66
*Antineoplastic - Fgfr Kinase Inhibitors***	67
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***	67
*Antineoplastic - Xpo1 Inhibitors***	67
*Antineoplastic Or Premalignant Lesion Agent - Comb***	67
Antineoplastics And Adjunctive Therapies	67
Antiparkinson Agents	78
Antipsychotics/Antimanic Agents	79
*Antiretrovirals Adjuvants***	81
Antiseptics & Disinfectants	81
Antivirals	81
*Anti-Von Willebrand Factor Agents***	87
Assorted Classes	88
*Atopic Dermatitis - Monoclonal Antibodies***	90
Beta Blockers	90
*Bile Acid Synthesis Disorder Agents***	90
Biologicals Misc	90
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***	91
Calcium Channel Blockers	91
Cardiotonics	92

Cardiovascular Agents - Misc.	92
Cephalosporins	93
Chemicals	94
Contraceptives	94
Corticosteroids	104
Cough/Cold/Allergy	105
*Cyclin-Dependent Kinases (Cdk) Inhibitors***	106
*Cystic Fibrosis Agent - Combinations***	107
Dermatologicals	107
Diagnostic Products	115
Digestive Aids	116
*Direct-Acting P2y12 Inhibitors***	116
Diuretics	116
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***	117
Endocrine And Metabolic Agents - Misc.	117
Estrogens	123
*Farnesoid X Receptor (Fxr) Agonists***	124
Fluoroquinolones	124
Gastrointestinal Agents - Misc.	125
Genitourinary Agents - Miscellaneous	127
*Glycopeptides***	128
Gout Agents	128
Hematological Agents - Misc.	129
Hematopoietic Agents	129
Hemostatics	132
*Hepatitis C Agent - Combinations***	132
*Hereditary Orotic Aciduria Treatment - Agents**	133
*Histamine H3-Receptor Antagonist/Inverse Agonists***	133
Hypnotics	133
*Hypophosphatasia (Hpp) Agents***	134
*Ibs Agent - Mu-Opioid Receptor Agonists***	134
*Insulin-Incretin Mimetic Combinations***	134
*Interleukin-5 Antagonists (Ilg1 Kappa)***	134
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***	135
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***	135
Laxatives	135
*Leptin Analogues***	135
Local Anesthetics-Parenteral	135
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***	136
Macrolides	136
Medical Devices	136
Migraine Products	149
Minerals & Electrolytes	151
*Mixed Allergenic Extracts***	152
*Monobactams***	152
Mouth/Throat/Dental Agents	152
*Multiple Sclerosis Agents - Antimetabolites***	153
Multivitamins	153
Musculoskeletal Therapy Agents	156
Nasal Agents - Systemic And Topical	157
*Nepriylsin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***	157
*Neurogenic Orthostatic Hypotension (Noh) - Agents***	157
Neuromuscular Agents	157
Ophthalmic Agents	158
*Ophthalmic Nerve Growth Factors***	161
*Ophthalmic Rho Kinase Inhibitors***	161
*Orexin Receptor Antagonists***	162
Otic Agents	162
Oxytocics	162
Passive Immunizing Agents	162

*Pcsk9 Inhibitors***	163
Penicillins	163
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***	164
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***	164
*Phosphodiesterase 4 (Pde4) Inhibitors***	164
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***	164
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**	165
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***	165
*Potassium Removing Agents***	165
Progestins	165
*Protease-Activated Receptor-1 (Par-1) Antagonists***	166
Psychotherapeutic And Neurological Agents - Misc.	166
*Pulmonary Fibrosis Agents - Kinase Inhibitors***	171
*Pulmonary Fibrosis Agents***	171
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***	171
Respiratory Agents - Misc.	171
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***	172
*Serotonin Modulators***	172
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***	172
*Sinus Node Inhibitors**	172
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***	173
*Spleen Tyrosine Kinase (Syk) Inhibitors***	173
*Steroids - Mouth/Throat/Dental***	173
Sulfonamides	173
Tetracyclines	173
Thyroid Agents	174
Toxoids	174
*Transthyretin Stabilizers***	175
*Tryptophan Hydroxylase Inhibitors***	175
Ulcer Drugs	175
Urinary Anti-Infectives	177
Urinary Antispasmodics	177
Vaccines	178
Vaginal Products	180
Vasopressors	181
Vitamins	181

List of Abbreviations

1: Low Cost Share

2: Moderate Cost Share

3: Highest Cost Share

\$0: \$0 cost share Prevention Drug

AI: Additional 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

Portfolio and SimpleHealth

CURRENT AS OF 1/1/2019

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

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

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Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		1	R&M; QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		1	R&M; QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg</i>		1	R&M; QL (4 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		1	R&M; QL (3 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		1	R&M; QL (2 EA per 1 day); AG (Min 6 Years)
<i>modafinil</i>		1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
QUILLIVANT XR	1		R&M; QL (10 ML per 1 day); AG (Min 6 Years)
*Agents For Narcotic Withdrawal***			
*Agents For Narcotic Withdrawal***			
LUCEMYRA	1		PA; R&M; QL (224 EA per 14 days)
*Agents For Opioid Withdrawal***			
*Agents For Opioid Withdrawal***			
LUCEMYRA	1		PA; R&M; QL (224 EA per 14 days)
Amebicides			
*Amebicides***			
SOLOSEC	1		R&M; QL (1 EA per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
ARIKAYCE	2		PA; R&M; AI (Limited Distribution PantheRx)
BETHKIS	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KITABIS PAK (Tobramycin)	2	2	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>neomycin sulfate oral</i>		1	R
<i>paromomycin sulfate oral</i>		1	RO

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Drug Name	Brand	Generic	Additional Information
TOBI (<i>Tobramycin</i>)	2	2	PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TOBI PODHALER	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Aminomethylcyclines***			
*Aminomethylcyclines***			
NUZYRA ORAL TABLET 150 MG	1		PA; R
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT ORAL TABLET 1 MG	2		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
OLUMIANT ORAL TABLET 2 MG	2		PA; R
RINVOQ	2		PA; R
XELJANZ ORAL TABLET 10 MG	2		PA; R
XELJANZ ORAL TABLET 5 MG	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELJANZ XR	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antirheumatic Antimetabolites***			
OTREXUP	1		PA; R
RASUVO	1		R
RHEUMATREX ORAL TABLET 2.5 MG	1		R
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2		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	2		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	2		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 SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		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	2		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	2		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	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI ARIA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2		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	2		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	2		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	2		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
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2		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	2		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	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI ARIA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Gold Compounds***			
RIDAURA	1		R
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	2		PA; R
ACTEMRA SUBCUTANEOUS	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PA; SP

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

Drug Name	Brand	Generic	Additional Information
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>diclofenac-misoprostol oral tablet delayed release</i>		1	R
INFLATHERM COMBINATION THERAPY PACK	2		PA; R
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
<i>diclofenac potassium</i>		1	R
<i>diclofenac sodium er</i>		1	R
<i>diclofenac sodium oral</i>		1	R
EC-NAPROSYN (Naproxen DR)	1	1	R
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>		1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>etodolac oral capsule 300 mg</i>		1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>etodolac oral tablet 400 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>etodolac oral tablet 500 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>fenoprofen calcium oral tablet</i>		1	R
<i>flurbiprofen oral</i>		1	R
<i>ibuprofen oral suspension</i>		1	R
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		1	R
INDOCIN ORAL	1		R
INDOCIN RECTAL	1		R
<i>indomethacin er</i>		1	R
<i>indomethacin oral</i>		1	R
<i>ketoprofen oral</i>		1	R
<i>ketorolac tromethamine oral</i>		1	R&M; QL (20 EA per 5 days)
<i>meclofenamate sodium oral</i>		1	R
<i>meloxicam oral tablet</i>		1	R&M; QL (1 EA per 1 Day)
<i>nabumetone oral</i>		1	R
<i>naproxen oral tablet</i>		1	R
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		1	R
<i>oxaprozin</i>		1	R
<i>piroxicam oral</i>		1	R
PONSTEL (Mefenamic Acid)	1	1	R

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

Drug Name	Brand	Generic	Additional Information
<i>sulindac oral</i>		1	R
<i>tolmetin sodium</i>		1	R
*Pyrimidine Synthesis Inhibitors***			
ARAVA (Leflunomide)	1	1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA INTRAVENOUS	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	2		PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SUBCUTANEOUS KIT	2		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	2		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	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>		1	R&M; QL (6 EA per 1 day); AG (Min 12 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>		1	R
<i>butalbital-asa-caffeine</i>		1	R
CAPACET (Margesic)	1	1	R
FIORICET ORAL CAPSULE (Butalbital-APAP-Caffeine)	1	1	R&M; AI (;); QL (6 EA per 1 day); AG (Min 12 Years)
<i>marten-tab</i>		1	R
PHRENILIN FORTE ORAL CAPSULE (Butalbital-APAP-Caffeine) 50-300-40 MG	1	1	R&M; AI (;); QL (6 EA per 1 day); AG (Min 12 Years)
<i>repan</i>		1	R
*Salicylate Combinations***			
BUFFERIN LOW DOSE ORAL TABLET	3		R&M; QL (1 EA per 1 day); AG (Min 45 Years)
*Salicylates***			
<i>adult aspirin ec low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin 81 oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin adult low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin childrens</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec lo-dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>aspirin oral tablet 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ASPIR-LOW (Aspirin)	3	3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (Aspirin)	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (Aspirin)	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin)	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)

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

Drug Name	Brand	Generic	Additional Information
BAYER ASPIRIN REGIMEN (<i>Aspirin</i>)	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
BAYER LOW DOSE (<i>Aspirin</i>)	3	3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>childrens aspirin low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin child</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin low strength oral tablet chewable</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>cvs childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>diflunisal oral</i>		1	R
<i>ec-81 aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ECOTRIN (<i>Aspirin</i>)	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
ECOTRIN LOW STRENGTH (<i>Aspirin</i>)	3	3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ECPIRIN (<i>Aspirin</i>)	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq adult aspirin low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet delayed release 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)

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

Drug Name	Brand	Generic	Additional Information
<i>eq childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eql adult aspirin low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eql aspirin</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>eql childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp adult aspirin low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp aspirin low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>goodsense aspirin low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>hm aspirin ec</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin ec low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>hm aspirin oral tablet</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>hm aspirin oral tablet chewable</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>kls aspirin ec</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>kp aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>meijer aspirin ec</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
MINIPRIN LOW DOSE (Aspirin)	3	3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>mm aspirin</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
NORWICH ASPIRIN ORAL TABLET (Aspirin) 325 MG	3	3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)

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

Drug Name	Brand	Generic	Additional Information
<i>px aspirin oral tablet</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>px aspirin oral tablet chewable</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>qc aspirin</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin adult low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		3	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>ra childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>salsalate oral</i>		1	R
<i>sb aspirin ec</i>		3	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>sm aspirin adult low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin ec</i>		3	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)

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

Drug Name	Brand	Generic	Additional Information
<i>sm aspirin ec low strength</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm aspirin low dose oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>sm childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ADULT	3		R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ADULT LOW DOSE	3		R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
ST JOSEPH ASPIRIN (<i>Aspirin</i>)	3	3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin ec</i>		3	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin low dose oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>tgt aspirin oral tablet chewable</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt aspirin oral tablet delayed release</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>tgt childrens aspirin</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>th aspirin</i>		3	R&M; QL (1 EA per 1 day); AG (Min 45 Years)
<i>th aspirin low dose</i>		3	R&M; QL (1 EA per 1 Day); AG (Min 45 Years)
<i>th enteric aspirin</i>		3	R&M; QL (0.5 EA per 1 Day); AG (Min 45 Years)
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine #2</i>		1	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 #3</i>		1	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)

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

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine #4</i>		1	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>		1	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)
ASCOMP-CODEINE (<i>Butalbital-ASA-Caff-Codeine</i>)	1	1	R&M; QL (6 EA per 1 Day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		1	R&M; AI (60 tablets per copay); QL (60 EA per 1 Copay)
FIORINAL/CODEINE #3 (<i>Butalbital-ASA-Caff-Codeine</i>)	1	1	R&M; QL (6 EA per 1 Day)
*Dihydrocodeine Combinations***			
<i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i>		1	R&M; QL (5 EA per 1 Day)
SYNALGOS-DC (<i>Aspirin-Caff-Dihydrocodeine</i>)	1	1	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)
TREZIX ORAL CAPSULE (<i>APAP-Caff-Dihydrocodeine</i>) 320.5-30-16 MG	1	1	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)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>		1	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)
<i>hydrocodone-acetaminophen oral solution 7.5-500 mg/15ml</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>		1	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>hydrocodone-acetaminophen oral tablet 10-500 mg, 7.5-500 mg</i>		1	R&M; QL (8 EA per 1 Day)
<i>hydrocodone-acetaminophen oral tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i>		1	R&M; QL (6 EA per 1 Day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		1	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>hydrocodone-acetaminophen oral tablet 5-500 mg</i>		1	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)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>		1	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>hydrocodone-acetaminophen oral tablet 7.5-750 mg</i>		1	R&M; QL (5 EA per 1 Day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		1	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)
HYDROGESIC (<i>Stagesic</i>)	1	1	R&M; QL (8 EA per 1 Day)
IBUDONE ORAL TABLET (<i>Hydrocodone-Ibuprofen</i>) 10-200 MG	1	1	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)

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

Drug Name	Brand	Generic	Additional Information
IBUDONE ORAL TABLET (<i>Hydrocodone-Ibuprofen</i>) 5-200 MG	1	1	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)
REPREXAIN ORAL TABLET 10-200 MG	1		R&M; QL (5 EA per 1 Day)
REPREXAIN ORAL TABLET (<i>Hydrocodone-Ibuprofen</i>) 5-200 MG	1	1	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)
VICODIN ES ORAL TABLET (<i>Hydrocodone-Acetaminophen</i>) 7.5-300 MG	1	1	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)
VICODIN HP ORAL TABLET (<i>Hydrocodone-Acetaminophen</i>) 10-300 MG	1	1	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)
VICODIN ORAL TABLET (<i>Hydrocodone-Acetaminophen</i>) 5-300 MG	1	1	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)
XYLON	1		R
*Opioid Agonists***			
ABSTRAL	1		PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AG (Min 18 Years)
ACTIQ	1		PA; ST; RO; QL (3 EA per 1 day); AG (Min 16 Years)
<i>codeine sulfate oral solution 30 mg/5ml</i>		1	R
<i>codeine sulfate oral tablet 15 mg</i>		1	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)

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

Drug Name	Brand	Generic	Additional Information
<i>codeine sulfate oral tablet 30 mg</i>		1	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>		1	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)
CONZIP (TraMADol HCl ER)	1	1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
DEMEROL ORAL TABLET 100 MG	1		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)
DEMEROL ORAL TABLET 50 MG	1		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 (9 EA per 1 day)
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML	1		PA; ST; R
DILAUDID ORAL TABLET 2 MG	1		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)
DILAUDID ORAL TABLET 4 MG	1		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)

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

Drug Name	Brand	Generic	Additional Information
DILAUDID ORAL TABLET 8 MG	1		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)
DOLOPHINE (<i>Methadone HCl</i>)	1	1	PA; R
EMBEDA	1		R
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (<i>HYDRORmorphone HCl ER</i>)	1	1	PA; ST; R&M; QL (1 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle</i>		1	PA; RO; AI (;); QL (3 EA per 1 day); AG (Min 16 Years)
<i>fentanyl citrate buccal tablet</i>		1	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>		1	R&M; QL (0.34 EA per 1 day)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1		PA; ST; RO; AI (;); QL (90 EA per 1 Copay); AG (Min 18 Years)
<i>hydrocodone bitartrate er</i>		1	R&M; QL (2 EA per 1 day)
<i>hydromorphone hcl oral liquid</i>		1	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)
<i>hydromorphone hcl oral tablet 2 mg</i>		1	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>hydromorphone hcl oral tablet 4 mg</i>		1	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>hydromorphone hcl oral tablet 8 mg</i>		1	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
<i>hydromorphone hcl rectal</i>		1	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)
HYSINGLA ER	1		R&M; QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Morphine Sulfate ER) 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	1	1	RO; AI (30 capsules per copay); QL (1 EA per 1 day)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	1		RO; AI (30 capsules per copay); QL (1 EA per 1 day)
LAZANDA	1		PA; RO; AI (Limited to 30 day supply.); QL (0.34 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>		1	PA; R&M; QL (8 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>		1	PA; R&M; QL (8 EA per 1 Day)
<i>meperidine hcl oral solution</i>		1	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>		1	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>		1	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>meperitab oral tablet 100 mg</i>		1	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)

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

Drug Name	Brand	Generic	Additional Information
<i>meperitab oral tablet 50 mg</i>		1	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>		1	R
METHADONE HCL INTENSOL (<i>Methadone HCl</i>)	1	1	PA; R
<i>methadone hcl oral</i>		1	PA; R
METHADOSE ORAL CONCENTRATE (<i>Methadone HCl</i>)	1	1	PA; R
METHADOSE ORAL TABLET SOLUBLE (<i>Methadone HCl</i>)	1	1	PA; R
METHADOSE SUGAR-FREE (<i>Methadone HCl</i>)	1	1	PA; R
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		1	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 ML per 1 day)
<i>morphine sulfate er beads</i>		1	R&M; QL (1 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>		1	R
<i>morphine sulfate oral solution 10 mg/5ml</i>		1	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>		1	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)
<i>morphine sulfate oral tablet 15 mg</i>		1	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)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate oral tablet 30 mg</i>		1	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>		1	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>morphine sulfate rectal suppository 20 mg</i>		1	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>		1	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>		1	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)
NUCYNTA	1		R
NUCYNTA ER	1		RO; QL (2 EA per 1 day)
ONSOLIS	1		R
OPANA ORAL TABLET (Oxymorphone HCl) 10 MG	1	1	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)
OPANA ORAL TABLET (Oxymorphone HCl) 5 MG	1	1	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)
OXAYDO	1		PA; R

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

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral capsule</i>		1	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 100 mg/5ml</i>		1	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 concentrate 20 mg/ml</i>		1	R
<i>oxycodone hcl oral solution</i>		1	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>		1	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>oxycodone hcl oral tablet 15 mg</i>		1	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>oxycodone hcl oral tablet 20 mg, 30 mg</i>		1	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>oxycodone hcl oral tablet 5 mg</i>		1	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)

Drug Name	Brand	Generic	Additional Information
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxyCODONE HCl ER</i>)	1	1	R&M; QL (2 EA per 1 day)
<i>oxymorphone hcl er</i>		1	PA; RO; QL (2 EA per 1 day)
ROXICODONE ORAL TABLET 15 MG	1		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 (2 EA per 1 day)
ROXICODONE ORAL TABLET 30 MG	1		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)
ROXICODONE ORAL TABLET 5 MG	1		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)
ROXYBOND	1		PA; R
SUBSYS	1		PA; ST; RO; AI (Limited to 30 day supply.); QL (60 EA per 1 Copay); AG (Min 18 Years)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		1	RO; AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
<i>tramadol hcl er oral tablet extended release 24 hour</i>		1	RO; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral</i>		1	R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG	1		PA; R&M; AI (Max #630 Mail Order); QL (7 EA per 1 day); AG (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG	1		PA; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG, 9 MG	1		PA; R&M; QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	1		R&M; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	1		PA; ST; R&M; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day)
*Opioid Combinations***			
<i>benzhydrocodone-acetaminophen</i>		1	R&M; QL (3 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ENDOCET ORAL TABLET (<i>oxyCODONE-Acetaminophen</i>) 10-325 MG	1	1	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 (<i>oxyCODONE-Acetaminophen</i>) 5-325 MG	1	1	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 (<i>oxyCODONE-Acetaminophen</i>) 7.5-325 MG	1	1	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)
ENDODAN (<i>oxyCODONE-Aspirin</i>)	1	1	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-acetaminophen oral capsule</i>		1	R&M; QL (8 EA per 1 Day)
<i>oxycodone-acetaminophen oral solution</i>		1	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-acetaminophen oral tablet 10-650 mg</i>		1	R&M; QL (6 EA per 1 Day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		1	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)
<i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i>		1	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)

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

Drug Name	Brand	Generic	Additional Information
<i>oxycodone-ibuprofen</i>		1	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)
ROXICET ORAL TABLET 5-325 MG	1		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)
XARTEMIS XR	1		PA; R
*Opioid Partial Agonists***			
BELBUCA	1		PA; R
BUNAVAIL	1		R
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		1	R&M; QL (2 EA per 1 Day)
<i>butorphanol tartrate nasal</i>		1	R
BUTRANS TRANSDERMAL PATCH WEEKLY (Buprenorphine) 10 MCG/HR, 15 MCG/HR, 20 MCG/HR	1	1	R&M; QL (1 EA per 1 Week); AG (Min 18 Years)
BUTRANS TRANSDERMAL PATCH WEEKLY (Buprenorphine) 5 MCG/HR, 7.5 MCG/HR	1	1	R&M; QL (0.14 EA per 1 day); AG (Min 18 Years)
<i>pentazocine-naloxone hcl</i>		1	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)
SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 12-3 MG	1	1	R&M; QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 2-0.5 MG	1	1	R&M; QL (8 EA per 1 day)
SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 4-1 MG	1	1	R&M; QL (6 EA per 1 day)
SUBOXONE SUBLINGUAL FILM (Buprenorphine HCl-Naloxone HCl) 8-2 MG	1	1	R&M; QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	1		R&M; QL (3 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG	1		R&M; AI (;); QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG	1		R&M; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG	1		R&M; AI (;); QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	1		R&M; QL (22 EA per 1 day)
*Pentazocine Combinations***			
<i>pentazocine-acetaminophen</i>		1	R&M; QL (6 EA per 1 Day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		1	R&M; QL (8 EA per 1 Day)
Androgens-Anabolic			
*Anabolic Steroids***			
ANADROL-50	1		PA; R
<i>oxandrolone oral</i>		1	R
*Androgens***			
ANDROXY	1		PA; R
<i>danazol oral</i>		1	R
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>Testosterone Cypionate</i>)	1	1	R&M; M
<i>methitest</i>		1	PA; R
<i>methyltestosterone oral</i>		1	PA; R
TESTIM (<i>Testosterone</i>)	1	1	PA; R&M; M
<i>testosterone enanthate intramuscular solution</i>		1	R&M; M
<i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%)</i>		1	PA; R&M; M
XYOSTED	1		PA; R
Anorectal Agents			
*Intrarectal Steroids***			
<i>hydrocortisone rectal enema</i>		1	R
*Nitrate Vasodilating Agents***			
RECTIV	1		R
*Rectal Anesthetic/Steroids***			
ANALPRAM-HC RECTAL LOTION 1-2.5 %	1		R
<i>hydrocortisone ace-pramoxine rectal cream</i>		1	R
LIDAZONE HC RECTAL (<i>Lidocaine-Hydrocortisone Ace</i>)	1	1	R
PROCTOFOAM HC	1		R
*Rectal Steroids***			
ANUSOL-HC RECTAL SUPPOSITORY (<i>Anucort-HC</i>)	1	1	R
<i>grx hicort 25</i>		1	R
HEMMOREX-HC (<i>Anucort-HC</i>)	1	1	R

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

Drug Name	Brand	Generic	Additional Information
<i>hydrocortisone acetate rectal suppository 25 mg</i>		1	R
PROCTOSOL HC	1		R
PROCTOZONE-HC RECTAL	1		R
<i>rectacort-hc</i>		1	R
Antacids			
*Antacids - Calcium Salts***			
<i>calcium carbonate antacid oral tablet 648 mg</i>		1	PA; R
Anthelmintics			
*Anthelmintics***			
ALBENZA (<i>Albendazole</i>)	1	1	PA; R
<i>benznidazole</i>		1	PA; R&M; AI (.); AG (Min 2 Years and Max 12 Years)
<i>ivermectin oral</i>		2	R
<i>praziquantel oral</i>		2	R
STROMEKTOL	2		PA; ST; R
Antianginal Agents			
*Antianginals-Other***			
RANEXA	1		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>		1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
*Nitrates***			
DILATRATE-SR	1		R
<i>isosorbide dinitrate er</i>		1	R
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		1	R
<i>isosorbide mononitrate er</i>		1	R
<i>isosorbide mononitrate oral tablet 20 mg</i>		1	R
NITRO-BID	1		R
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nitroglycerin sublingual</i>		1	R
<i>nitroglycerin transdermal patch 24 hour</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
NITROLINGUAL (<i>Nitroglycerin</i>)	1	1	R
NITROMIST (<i>Nitroglycerin</i>)	1	1	R&M; QL (0.6 GM per 1 day)
NITRO-TIME (<i>Nitroglycerin ER</i>)	1	1	R
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg</i>		1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
<i>buspirone hcl oral tablet 15 mg</i>		1	R&M; AI (Max #120 Mail Order); QL (4 EA per 1 Day)
<i>buspirone hcl oral tablet 30 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>buspirone hcl oral tablet 5 mg</i>		1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>buspirone hcl oral tablet 7.5 mg</i>		1	R
<i>hydroxyzine hcl oral</i>		1	R
<i>hydroxyzine pamoate oral</i>		1	R
<i>meprobamate oral tablet 200 mg</i>		1	R
VISTARIL (<i>hydrOXYzine Pamoate</i>)	1	1	R
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 3 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (5 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (3 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam oral tablet dispersible 2 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (5 EA per 1 Day); AG (Min 18 Years)
<i>alprazolam xr</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (1 EA per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (8 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (2 EA per 1 day); AG (Min 9 Years)

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

Drug Name	Brand	Generic	Additional Information
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (3 EA per 1 Day); AG (Min 9 Years)
<i>diazepam oral tablet 10 mg, 5 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (2 EA per 1 day)
<i>diazepam oral tablet 2 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (4 EA per 1 day)
LORAZEPAM INTENSOL	1		RO; AI (Limit of two fills of any benzodiazepine per month.); QL (1 ML per 1 day); AG (Min 18 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (5 ML per 1 Day)
<i>lorazepam oral tablet</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (5 EA per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		1	RO; AI (Limit of two fills of any benzodiazepine per month.); QL (4 EA per 1 day); AG (Min 6 Years)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
<i>disopyramide phosphate oral</i>		1	R
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	1		R
<i>quinidine gluconate er</i>		1	R
<i>quinidine sulfate er</i>		1	R
<i>quinidine sulfate oral</i>		1	R
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		1	R
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		1	R
<i>propafenone hcl</i>		1	R
<i>propafenone hcl er</i>		1	R
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MULTAQ	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG	1	1	R

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

Drug Name	Brand	Generic	Additional Information
TIKOSYN	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		1	PA; R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day); AG (Min 12 Years)
ZYFLO	1		PA; R
ZYFLO CR	1		PA; R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AG (Min 12 Years)
*Adrenergic Combinations***			
ADVAIR DISKUS	1		R&M; AI (Max #180 Mail Order); QL (2 MCG per 1 day)
ADVAIR HFA	1		R&M; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AG (Min 3 Years)
AIRDUO RESPICLICK 113/14	1		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 2 days); AG (Min 12 Years)
AIRDUO RESPICLICK 232/14	1		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 2 days); AG (Min 12 Years)
AIRDUO RESPICLICK 55/14	1		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 2 days); AG (Min 12 Years)
ANORO ELLIPTA	1		R
BEVESPI AEROSPHERE	1		PA; ST; R&M; AI (ST: Step through both Anoro Ellipta and Stiolto Respimat in last 12 mo)
BREO ELLIPTA	1		R
COMBIVENT RESPIMAT	1		R&M; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail)

Drug Name	Brand	Generic	Additional Information
DULERA INHALATION AEROSOL 100-5 MCG/ACT	1		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	1		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>		1	R
<i>ipratropium-albuterol</i>		1	R&M; AI (Max #1620ml mail order); QL (540 ML per 30 Days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
SYMBICORT	1		R&M; AI (Max #3 Inhalers (30.6gm) Mail Order)
TRELEGY ELLIPTA	1		R
WIXELA INHUB (Fluticasone-Salmeterol)	1	1	ST; R&M; AI (ST: Step through brand Advair Diskus for 1 fill in last 3 months.); QL (2 MCG per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; R
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		1	R
*Beta Adrenergics***			
ACCUNEB	1		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>		1	ST; R&M; AI (Step thru BOTH Proair (HFA or Resplick) AND Ventolin HFA in last 12 months.)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>		1	R
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>		1	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>		1	R&M; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AG (Max 13 Years)
<i>albuterol sulfate oral</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
ARCAPTA NEOHALER	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
BROVANA	1		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>		1	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>		1	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>		1	R&M; AI (Max #270 vials mail order); QL (90 EA per 30 Days)
<i>levalbuterol tartrate</i>		1	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>		1	R
PERFOROMIST	1		R&M; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AG (Min 18 Years)
PROAIR DIGIHALER	1		R
PROAIR HFA	1		R
PROAIR RESPICLICK	1		R
PROVENTIL HFA	1		PA; ST; R&M; AI (Step thru BOTH Proair (HFA or Respiclick) AND Ventolin HFA in last 12 months.)
SEREVENT DISKUS	1		R&M; AI (Max #3 diskus mail order); QL (1 EA per 30 Days)
STRIVERDI RESPIMAT	1		PA; ST; R&M; AI (ST with 3 in last 12 months: Arcapta, Serevent, Anoro Ellipta, Spiriva w/ Serevent, and Spiriva w/ Arcapta.)
<i>terbutaline sulfate oral</i>		1	R
VENTOLIN HFA	1		R
VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HOUR (Albuterol Sulfate ER) 4 MG	1	1	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	1	1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
XOPENEX HFA	1		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)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA	1		R&M; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail)
INCRUSE ELLIPTA	1		R
<i>ipratropium bromide inhalation</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
LONHALA MAGNAIR REFILL KIT	3		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	3		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	1		R
SPIRIVA HANDIHALER	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	1		R
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1		R&M; QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	1		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
YUPELRI	1		PA; R
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 4 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>zafirlukast</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET 250 MCG	1		PA; R
DALIRESP ORAL TABLET 500 MCG	1		PA; ST; R
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	1		R&M; AI (Max #36.6GM Mail Order); QL (12.2 GM per 30 Days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	1		R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM per 30 Days)
ARNUITY ELLIPTA	1		R
ASMANEX (120 METERED DOSES)	1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (14 METERED DOSES)	1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (30 METERED DOSES)	1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)

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

Drug Name	Brand	Generic	Additional Information
ASMANEX (60 METERED DOSES)	1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX (7 METERED DOSES)	1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
ASMANEX HFA	1		R
<i>budesonide inhalation suspension 0.25 mg/2ml</i>		1	R&M; AI (Max #360ml Mail Order); QL (8 ML per 1 day)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>		1	R&M; AI (Max #360ml Mail Order); QL (4 ML per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	1		R&M; AI (Max #720 Mail Order); QL (8 EA per 1 Day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	1		R&M; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	1		R&M; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1		R&M; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail)
PULMICORT FLEXHALER	1		R&M; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days)
PULMICORT INHALATION SUSPENSION (<i>Budesonide</i>) 1 MG/2ML	1	1	R&M; AI (Max #180ml per 90 days); QL (60 ML per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT	1		R&M; AI (;); QL (1.2 GM per 1 day)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT	1		R&M; AI (;); QL (0.6 GM per 1 day)
QVAR REDIHALER	1		R
*Xanthines***			
<i>aminophylline anhydrous</i>		1	PA; R
LUFYLLIN	1		R
THEO-24	1		R
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>Theophylline ER</i>) 100 MG, 200 MG	1	1	R
<i>theophylline</i>		1	R
<i>theophylline er</i>		1	R
Anticoagulants			
*Coumarin Anticoagulants***			
COUMADIN (<i>Warfarin Sodium</i>)	1	1	R
JANTOVEN (<i>Warfarin Sodium</i>)	1	1	R
*Direct Factor Xa Inhibitors***			
BEVYXXA	1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
ELIQUIS	1		R

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

Drug Name	Brand	Generic	Additional Information
ELIQUIS STARTER PACK	1		R
SAVAYSA	1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1		R&M; AI (;)
XARELTO ORAL TABLET 2.5 MG	1		R
XARELTO STARTER PACK	1		R&M; AI (;)
*Heparins And Heparinoid-Like Agents***			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		1	R
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>		1	R
<i>sash kit intravenous kit 10-0.9 unit/ml-%</i>		1	R
*Low Molecular Weight Heparins***			
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	1		R
LOVENOX (Enoxaparin Sodium)	1	1	R
*Synthetic Heparinoid-Like Agents***			
ARIXTRA (Fondaparinux Sodium)	1	1	R
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA	1		R
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION	1		R
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension</i>		1	R
<i>clobazam oral tablet 20 mg</i>		1	R&M; QL (8 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		1	R&M; QL (4 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		1	R&M; QL (4 EA per 1 day)
DIASTAT ACUDIAL (DiazePAM)	1	1	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
DIASTAT PEDIATRIC	1		R&M; QL (3 EA per 1 day)
<i>diazepam rectal</i>		1	R&M; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 day)
ONFI ORAL SUSPENSION	1		R&M; QL (8 ML per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ONFI ORAL TABLET (CloBAZam) 10 MG	1	1	R&M; QL (2 EA per 1 day)
ONFI ORAL TABLET 20 MG	1		R&M; QL (2 EA per 1 Day)
SYMPAZAN	2		PA; ST; R&M; AI (ST: Step through Onfi within 3mo); QL (2 EA per 1 Day)
*Anticonvulsants - Misc.***			
APTiom ORAL TABLET 200 MG, 400 MG	1		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)
APTiom ORAL TABLET 600 MG, 800 MG	1		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)
BANZEL	1		PA; R
BRIVIACT ORAL SOLUTION	1		PA; ST; R&M; AI (ST:Step through Levetiracetam (genericKeppra) for 2 months within 12 months); QL (20 ML per 1 day); AG (Min 4 Years)
BRIVIACT ORAL TABLET	1		PA; ST; R&M; AI (ST:Step through Levetiracetam (genericKeppra) for 2 months within 12 months); QL (2 EA per 1 day); AG (Min 4 Years)
<i>carbamazepine oral</i>		1	R
CARBATROL (CarBAMazepine ER)	1	1	R
DIACOMIT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EPIDIOLEX	1		PA; R
EPITOL (carBAMazepine)	1	1	R
<i>gabapentin oral capsule</i>		1	R
<i>gabapentin oral solution 250 mg/5ml</i>		1	R
<i>gabapentin oral tablet</i>		1	R
LAMICTAL (LamoTRlgine)	1	1	R
LAMICTAL ODT ORAL KIT	1		R&M; AG (Max 6 Years)
LAMICTAL ODT ORAL TABLET DISPERSIBLE (LamoTRlgine)	1	1	R
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LamoTRlgine ER)	1	1	R
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		1	R&M; QL (6 EA per 1 Day); AG (Min 12 Years)
<i>levetiracetam oral</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 16 Years)
LYRICA ORAL CAPSULE 225 MG, 300 MG	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 16 Years)
LYRICA ORAL SOLUTION (<i>Pregabalin</i>)	1	1	R
<i>oxcarbazepine</i>		1	R
POTIGA	1		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>		1	R&M; QL (3 EA per 1 day); AG (Min 16 Years)
<i>pregabalin oral capsule 225 mg, 300 mg</i>		1	R&M; QL (2 EA per 1 Day); AG (Min 16 Years)
<i>primidone oral</i>		1	R
QUDEXY XR	1		PA; ST; R&M; AI (Step: Topiramate); AG (Min 3 Years)
ROWEEPRA ORAL TABLET (<i>LevETIRAcetam</i>) 750 MG	1	1	R
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	1		R&M; QL (6 EA per 1 day); AG (Min 12 Years)
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>LevETIRAcetam ER</i>) 750 MG	1	1	R&M; AG (Min 12 Years)
TEGRETOL-XR (<i>CarBAMazepine ER</i>)	1	1	R
TOPIRAGEN (<i>Topiramate</i>)	1	1	R
<i>topiramate er</i>		1	ST; R&M; AI (Step: Topiramate); AG (Min 3 Years)
TROKENDI XR	1		ST; R&M; AI (Step: topiramate and topiramate ER); AG (Min 6 Years)
VIMPAT ORAL	1		R
ZONEGRAN ORAL CAPSULE 100 MG	1		PA; ST; R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 100 mg</i>		1	R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>zonisamide oral capsule 25 mg, 50 mg</i>		1	R
*Carbamates***			
<i>felbamate</i>		1	R
*Gaba Modulators***			
SABRIL	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>tiagabine hcl</i>		1	R
*Hydantoins***			
DILANTIN ORAL CAPSULE (<i>Phenytoin Sodium Extended</i>)	1	1	R

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

Drug Name	Brand	Generic	Additional Information
PEGANONE	1		R
PHENYTEK (<i>Phenytoin Sodium Extended</i>)	1	1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>phenytoin oral tablet chewable</i>		1	R
*Succinimides***			
CELONTIN	1		R
<i>ethosuximide oral</i>		1	R
*Valproic Acid***			
DEPAKENE (<i>Valproic Acid</i>)	1	1	R
DEPAKOTE (<i>Divalproex Sodium</i>)	1	1	R
DEPAKOTE ER (<i>Divalproex Sodium ER</i>)	1	1	R
DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE (<i>Divalproex Sodium</i>)	1	1	R
STAVZOR	1		PA; R
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>mirtazapine oral tablet 30 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet 45 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>mirtazapine oral tablet 7.5 mg</i>		1	R
<i>mirtazapine oral tablet dispersible 15 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 30 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>mirtazapine oral tablet dispersible 45 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON ORAL TABLET 15 MG	1		PA; ST; R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
REMERON ORAL TABLET 30 MG	1		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON ORAL TABLET 45 MG	1		PA; ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG	1		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG	1		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG	1		PA; ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>bupropion hcl oral</i>		1	R
FORFIVO XL	1		R
<i>maprotiline hcl</i>		1	R
WELLBUTRIN	1		PA; ST; R
WELLBUTRIN SR (<i>buPROPion HCl ER (SR)</i>)	1	1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Modified Cyclics***			
<i>nefazodone hcl</i>		1	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		1	R
<i>trazodone hcl oral tablet 300 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
TRINTELLIX ORAL TABLET 10 MG	1		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	1		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	1		R&M; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AG (Min 12 Years)
VIIBRYD ORAL TABLET	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIIBRYD STARTER PACK	1		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM	2		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)
MARPLAN	1		R
NARDIL	1		PA; ST; R
PARNATE	1		PA; ST; R
<i>phenelzine sulfate oral</i>		1	R
<i>tranylcypromine sulfate</i>		1	R
*Selective Serotonin Reuptake Inhibitors (SsrIs)***			
<i>citalopram hydrobromide oral solution</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>		1	R&M; AI (Max #135 Mail Order)
<i>citalopram hydrobromide oral tablet 40 mg</i>		1	R&M; AI (Max #180 Mail Order)
<i>fluoxetine hcl oral capsule</i>		1	R
<i>fluoxetine hcl oral solution</i>		1	R
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		1	R
<i>fluvoxamine maleate</i>		1	R
<i>fluvoxamine maleate er</i>		1	R&M; AI (Max #180 Mail Order); QL (1 EA per 1 Day)
LEXAPRO ORAL SOLUTION (Escitalopram Oxalate)	1	1	R
LEXAPRO ORAL TABLET (Escitalopram Oxalate) 10 MG	1	1	R&M; AI (Max #135 Mail Order)
LEXAPRO ORAL TABLET (Escitalopram Oxalate) 20 MG, 5 MG	1	1	R&M; AI (Max #90 Mail Order)
LUVOX CR	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>paroxetine hcl oral tablet 20 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>paroxetine hcl oral tablet 30 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
PAXIL ORAL SUSPENSION	1		PA; R
<i>sertraline hcl oral</i>		1	R
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine fumarate er</i>		1	R&M; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er</i>		1	R&M; QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>		1	R&M; QL (2 EA per 1 Day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		1	R&M; QL (3 EA per 1 Day)
FETZIMA	1		PA; ST; R
FETZIMA TITRATION	1		PA; ST; R
<i>venlafaxine hcl</i>		1	R
<i>venlafaxine hcl er</i>		1	R
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		1	R
<i>amoxapine oral tablet 100 mg</i>		1	R
<i>clomipramine hcl oral</i>		1	R
<i>desipramine hcl oral</i>		1	R
<i>doxepin hcl oral capsule</i>		1	R
<i>doxepin hcl oral concentrate</i>		1	R
<i>imipramine hcl oral</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>imipramine pamoate oral capsule 75 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>nortriptyline hcl oral capsule</i>		1	R
<i>protriptyline hcl</i>		1	R
SURMONTIL	1		R
TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG	1		PA; ST; R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TOFRANIL-PM ORAL CAPSULE 75 MG	1		PA; ST; R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		1	R
GLYSET ORAL TABLET 25 MG	1		R
*Antidiabetic - Amylin Analogs***			
SYMLIN	1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		R&M; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AG (Min 18 Years)
*Biguanides***			
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	1		ST; R&M; AI (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (2 EA per 1 day)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	1		ST; R&M; AI (ST: Both generic Glucophage XR for 3 mo AND generic Fortamet for 3 mo.); QL (4 EA per 1 day)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	1		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>		1	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>		1	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>		1	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>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>metformin hcl oral tablet</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
*Diabetic Other - Combinations***			
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG	1		R
*Diabetic Other***			
BAQSIMI ONE PACK	1		R&M; QL (2 EA per 30 Days)
BAQSIMI TWO PACK	1		R&M; QL (1 EA per 30 Days)
GLUCAGEN HYPOKIT	1		R
GLUCAGON EMERGENCY INJECTION KIT	1		R&M; QL (2 EA per 30 days)
PROGLYCEM	1		R
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
NESINA (<i>Alogliptin Benzoate</i>)	1	1	PA; ST; R&M; AI (Trial of one the following for 3 months in last 12 months simultaneous use of metformin with Onglyza or simultaneous use of metformin with Januvia)
ONGLYZA	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 16 Years)
TRADJENTA	1		PA; ST; R
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 18 Years)
JANUMET XR	1		R
JENTADUETO	1		R
JENTADUETO XR	1		R&M; QL (1 EA per 1 day); AG (Min 18 Years)
KOMBIGLYZE XR	1		R
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	1		R
*Human Insulin***			
ADMELOG	1		PA; ST; R&M; QL (2 ML per 1 day)
ADMELOG SOLOSTAR	1		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	1		PA; R&M; AG (Min 18 Years)
APIDRA	1		PA; ST; R&M; AI (Max #6 vials retail or #18 vials Mail Order); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		PA; ST; R&M; QL (2 ML per 1 day)
FIASP	1		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)

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

Drug Name	Brand	Generic	Additional Information
FIASP FLEXTOUCH	1		PA; ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
FIASP PENFILL	1		ST; R&M; AI (Preferred products are Lilly MFG like Humalog, Humulin, etc.)
HUMALOG JUNIOR KWIKPEN	1		R&M; QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50	1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25	1		R&M; QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1		R&M; QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION	1		R&M; AI (:); QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	1		R&M; QL (2 ML per 1 day)
HUMULIN 70/30	1		R&M; QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1		PA; R&M; \$0; QL (2 ML per 1 day)
HUMULIN N	1		R&M; QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1		R&M; QL (2 ML per 1 day)
HUMULIN R	1		R&M; AI (:); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	1		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	1		ST; R&M; AI (ST: through Humulin R U 100 for 3 mo in last 6 mo); QL (2 ML per 1 day)
<i>insulin asp prot & asp flexpen</i>		1	ST; R&M; QL (2 ML per 1 day)
<i>insulin aspart prot & aspart</i>		1	ST; R&M; QL (2 ML per 1 day)
LANTUS	1		R&M; AI (:); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		R&M; QL (2 ML per 1 day)
LEVEMIR	1		PA; ST; R&M; AI (ST: LANTUS); QL (2 ML per 1 day)
LEVEMIR FLEXTOUCH	1		PA; ST; R&M; AI (ST: LANTUS); QL (2 ML per 1 day)
NOVOLIN 70/30	1		PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	1		PA; ST; R&M; AI (ST: Humulin 70/30); \$0; QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	1		PA; ST; R&M; AI (ST: Humulin 70/30); \$0; QL (2 ML per 1 day)

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

Drug Name	Brand	Generic	Additional Information
NOVOLIN 70/30 RELION	1		PA; ST; R&M; AI (ST: Humulin 70/30); QL (2 ML per 1 day)
NOVOLIN N	1		PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	1		ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	1		ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN N RELION	1		PA; ST; R&M; AI (ST: Humulin N); QL (2 ML per 1 day)
NOVOLIN R	1		PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	1		ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	1		ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLIN R RELION	1		PA; ST; R&M; AI (ST: Humulin R); QL (2 ML per 1 day)
NOVOLOG (<i>Insulin Aspart</i>)	1	1	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Aspart FlexPen</i>)	1	1	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
NOVOLOG MIX 70/30	1		ST; R&M; QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1		ST; R&M; QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	1	1	ST; R&M; AI (ST: HUMALOG); QL (2 ML per 1 day)
TOUJEO MAX SOLOSTAR	1		R&M; QL (2 ML per 1 day)
TOUJEO SOLOSTAR	1		R&M; QL (2 ML per 1 day)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE	1		R&M; QL (0.13 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	1		R&M; AI (Max #12 Mail Order); QL (4 EA per 28 days); AG (Min 16 Years)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER	1		R&M; QL (4 EA per 28 days); AG (Min 16 Years)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		R&M; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AG (Min 18 Years)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		R&M; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AG (Min 18 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	1		PA; ST; R&M; AI (Electronic Step: Throught Trulicity and Victoza in last 12 months.)
OZEMPIC (1 MG/DOSE)	1		PA; ST; R&M; AI (Electronic Step: Throught Trulicity and Victoza in last 12 months.)

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

Drug Name	Brand	Generic	Additional Information
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG	1		R&M; QL (0.14 MG per 1 day); AG (Min 18 Years)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 50 MG	1		R&M; QL (0.14 GM per 1 day); AG (Min 18 Years)
TRULICITY	1		R&M; QL (0.07 ML per 1 day); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		R&M; AI (Max #3 Cartons Mail Order); QL (0.43 ML per 1 day); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
PRANDIN (<i>Repaglinide</i>)	1	1	R
*Progesterone Receptor Antagonists***			
KORLYM	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
FARXIGA	1		R&M; QL (1 EA per 1 day)
INVOKANA	1		R
JARDIANCE	1		R
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		1	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>		1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		1	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>		1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
*Sulfonylureas***			
<i>chlorpropamide</i>		1	R
<i>glimepiride oral tablet 1 mg, 2 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>glimepiride oral tablet 4 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>glipizide er</i>		1	R
<i>glipizide oral</i>		1	R
<i>glipizide xl</i>		1	R
<i>glyburide micronized</i>		1	R
<i>glyburide oral</i>		1	R
<i>tolazamide</i>		1	R
<i>tolbutamide</i>		1	R

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

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

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

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

Drug Name	Brand	Generic	Additional Information
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL	1		R&M; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay)
<i>granisetron hcl oral</i>		1	R&M; AI (#6 per copay mail or retail. Max #36.); QL (6 EA per 1 Copay)
GRANISOL	1		R&M; AI (60ml per copay retail or mail); QL (60 ML per 1 Copay)
<i>ondansetron hcl injection solution 40 mg/20ml</i>		1	R
<i>ondansetron hcl oral solution</i>		1	R
<i>ondansetron hcl oral tablet 24 mg</i>		1	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>		1	R&M; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay)
<i>ondansetron oral tablet dispersible 4 mg</i>		1	R&M; AI (#15 per Copay Retail or Mail); QL (4 EA per 1 day)
<i>ondansetron oral tablet dispersible 8 mg</i>		1	R&M; AI (#15 per Copay Retail or Mail); QL (2 EA per 1 day)
SANCUSO	1		RO; AI (;); QL (0.67 EA per 1 day)
ZUPLENZ	1		R&M; AI (#10 per copay retail or mail); QL (0.34 EA per 1 day)
*Antiemetic Combinations***			
AKYNZEO ORAL	1		PA; ST; R&M; AI (ST: Trial of ondansetron with aprepitant in last 3 months.)
BONJESTA	1		PA; R&M; AI (PA Required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
DICLEGIS	1		PA; ST; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
<i>doxylamine-pyridoxine</i>		1	PA; R&M; AI (PA required. Alt: Use OTC's doxylamine and Vitamin B6 together.)
*Antiemetics - Anticholinergic***			
<i>meclizine hcl oral tablet</i>		1	R
<i>scopolamine</i>		1	R&M; QL (0.34 EA per 1 day)
TIGAN	1		R
*Antiemetics - Miscellaneous***			
CESAMET	1		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>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
MARINOL ORAL CAPSULE 10 MG	1		R&M; QL (2 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	1		R&M; QL (3 EA per 1 Day)
SYNDROS	1		PA; R
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant</i>		1	R&M; AI (;)
CINVANTI	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EMEND ORAL SUSPENSION RECONSTITUTED	1		R
VARUBI INTRAVENOUS	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VARUBI ORAL	1		RO; QL (0.14 EA per 1 day)
Antifungals			
*Antifungals***			
ANCOBON (<i>Flucytosine</i>)	1	1	R
GRIFULVIN V ORAL TABLET (<i>Griseofulvin Microsize</i>)	1	1	R
<i>griseofulvin microsize oral</i>		1	R
<i>griseofulvin ultramicrosize</i>		1	R
GRIS-PEG	1		ST; R
LAMISIL ORAL PACKET 125 MG	1		R&M; AI (Max #180 Mail Order); QL (60 EA per 30 Days)
LAMISIL ORAL PACKET 187.5 MG	1		R&M; AI (Max #90 Mail Order); QL (30 EA per 30 Days)
LAMISIL ORAL TABLET (<i>Terbinafine HCl</i>)	1	1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nystatin oral tablet</i>		1	R
*Imidazoles***			
<i>ketoconazole oral</i>		1	R
<i>miconazole</i>		1	R
*Triazoles***			
CRESEMBA ORAL	1		PA; R
<i>fluconazole oral</i>		1	R
<i>itraconazole oral</i>		1	R
NOXAFIL ORAL	1		R
ONMEL	1		R
SPORANOX ORAL SOLUTION (<i>Itraconazole</i>)	1	1	R
VFEND (<i>Voriconazole</i>)	1	1	R&M; AI (;)
Antihistamines			
*Antihistamines - Alkylamines***			
<i>dexchlorpheniramine maleate oral syrup</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
RYCLORA ORAL SYRUP	1		R&M; QL (3.93 ML per 1 Day)
*Antihistamines - Ethanolamines***			
<i>clemastine fumarate oral syrup</i>		1	R
<i>clemastine fumarate oral tablet 2.68 mg</i>		1	R
<i>diphenhydramine hcl oral elixir</i>		1	PA; R
*Antihistamines - Non-Sedating***			
<i>cetirizine hcl oral solution 1 mg/ml</i>		1	PA; R
<i>cetirizine hcl oral syrup</i>		1	PA; R
CLARINEX ORAL SYRUP	1		PA; ST; R&M; AI (Max #900ml Mail Order); QL (10 ML per 1 Day)
CLARINEX ORAL TABLET	1		PA; ST; R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>desloratadine oral tablet</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail)
<i>levocetirizine dihydrochloride oral solution</i>		1	R
*Antihistamines - Phenothiazines***			
PHENADOZ (Promethazine HCl)	1	1	R
PHENERGAN INJECTION (Promethazine HCl)	1	1	R
PHENERGAN RECTAL SUPPOSITORY (Promethazine HCl) 50 MG	1	1	R
<i>promethazine hcl oral</i>		1	R
PROMETHEGAN (Promethazine HCl)	1	1	R
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral</i>		1	R
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
<i>omega-3-acid ethyl esters</i>		1	R
VASCEPA ORAL CAPSULE 0.5 GM	1		R
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		1	R
<i>colesevelam hcl oral packet</i>		1	R&M; QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet</i>		1	R&M; QL (6 EA per 1 day)
<i>colestipol hcl oral packet</i>		1	R
<i>colestipol hcl oral tablet</i>		1	R
<i>micronized colestipol hcl</i>		1	R
PREVALITE (Cholestyramine Light)	1	1	R
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i>		1	R
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>fenofibrate oral tablet 54 mg</i>		1	R&M; AI (Max #90 Mail Order)

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

Drug Name	Brand	Generic	Additional Information
<i>fenofibric acid oral tablet 105 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
FENOGLIDE (<i>Fenofibrate</i>)	1	1	R
<i>gemfibrozil oral</i>		1	R
LIPOFEN	1		R
LOFIBRA ORAL TABLET	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TRICOR ORAL TABLET 145 MG	1		R&M; QL (1 EA per 1 Day)
TRICOR ORAL TABLET (<i>Fenofibrate</i>) 48 MG	1	1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TRIGLIDE ORAL TABLET 160 MG	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 40 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>atorvastatin calcium oral tablet 20 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>fluvastatin sodium oral capsule 40 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LESCOL XL	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
LIVALO	1		PA; ST; R
<i>lovastatin oral tablet 10 mg, 20 mg</i>		1	R
<i>lovastatin oral tablet 40 mg</i>		1	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>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>pravastatin sodium oral tablet 40 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rosuvastatin calcium</i>		1	R&M; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>simvastatin oral tablet 80 mg</i>		1	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)
ZYPITAMAG	1		ST; R
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		1	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)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
VYTORIN ORAL TABLET 10-80 MG	1		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)
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe</i>		1	R&M; QL (1 EA per 1 day)
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG	1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		1	R
TARKA (Trandolapril-Verapamil HCl ER)	1	1	R
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		1	R
<i>captopril-hydrochlorothiazide</i>		1	R
<i>enalapril-hydrochlorothiazide</i>		1	R
<i>fosinopril sodium-hctz</i>		1	R
<i>lisinopril-hydrochlorothiazide</i>		1	R
<i>moexipril-hydrochlorothiazide</i>		1	R
<i>quinapril-hydrochlorothiazide</i>		1	R
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		1	R
<i>captopril oral</i>		1	R
<i>enalapril maleate oral</i>		1	R
<i>fosinopril sodium</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>lisinopril oral</i>		1	R
<i>moexipril hcl</i>		1	R
<i>perindopril erbumine</i>		1	R
<i>quinapril hcl</i>		1	R
<i>ramipril</i>		1	R
<i>trandolapril</i>		1	R
*Agents For Pheochromocytoma***			
DIBENZYLINE	1		R
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>amlodipine-olmesartan</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
EXFORGE	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TWYNSTA (Telmisartan-Amlodipine)	1	1	R
*Angiotensin li Receptor Antag & Thiazide/Thiazide-Like***			
AVALIDE ORAL TABLET 150-12.5 MG	1		R&M; QL (2 EA per 1 day)
<i>candesartan cilexetil-hctz</i>		1	R&M; AI (;)
EDARBYCLOR	1		R
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>losartan potassium-hctz</i>		1	R
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		1	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>		1	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>		1	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>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Angiotensin li Receptor Antagonists***			
<i>candesartan cilexetil</i>		1	R&M; AI (;)
EDARBI	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
<i>eprosartan mesylate</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>irbesartan oral tablet 150 mg, 75 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day)
<i>irbesartan oral tablet 300 mg</i>		1	R&M; AI (Max #90 Mail Order)
<i>losartan potassium</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
MICARDIS (<i>Telmisartan</i>)	1	1	R
<i>olmesartan medoxomil oral tablet 20 mg</i>		1	R&M; AI (Max #135 Mail Order); QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)
<i>valsartan</i>		1	R&M; QL (2 EA per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>amlodipine-valsartan-hctz</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
EXFORGE HCT	1		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>		1	R
*Antiadrenergics - Centrally Acting***			
CATAPRES-TTS-1 (<i>CloNIDine</i>)	1	1	R
CATAPRES-TTS-2 (<i>CloNIDine</i>)	1	1	R
CATAPRES-TTS-3 (<i>CloNIDine</i>)	1	1	R
<i>clonidine hcl oral</i>		1	R
<i>clonidine hcl transdermal</i>		1	R
<i>methyldopa oral</i>		1	R
TENEX (<i>guanFACINE HCl</i>)	1	1	R
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral</i>		1	R
<i>prazosin hcl oral</i>		1	R
<i>terazosin hcl oral</i>		1	R
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		1	R
<i>bisoprolol-hydrochlorothiazide</i>		1	R
<i>metoprolol-hydrochlorothiazide</i>		1	R
<i>propranolol-hctz</i>		1	R
*Direct Renin Inhibitors & Calcium Channel Blocker Comb***			
TEKAMLO	1		R
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
TEKTURNA	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)

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

Drug Name	Brand	Generic	Additional Information
*Reserpine***			
<i>reserpine oral</i>		1	R
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>eplerenone oral tablet 50 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Vasodilators***			
<i>hydralazine hcl oral</i>		1	R
<i>minoxidil oral</i>		1	R
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
AEMCOLO	1		R&M; AI (Limited to two fills per year); QL (12 EA per 3 Days)
FLAGYL ER	1		R
<i>metronidazole oral tablet</i>		1	R
NEBUPENT (Pentamidine Isethionate)	2	2	R
<i>tinidazole oral</i>		1	R
<i>trimethoprim oral</i>		1	R
XIFAXAN	1		PA; R&M; AI (;)
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>		1	R
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>		1	R
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED	1		R&M; AI (30 days must pass before refillable.); QL (60 ML per 3 days)
ALINIA ORAL TABLET	1		R&M; AI (30 days must pass before refillable.); QL (6 EA per 3 days)
<i>atovaquone oral</i>		1	R
*Carbapenem Combinations***			
VABOMERE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ketolides***			
KETEK ORAL TABLET 300 MG	1		R
*Leprostotics***			
<i>dapsone oral</i>		1	R
*Lincosamides***			
CLEOCIN ORAL CAPSULE (Clindamycin HCl) 75 MG	1	1	R
<i>clindamycin hcl oral</i>		1	R

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

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

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

Drug Name	Brand	Generic	Additional Information
<i>pyridostigmine bromide oral solution</i>		1	R
RUZURGI	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Antimyasthenic/Cholinergic Agents			
FIRDAPSE	1		PA; R
<i>guanidine hcl oral</i>		1	R
MESTINON ORAL SYRUP	1		R
MESTINON ORAL TABLET (<i>Pyridostigmine Bromide</i>)	1	1	R
MESTINON ORAL TABLET EXTENDED RELEASE	1		ST; R
PROSTIGMIN ORAL	1		R
<i>pyridostigmine bromide oral solution</i>		2	R
RUZURGI	2		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
Antimycobacterial Agents			
*Anti Tb Combinations***			
RIFAMATE	1		R
RIFATER	1		R
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		1	R
<i>ethambutol hcl oral</i>		1	R
<i>isoniazid oral syrup</i>		1	R
<i>isoniazid oral tablet 100 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>isoniazid oral tablet 300 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
MYAMBUTOL	1		PA; ST; R
PASER	1		PA; ST; R
PRIFTIN	1		R
<i>pyrazinamide oral</i>		1	R
<i>rifabutin</i>		1	R
RIFADIN ORAL (<i>Rifampin</i>)	1	1	R
SIRTURO	1		R
TRECTOR	1		R
*Antineoplastic - Bcl-2 Inhibitors***			
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
VENCLEXTA STARTING PACK	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Fgfr Kinase Inhibitors***			
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA ORAL TABLET 3 MG	1		PA; R
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK	1		PA; R
*Antineoplastic - Xpo1 Inhibitors***			
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (80 MG TWICE WEEKLY)	1		PA; R
*Antineoplastic Or Premalignant Lesion Agent - Comb***			
*Antineoplastic Or Premalignant Lesion Agent - Comb***			
FLUORAC	1		R
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BELRAPZO (<i>Bendamustine HCl</i>)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BENDEKA (<i>Bendamustine HCl</i>)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HEXALEN	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYLERAN	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Androgen Biosynthesis Inhibitors***			
YONSA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZYTIGA ORAL TABLET (<i>Abiraterone Acetate</i>) 250 MG	1	1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
ZYTIGA ORAL TABLET 500 MG	1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiadrenals***			
LYSODREN	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiandrogens***			
CASODEX (<i>Bicalutamide</i>)	1	1	R
ERLEADA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>flutamide</i>		1	R
NILANDRON (<i>Nilutamide</i>)	1	1	R&M; M
XTANDI	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiestrogens***			
FARESTON	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SOLTAMOX	1		R
<i>tamoxifen citrate oral</i>		3	R&M; \$0
<i>toremifene citrate</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
*Antimetabolites***			
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML	1		PA; ST; R
<i>mercaptopurine oral</i>		1	R
<i>methotrexate oral</i>		1	R
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>		1	R
<i>methotrexate sodium injection solution 25 mg/ml</i>		1	R
PURIXAN	1		R
TABLOID	1		R
TREXALL	1		R
XATMEP	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XELODA (<i>Capecitabine</i>)	1	1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
TAFINLAR	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZELBORAF	1		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ODOMZO	1		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)
*Antineoplastic - Histone Deacetylase Inhibitors***			
FARYDAK	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
ZOLINZA	1		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)
*Antineoplastic - Immunomodulators***			
POMALYST	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Mek Inhibitors***			
COTELLIC	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MEKINIST	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
MEKTOVI	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
*Antineoplastic - Monoclonal Antibodies***			
BAVENCIO	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
LARTRUVO	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
AFINITOR DISPERZ	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antineoplastic - Multikinase Inhibitors***			
NEXAVAR	1		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	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STIVARGA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SUTENT	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
*Antineoplastic - Proteasome Inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	1		PA; R
NINLARO	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Tyrosine Kinase Inhibitors***			
ALECENSA	1		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	1		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	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
BRUKINSA	1		PA; R
CABOMETYX	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CALQUENCE	1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
CAPRELSA	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (100 MG DAILY DOSE)	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (140 MG DAILY DOSE)	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COMETRIQ (60 MG DAILY DOSE)	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GILOTRIF	1		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	1	1	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	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
ICLUSIG	1		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>		1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	1		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)
IMBRUVICA ORAL CAPSULE 70 MG	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IMBRUVICA ORAL TABLET 140 MG	1		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)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INLYTA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IRESSA	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (10 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (14 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (18 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (20 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (24 MG DAILY DOSE)	1		PA; R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
LENVIMA (8 MG DAILY DOSE)	1		R&M; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)

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

Drug Name	Brand	Generic	Additional Information
LORBRENA	1		PA; R
NERLYNX	1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	1		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	1		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	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TARCEVA (Erlotinib HCl)	1	1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TASIGNA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TURALIO	1		PA; R
TYKERB	1		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	1		PA; R
VOTRIENT	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
XALKORI	1		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	1		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 ORAL CAPSULE	2		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
ZYKADIA ORAL TABLET	1		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)
*Antineoplastic Antibody-Drug Complexes***			
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*Antineoplastic Combinations***			
LONSURF	1		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
*Antineoplastics Misc.***			
ACTIMMUNE	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HYDREA (<i>Hydroxyurea</i>)	1	1	R
INTRON A	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MATULANE	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYNRIBO	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	Tier 4		R
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		1	R&M; AI (Limited to 30 day supply); F; QL (1 EA per 1 Day)
ARIMIDEX	1		R&M; F; QL (1 EA per 1 day)
AROMASIN (<i>Exemestane</i>)	1	1	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)
FEMARA (<i>Letrozole</i>)	1	1	R&M; AI (Limited to 30 day supply.); F; QL (1 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogen Receptor Antagonist***			
FASLODEX INTRAMUSCULAR SOLUTION (Fulvestrant) 250 MG/5ML	1	1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Estrogens-Antineoplastic***			
EMCYT	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium oral</i>		1	R
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Imidazotetrazines***			
TEMODAR ORAL (<i>Temozolomide</i>)	1	1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	1		PA; R
JAKAFI	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Lhrh Analogs***			
ELIGARD SUBCUTANEOUS KIT 22.5 MG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 60 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 30 MG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 120 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
ELIGARD SUBCUTANEOUS KIT 45 MG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (28 mg per 28 days); AG (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 30 days); AG (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 90 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 60 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); M; QL (1 inj per 180 days); AG (Min 18 Years)
TRELSTAR	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TRELSTAR MIXJECT	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
VANTAS	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOLADEX	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mitotic Inhibitors***			
<i>etoposide oral</i>		1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nitrogen Mustards***			
ALKERAN ORAL	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cyclophosphamide oral capsule</i>		1	R
LEUKERAN	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Nitrosoureas***			
GLEOSTINE ORAL CAPSULE (Lomustine) 10 MG, 100 MG, 40 MG	1	1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Progestins-Antineoplastic***			
<i>hydroxyprogesterone caproate intramuscular solution</i>		2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may have limited distribution and some may be available at Retail, 30 day limit applies)
MEGACE ORAL (Megestrol Acetate)	1	1	R
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>		1	R
<i>megestrol acetate oral tablet</i>		1	R
*Retinoids***			
<i>tretinoin oral</i>		1	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene</i>		1	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	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Topoisomerase I Inhibitors***			
HYCANTIN ORAL	1		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Urinary Tract Protective Agents***			
MESNEX ORAL	2		SP
Antiparkinson Agents			
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		1	R
<i>trihexyphenidyl hcl</i>		1	R
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		1	R
<i>amantadine hcl oral syrup</i>		1	R
<i>bromocriptine mesylate oral</i>		1	R
GOCOVRI	1		PA; R
INBRIJA	1		PA; R
OSMOLEX ER	1		PA; R
*Antiparkinson Monoamine Oxidase Inhibitors***			
AZILECT (<i>Rasagiline Mesylate</i>)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>selegiline hcl oral</i>		1	R
XADAGO	1		PA; R
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		1	R
*Levodopa Combinations***			
<i>carbidopa-levodopa</i>		1	R
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		1	R
STALEVO 100 (<i>Carbidopa-Levodopa-Entacapone</i>)	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 125 (<i>Carbidopa-Levodopa-Entacapone</i>)	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 150 (<i>Carbidopa-Levodopa-Entacapone</i>)	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 200 (<i>Carbidopa-Levodopa-Entacapone</i>)	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
STALEVO 50 (<i>Carbidopa-Levodopa-Entacapone</i>)	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
STALEVO 75 (<i>Carbidopa-Levodopa-Entacapone</i>)	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 Day)
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MIRAPEX ER	1		R&M; AI (;); QL (1 EA per 1 Day)
NEUPRO	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>pramipexole dihydrochloride</i>		1	R
<i>pramipexole dihydrochloride er</i>		1	R&M; QL (1 EA per 1 day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>ROPINIROLE HCl ER</i>) 12 MG, 6 MG	1	1	R
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	1		R&M; QL (8 EA per 1 Day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	1		R&M; QL (4 EA per 1 Day)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 8 MG	1		R&M; QL (3 EA per 1 Day)
<i>ropinirole hcl</i>		1	R
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		1	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>		1	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>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
*Peripheral Comt Inhibitors***			
COMTAN (<i>Entacapone</i>)	1	1	R
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium</i>		1	R
<i>lithium carbonate er</i>		1	R
<i>lithium carbonate oral</i>		1	R
*Antipsychotics - Misc.***			
LATUDA	1		R&M; QL (1 EA per 1 Day); AG (Min 10 Years)
<i>ziprasidone hcl</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Benzisoxazoles***			
FANAPT	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
FANAPT TITRATION PACK	1		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	1		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	1		R&M; AI (90 tablets per copay); QL (1 EA per 1 Day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		1	R&M; AI (90 tablets per copay); QL (2 EA per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		1	R&M; AI (90 tablets per copay); QL (1 EA per 1 day); AG (Min 12 Years)
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG	1		R
<i>risperidone oral solution</i>		1	R
<i>risperidone oral tablet</i>		1	R
*Butyrophenones***			
<i>haloperidol lactate oral</i>		1	R
<i>haloperidol oral</i>		1	R
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		1	R&M; AI (Max #810 Mail Order); QL (9 EA per 1 Day)
<i>clozapine oral tablet 200 mg</i>		1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>clozapine oral tablet 50 mg</i>		1	R&M; AI (Max #540 per 90days); QL (6 EA per 1 Day)
*Dibenzo-Oxepino Pyrroles***			
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	1		R&M; QL (2 EA per 1 Day)
*Dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>		1	R
<i>quetiapine fumarate oral tablet 400 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>quetiapine fumarate oral tablet 50 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (QUETiapine Fumarate ER) 400 MG	1	1	R&M; QL (2 EA per 1 day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		1	R
*Phenothiazines***			
<i>chlorpromazine hcl oral</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>fluphenazine hcl oral</i>		1	R
<i>perphenazine oral</i>		1	R
<i>prochlorperazine</i>		1	R
<i>prochlorperazine maleate oral</i>		1	R
<i>thioridazine hcl oral</i>		1	R
<i>trifluoperazine hcl oral</i>		1	R
*Quinolinone Derivatives***			
ABILIFY ORAL SOLUTION	1		R&M; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days)
<i>aripiprazole oral solution</i>		1	R&M; QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>aripiprazole oral tablet 2 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
<i>aripiprazole oral tablet 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (3 EA per 1 day)
REXULTI	1		PA; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 7.5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>olanzapine oral tablet 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (4 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (2 EA per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Thioxanthenes***			
<i>thiothixene oral</i>		1	R
*Antiretrovirals Adjuvants***			
*Antiretrovirals Adjuvants***			
TYBOST	1		R&M; AI (;)
Antiseptics & Disinfectants			
*Antiseptics & Disinfectants***			
FORMADON (Formaldehyde)	1	1	R
*Iodine Antiseptics***			
IODOSORB	1		R
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		1	R
<i>abacavir-lamivudine-zidovudine</i>		1	R&M; AI (;); QL (2 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ATRIPLA	1		R&M; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
BIKTARVY	1		R&M; QL (1 EA per 1 day)
CIMDUO	1		R&M; QL (1 EA per 1 day)
COMBIVIR (<i>Lamivudine-Zidovudine</i>)	1	1	R&M; AI (;)
COMPLERA	1		R&M; AI (;)
DELSTRIGO	1		ST; R
DESCOVY	1		R&M; QL (1 EA per 1 day)
DOVATO	1		PA; ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months - only approved for new starts)
EVOTAZ	1		R&M; AI (;)
GENVOYA	1		R&M; AI (;)
JULUCA	1		PA; R
KALETRA ORAL TABLET	1		R&M; AI (;)
<i>lopinavir-ritonavir</i>		1	R
ODEFSEY	1		R&M; AI (;)
PREZCOBIX	1		R&M; AI (;)
STRIBILD	1		R&M; AI (;)
SYMFI	1		R&M; QL (1 EA per 1 day)
SYMFI LO	1		R&M; QL (1 EA per 1 day)
SYMTUZA	1		PA; R
TEMIXYS	1		R&M; QL (1 EA per 1 day)
TRIUMEQ	1		R&M; AI (;); QL (1 EA per 1 day); AG (Min 16 Years)
TRIZIVIR	1		R&M; AI (;); QL (2 EA per 1 Day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	1		R&M; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG	1		R&M; AI (;); QL (1 EA per 1 Day)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION	1		R
SELZENTRY ORAL TABLET 150 MG, 300 MG	1		R&M; AI (;)
SELZENTRY ORAL TABLET 25 MG, 75 MG	1		R
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	1		R&M; AI (;)
ISENTRESS HD	1		R
TIVICAY ORAL TABLET 10 MG, 25 MG	1		R
TIVICAY ORAL TABLET 50 MG	1		R&M; AI (;)

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

Drug Name	Brand	Generic	Additional Information
VITEKTA	1		R&M; AI (;
*Antiretrovirals - Protease Inhibitors***			
APTIVUS	1		R&M; AI (;
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		1	R&M; QL (1 EA per 1 day)
CRIVAN ORAL CAPSULE 200 MG, 400 MG	1		R&M; AI (;
<i>fosamprenavir calcium</i>		1	R
INVIRASE	1		R&M; AI (;
LEXIVA ORAL SUSPENSION	1		R&M; AI (;
NORVIR ORAL CAPSULE	1		R&M; AI (;
NORVIR ORAL PACKET	1		R
NORVIR ORAL SOLUTION	1		R&M; AI (;
PREZISTA ORAL SUSPENSION	1		R&M; AI (;
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1		R&M; AI (;
REYATAZ ORAL PACKET	1		R&M; AI (;
<i>ritonavir</i>		1	R
VIRACEPT ORAL TABLET	1		R&M; AI (;
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT	1		R&M; AI (;); QL (1 EA per 1 Day)
<i>efavirenz oral capsule 200 mg</i>		1	R&M; QL (1 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>		2	R&M; QL (2 EA per 1 day)
<i>efavirenz oral tablet</i>		1	R&M; QL (1 EA per 1 day)
INTELENCE	1		R&M; AI (;
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>		1	R
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		1	R&M; AI (;
PIFELTRO	1		ST; R&M; AI (STEP: No prior history of antiretroviral in 6 months-only approved for new starts)
RESCRIPTOR	1		R&M; AI (;
VIRAMUNE (<i>Nevirapine</i>)	1	1	R&M; AI (;
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution</i>		1	R
VIDEX	1		R&M; AI (;
VIDEX EC (<i>Didanosine</i>)	1	1	R&M; AI (;
ZIAGEN ORAL TABLET (<i>Abacavir Sulfate</i>)	1	1	R&M; AI (;
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE	1		R&M; AI (;); QL (1 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
EMTRIVA ORAL SOLUTION	1		R&M; AI (;); QL (720 ML per 30 Days)
EPIVIR (<i>LamiVUDine</i>)	1	1	R&M; AI (;)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR ORAL CAPSULE (<i>Zidovudine</i>)	1	1	R&M; AI (;)
RETROVIR ORAL SYRUP (<i>Zidovudine</i>)	1	1	R&M; AI (;)
ZERIT (<i>Stavudine</i>)	1	1	R&M; AI (;)
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		1	R
VIREAD ORAL POWDER	1		R&M; AI (;)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1		R&M; AI (;); QL (1 EA per 1 day)
*Cmv Agents***			
PREVYMIS INTRAVENOUS	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PREVYMIS ORAL	2		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
VALCYTE ORAL TABLET	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 Day)
<i>valganciclovir hcl oral solution reconstituted</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>valganciclovir hcl oral tablet</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
*Hepatitis B Agents***			
BARACLUDE ORAL SOLUTION	2		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)
BARACLUDE ORAL TABLET 1 MG	2		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)
<i>entecavir</i>		2	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)

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

Drug Name	Brand	Generic	Additional Information
EPIVIR HBV	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HEPSERA	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>lamivudine oral tablet 100 mg</i>		2	SP
TYZEKA	2		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)
VEMLIDY	2		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)
*Hepatitis C Agents***			
COPEGUS (Ribavirin)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
DAKLINZA	2		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)
MODERIBA (1000 MG PACK)	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA (1200 MG PACK)	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA (600 MG PACK)	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA (800 MG PACK)	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
MODERIBA 1200 DOSE PACK	2		R&M; QL (2 EA per 1 Day)
MODERIBA 800 DOSE PACK	2		R&M; QL (2 EA per 1 Day)
MODERIBA ORAL TABLET (Ribavirin) 200 MG	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)

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

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

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

Drug Name	Brand	Generic	Additional Information
RIBASPHERE RIBAPAK (1000 PACK)	2		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)	2		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)	2		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)	2		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	2		R&M; QL (2 EA per 1 day)
RIBATAB ORAL TABLET	2		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ribavirin oral capsule</i>		2	R
SOVALDI ORAL TABLET 200 MG	2		PA; R
SOVALDI ORAL TABLET 400 MG	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VICTRELIS	2		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)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral</i>		1	R
<i>valacyclovir hcl oral tablet 1 gm</i>		1	R&M; AI (;); QL (3 EA per 1 Day)
<i>valacyclovir hcl oral tablet 500 mg</i>		1	R&M; QL (2 EA per 1 Day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		1	R
*Influenza Agents***			
FLUMADINE (<i>riMANTAdine HCl</i>)	1	1	R
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		1	RO; AI (;); QL (10 EA per 5 Dayss)
<i>oseltamivir phosphate oral suspension reconstituted</i>		1	RO; AI (;); QL (24 ML per 5 days)
RELENZA DISKHALER	1		R&M; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail)
*Anti-Von Willebrand Factor Agents***			
*Anti-Von Willebrand Factor Agents***			
CABLIVI	3		PA; R

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

Drug Name	Brand	Generic	Additional Information
Assorted Classes			
*Antileprotics***			
THALOMID	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Chelating Agents***			
CUPRIMINE ORAL CAPSULE (<i>penicillAMINE</i>) 250 MG	1	1	R
DEPEN TITRATABS	1		R
<i>trientine hcl</i>		2	PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclosporine Analogs***			
<i>cyclosporine modified oral capsule 25 mg</i>		2	SP
<i>cyclosporine modified oral capsule 50 mg</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE (<i>CycloSPORINE Modified</i>) 100 MG	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 25 MG	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL CAPSULE 50 MG	2		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENGRAF ORAL SOLUTION (<i>CycloSPORINE Modified</i>)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEORAL	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDIMMUNE (<i>CycloSPORINE</i>)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Enzymes***			
XIAFLEX	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID	1		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)
*Inosine Monophosphate Dehydrogenase Inhibitors***			
CELLCEPT (<i>Mycophenolate Mofetil</i>)	1	1	R
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>Mycophenolic Acid</i>) 180 MG	1	1	R&M; AI (;); QL (6 EA per 1 Day)
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>Mycophenolic Acid</i>) 360 MG	1	1	R&M; AI (;); QL (4 EA per 1 Day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL	1		R
ENVARUSUS XR	1		PA; R
PROGRAF ORAL (<i>Tacrolimus</i>)	1	1	R
RAPAMUNE (<i>Sirolimus</i>)	1	1	R
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Potassium Removing Resins***			
KAYEXALATE (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
KIONEX (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
LOKELMA	1		PA; R
SPS (<i>Sodium Polystyrene Sulfonate</i>)	1	1	R
VELTASSA	1		PA; R
*Purine Analogs***			
azathioprine oral		1	R
*Selective T-Cell Costimulation Blockers***			
NULOJIX	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

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

Drug Name	Brand	Generic	Additional Information
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
*Calcitonin Gene-Related Peptide (Cgrp) Receptor Antag***			
AIMOVIG	2		PA; R&M; AI (Limited to 30 day supply.)
AIMOVIG (140 MG DOSE)	2		PA; R&M; AI (Limited to 30 day supply.)
AJOVY	2		PA; SP; AI (Limited to 30 day supply.); QL (0.05 ML per 1 day)
EMGALITY	2		PA; SP; AI (Limited to 30 day supply.)
EMGALITY (300 MG DOSE)	2		PA; SP; AI (Limited to 30 day supply.)
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (NIFEdipine ER)	1	1	R
<i>amlodipine besylate oral</i>		1	R
CARTIA XT (Diltiazem HCl ER Coated Beads)	1	1	R
<i>dilt-cd</i>		1	R
<i>diltiazem hcl cd</i>		1	R
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		1	R
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		1	R
<i>diltiazem hcl oral</i>		1	R
<i>dilt-xr</i>		1	R
<i>diltzac</i>		1	R
<i>felodipine er</i>		1	R
<i>isradipine</i>		1	R
<i>nicardipine hcl oral</i>		1	R
NIFEDIAC CC (NIFEdipine ER)	1	1	R
NIFEDICAL XL (NIFEdipine ER Osmotic Release)	1	1	R
<i>nifedipine oral</i>		1	R
<i>nimodipine oral</i>		1	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>		1	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>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
TAZTIA XT (Diltiazem HCl ER Beads)	1	1	R
TIADYLT ER (Diltiazem HCl ER Beads)	1	1	R
<i>verapamil hcl er oral capsule extended release 24 hour</i>		1	R
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>verapamil hcl oral</i>		1	R
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Verapamil HCl ER) 200 MG, 300 MG	1	1	R
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (Digoxin)	1	1	R
DIGOX (Digoxin)	1	1	R
LANOXIN ORAL (Digoxin)	1	1	R
Cardiovascular Agents - Misc.			
*Prostaglandin Vasodilators***			
FLOLAN (Epoprostenol Sodium)	Tier 4	Tier 4	R
ORENITRAM	2		PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VELETRI (Epoprostenol Sodium)	Tier 4	Tier 4	R
VENTAVIS	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS	2		SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 18 Years)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
<i>ambrisentan oral tablet 5 mg</i>		2	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)
LETAIRIS	2		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)
OPSUMIT	2		PA; SP
TRACLEER ORAL TABLET	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ADCIRCA (<i>Tadalafil (PAH)</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ALYQ (<i>Tadalafil (PAH)</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL SUSPENSION RECONSTITUTED (<i>Sildenafil Citrate</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REVATIO ORAL TABLET	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); AG (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
CIALIS ORAL TABLET (<i>Tadalafil</i>) 2.5 MG, 5 MG	1	1	ST; R&M; AI (ST: For BPH, step thru 3 drugs x 3 mo EACH: alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, brand or generic Jalyn.); M; QL (1 EA per 1 day); AG (Min 18 Years)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil</i>		1	R
<i>cephalexin oral capsule 250 mg, 500 mg</i>		1	R
<i>cephalexin oral suspension reconstituted</i>		1	R
*Cephalosporins - 2Nd Generation***			
<i>cefaclor</i>		1	R
<i>cefaclor er</i>		1	R
<i>cefprozil</i>		1	R
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	1		R
<i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i>		1	R
<i>cefuroxime axetil oral tablet</i>		1	R
*Cephalosporins - 3Rd Generation***			
CEDAX	1		R
<i>cefdinir</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>cefditoren pivoxil</i>		1	R
<i>cefpodoxime proxetil</i>		1	R
SUPRAX ORAL SUSPENSION RECONSTITUTED (<i>Cefixime</i>)	1	1	R
SUPRAX ORAL TABLET	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
SUPRAX ORAL TABLET CHEWABLE	1		R
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		1	R
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		1	R
*Bulk Chemicals - Fl's***			
<i>fluoxymerone</i>		1	PA; RO
*Bulk Chemicals - Va's***			
<i>vancomycin hcl</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
BEKYREE (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
KARIVA (<i>Viorele</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
KIMIDESS (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
LO LOESTRIN FE	3		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
NECON 10/11 (28)	3		R
PIMTREA (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
*Combination Contraceptives - Oral***			
ALTAVERA (<i>Marlissa</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
APRI (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
AUBRA (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
AUROVELA 1/20	3		R&M; \$0
AUROVELA 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
AUROVELA FE 1.5/30	3		R&M; AI (;); F; \$0; QL (1.34 EA per 1 day)
AVIANE (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
BALZIVA (<i>Briellyn</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
BLISOVI 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
BLISOVI FE 1.5/30	3		R&M; AI (;); F; QL (1.34 EA per 1 day)
BLISOVI FE 1/20	1		R&M; QL (1.34 EA per 1 day)
BREVICON (28)	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
CHATEAL (<i>Marlissa</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CRYSSELLE-28	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYCLAFEM 1/35 (<i>Alyacen 1/35</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
DASETTA 1/35 (<i>Alyacen 1/35</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
DELYLA (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
ELINEST	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
EMOQUETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
ESTARYLLA	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
<i>ethynodiol diac-eth estradiol</i>		3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
FALMINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
FEMCON FE	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
FEMYNOR (<i>Norgestimate-Eth Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
GIANVI (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
GILDAGIA (<i>Briellyn</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
GILDESS 1.5/30	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
GILDESS 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
GILDESS 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
GILDESS FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
HAILEY 1.5/30	3		R&M; F; QL (1.34 EA per 1 day)
HAILEY 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
ISIBLOOM	3		R&M; AI (Max #112 for up to 90days Mail Order); F; \$0; QL (1.34 EA per 1 day)
JASMIEL (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
JULEBER	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL 1.5/30	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
JUNEL 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
JUNEL FE 1.5/30	3		R&M; AI (;); F; QL (1.34 EA per 1 day)
JUNEL FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
JUNEL FE 24 (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
KAITLIB FE (<i>Norethin-Eth Estradiol-Fe</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KALLIGA	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
KELNOR 1/35	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	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	3		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-Ethinyl Est</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
LARIN 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
LARIN FE 1.5/30	3		R&M; AI (;); F; QL (1.34 EA per 1 day)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
LARISSIA	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LAYOLIS FE (<i>Norethin-Eth Estradiol-Fe</i>)	3	3	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>)	3	3	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>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LILLOW (<i>Marlissa</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LOESTRIN 1.5/30 (21)	3		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>)	3	3	R&M; F; QL (1.34 EA per 1 day)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
LOW-OGESTREL	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
LO-ZUMANDIMINE	3		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>)	3	3	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>)	3	3	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
MIBELAS 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MICROGESTIN 1.5/30	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
MICROGESTIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
MICROGESTIN 24 FE (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1.5/30	3		R&M; AI (;); F; QL (1.34 EA per 1 day)
MICROGESTIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
MODICON (28)	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
MONO-LINYAH (<i>Norgestimate-Eth Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
MONONESSA (<i>Norgestimate-Eth Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NECON 0.5/35 (28)	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NECON 1/35 (28) (<i>Alyacen 1/35</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NECON 1/50 (28)	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NIKKI (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	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>		3	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>		1	R&M; F; \$0; QL (1.34 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet chewable</i>		3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NORINYL 1+50 (28)	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
NORTREL 0.5/35 (28)	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NORTREL 1/35 (21) (<i>Alyacen 1/35</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
NORTREL 1/35 (28) (<i>Alyacen 1/35</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
OCELLA (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
OGESTREL	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
ORSYTHIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
PHILITH (<i>Briellyn</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PIRMELLA 1/35	3		R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
PORTIA-28 (<i>Marlissa</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
PREVIFEM (<i>Norgestimate-Eth Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
RECLIPSEN (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
SAFYRAL (<i>Drospiren-Eth Estrad-Levomefol</i>)	1	1	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
SOLIA (<i>Desogestrel-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.34 EA per 1 day)
SPRINTEC 28 (<i>Norgestimate-Eth Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (1.34 EA per 1 day)
SRONYX (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
SYEDA (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TARINA 24 FE	3		R&M; \$0; QL (1.34 EA per 1 day)
TARINA FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
TYDEMY (<i>Drospiren-Eth Estrad-Levomefol</i>)	1	1	R&M; AI (Max #112 Mail Order); F; QL (1.34 EA per 1 day)
VESTURA (<i>Drospirenone-Ethinyl Estradiol</i>)	3	3	R&M; F; \$0; QL (1.34 EA per 1 day)
VIENVA (<i>Levonorgestrel-Ethinyl Estrad</i>)	3	3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (1.34 EA per 1 day)
VYFEMLA	3		R&M; AI (Max #112); F; QL (1.34 EA per 1 day)

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

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

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

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

Drug Name	Brand	Generic	Additional Information
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>		3	R&M; \$0; QL (1 ML per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DEBLITANE	3		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
ERRIN (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
HEATHER (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
INCASSIA	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day)
JENCYCLA (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
JOLIVETTE (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
LYZA (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORA-BE (<i>Norethindrone</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NORLYDA	3		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
NORLYROC	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
SHAROBEL	3		R&M; AI (Max #112 Mail Order); F; \$0; QL (1.25 EA per 1 day)
TULANA	3		R&M; F; \$0; QL (1.25 EA per 1 day)
*Triphasic Contraceptives - Oral***			
ARANELLE	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
CAZIAN	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
CESIA	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)

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

Drug Name	Brand	Generic	Additional Information
CYCLAFEM 7/7/7 (<i>Alyacen 7/7/7</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
DASETTA 7/7/7 (<i>Alyacen 7/7/7</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
ENPRESSE-28	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
ESTROSTEP FE	3		R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days)
LEENA	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
LEVONEST	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<i>levonorg-eth estrad triphasic oral tablet</i>		3	R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
MYZILRA	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
NECON 7/7/7 (<i>Alyacen 7/7/7</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>		3	R&M; F; QL (28 EA per 30 Days)
NORTREL 7/7/7 (<i>Alyacen 7/7/7</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
PIRMELLA 7/7/7 (<i>Alyacen 7/7/7</i>)	3	3	R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
TILIA FE	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
TRI FEMYNOR	3		R&M; AI (;); F; QL (28 EA per 30 Dayss)
TRI-ESTARYLLA	3		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-LEGEST FE	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days)
TRI-LINYAH	3		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	3	3	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)

Drug Name	Brand	Generic	Additional Information
TRI-LO-MARZIA	3		R&M; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days)
TRI-LO-MILI	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	3	3	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRINESSA (28)	3		R&M; AI (;); F; QL (28 EA per 30 Days)
TRINESSA LO (<i>Norgestim-Eth Estrad Triphasic</i>)	3	3	R&M; AI (Max #112 Mail Order); F; QL (28 EA per 30 days)
TRI-NORINYL (28)	3		R&M; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days)
TRI-PREVIFEM	3		R&M; AI (;); F; QL (28 EA per 30 Days)
TRI-SPRINTEC	3		R&M; AI (;); F; QL (28 EA per 30 Days)
TRIVORA (28)	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
TRI-VYLIBRA	3		R&M; F; QL (28 EA per 30 days)
VELIVET	3		R&M; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days)
Corticosteroids			
*Glucocorticosteroids***			
BAYCADRON (<i>Dexamethasone</i>)	1	1	R
<i>budesonide er oral capsule extended release 24 hour</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>cortisone acetate oral</i>		1	R
DELTASONE (<i>predniSONE</i>)	1	1	R
DEXAMETHASONE INTENSOL	1		R
<i>dexamethasone oral solution</i>		1	R
<i>dexamethasone oral tablet</i>		1	R
DEXPAK 6 DAY ORAL TABLET	1		R
EMFLAZA	1		PA; R&M; AG (Min 5 Years)
ENTOCORT EC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1		R&M; QL (3 EA per 1 Day)
FLO-PRED	1		R
<i>hydrocortisone oral</i>		1	R
MEDROL ORAL TABLET 2 MG	1		R
<i>methylprednisolone (pak) oral tablet</i>		1	R
<i>methylprednisolone oral tablet</i>		1	R
MILLIPRED ORAL SOLUTION (<i>PrednisoLONE Sodium Phosphate</i>)	1	1	R

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

Drug Name	Brand	Generic	Additional Information
ORAPRED (<i>PrednisoLONE Sodium Phosphate</i>)	1	1	R
ORAPRED ODT (<i>PrednisoLONE Sodium Phosphate</i>)	1	1	R
<i>prednisolone oral solution</i>		1	R
<i>prednisolone oral syrup 15 mg/5ml</i>		1	R
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>		1	R
<i>prednisone (pak)</i>		1	R
PREDNISONE INTENSOL	1		R
<i>prednisone oral solution</i>		1	R
<i>prednisone oral tablet</i>		1	R
VERIPRED 20 (<i>PrednisoLONE Sodium Phosphate</i>)	1	1	R
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		1	R
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		1	R
*Antitussive - Opioid***			
<i>hydrocodone-homatropine</i>		1	R
<i>hydromet</i>		1	R
TUSSIGON (<i>Hydrocodone-Homatropine</i>)	1	1	R
*Antitussive-Expectorant***			
<i>cheratussin ac</i>		1	RO; QL (240 ML per 10 days)
<i>g tussin ac</i>		1	RO; QL (240 ML per 10 days)
<i>guaiaatussin ac</i>		1	RO; QL (240 ML per 10 days)
<i>guaifenesin ac</i>		1	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution</i>		1	RO; QL (240 ML per 10 days)
<i>guaifenesin-codeine oral syrup</i>		1	RO; QL (240 ML per 10 days)
<i>hydrocodone-guaifenesin</i>		1	PA; R
<i>virtussin a/c</i>		1	RO; QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
CLARINEX-D 12 HOUR	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
PEDIATEX TD	1		R
<i>promethazine vc</i>		1	R
<i>promethazine vc plain oral syrup</i>		1	R
<i>promethazine-phenylephrine</i>		1	R
*Decongestant W/ Expectorant***			
<i>lusair</i>		1	R
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		1	R
*Iodine Expectorants***			
SSKI	1		R

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

Drug Name	Brand	Generic	Additional Information
*Misc. Respiratory Inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %	1	1	R
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		1	R
*Mucolytics***			
<i>acetylcysteine inhalation</i>		1	R
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup</i>		1	R
*Non-Narc Antitussive-Decongestant-Antihistamine***			
BROMFED DM	1		R
<i>tgq 50pse/3brml/30dm</i>		1	R
*Opioid Antitussive-Antihistamine***			
<i>lexuss 210</i>		1	R&M; QL (4 ML per 1 day)
<i>promethazine-codeine oral syrup</i>		1	R
TUSSIONEX PENNKINETIC ER ORAL LIQUID EXTENDED RELEASE (Hydrocod Polst-CPM Polst ER)	1	1	R
VITUZ	1		R&M; AI (Max #360 Mail Order); QL (120 ML per 30 days)
*Opioid Antitussive-Decongestant-Antihistamine***			
M-END PE	1		R
<i>promethazine vcl/codeine</i>		1	R
<i>promethazine-phenyleph-codeine</i>		1	R
<i>pseudoeph-chlorphen-hydrocod</i>		1	R
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE	1		PA; SP
KISQALI 200 DOSE	1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 400 DOSE	1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KISQALI 600 DOSE	1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VERZENIO	1		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Cystic Fibrosis Agent - Combinations***			
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET	2		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
ORKAMBI ORAL TABLET 100-125 MG	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	2		PA; SP
TRIKAFTA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Dermatologicals			
*Acne Antibiotics***			
ACZONE EXTERNAL GEL (<i>Dapsone</i>) 5 %	1	1	PA; ST; R
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	1	1	R
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	1	1	R
<i>clindamycin phosphate external</i>		1	R
<i>ery</i>		1	R
<i>erythromycin external</i>		1	R
<i>sulfacetamide sodium (acne)</i>		1	R
*Acne Combinations***			
AVAR-E EMOLLIENT (<i>Sulfacetamide Sodium-Sulfur</i>)	1	1	R
AVAR-E GREEN (<i>Sulfacetamide Sodium-Sulfur</i>)	1	1	R
PRASCION (<i>Sulfacetamide Sodium-Sulfur</i>)	1	1	R
<i>ss 10-2</i>		1	R
<i>sss 10-5 external cream</i>		1	R
<i>sss 10-5 external foam</i>		1	R&M; QL (4 GM per 1 day); AG (Min 12 Years)
<i>sulfacetamide sodium-sulfur external cream 10-2 %</i>		1	R
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>		1	R
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>		1	R
<i>sulfacetamide-sulfur in urea external emulsion</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
*Acne Products***			
<i>adapalene external cream</i>		1	R
<i>adapalene external gel 0.1 %</i>		1	R
ALTRENO	1		R
AMNESTEEM (<i>ISOTretinoin</i>)	1	1	R
BENZEPRO SHORT CONTACT (<i>Benzoyl Peroxide</i>)	1	1	R
<i>benzoyl peroxide short contact</i>		1	R
<i>bp foam external foam 9.8 %</i>		1	R
<i>bpo external gel 4 %</i>		1	R
<i>bpo foaming cloths external 3 %, 6 %</i>		1	R
CLARAVIS (<i>ISOTretinoin</i>)	1	1	R
MYORISAN (<i>ISOTretinoin</i>)	1	1	R
<i>tretinoin external</i>		1	R
ZENATANE (<i>ISOTretinoin</i>)	1	1	R
*Agents For External Genital And Perianal Warts***			
VEREGEN	1		R&M; AI (:); QL (1 GM per 1 day)
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL OINTMENT	1		R
*Antibiotics - Topical***			
ALTABAX	1		R&M; QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		1	R
<i>mupirocin external</i>		1	R
XEPI	1		PA; ST; R&M; AI (ST: Trial of mupirocin ointment 2% x3 mo in the last 12 mo)
*Antifungals - Topical Combinations***			
ALA-QUIN	1		R
<i>clotrimazole-betamethasone</i>		1	R
DERMAZENE (<i>Hydrocortisone-Iodoquinol</i>)	1	1	R
LOTRISONE EXTERNAL CREAM	1		ST; R
<i>nystatin-triamcinolone</i>		1	R
*Antifungals - Topical***			
CICLODAN EXTERNAL CREAM (<i>Ciclopirox Olamine</i>)	1	1	R
<i>ciclopirox</i>		1	R
MENTAX	1		R
<i>naftifine hcl external cream</i>		1	R
NAFTIN EXTERNAL GEL 1 %	1		R
NYAMYC (<i>Pedi-Dri</i>)	1	1	R
<i>nystatin external</i>		1	R
NYSTOP (<i>Pedi-Dri</i>)	1	1	R
PEDIADERM AF COMPLETE	1		R

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

Drug Name	Brand	Generic	Additional Information
PENLAC	1		PA; R
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac sodium transdermal gel 1 %</i>		1	R&M; QL (20 GM per 1 day)
<i>diclofenac sodium transdermal solution</i>		1	R&M; QL (5 ML per 1 day)
FLECTOR (<i>Diclofenac Epolamine</i>)	1	1	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR	1		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)
*Antineoplastic Antimetabolites - Topical***			
CARAC (<i>Fluorouracil</i>)	1	1	PA; ST; R&M; AI (Step either Tolak 4% and fluorouracil 2% soln.); QL (1 GM per 1 day)
EFUDEX EXTERNAL CREAM	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
FLUOROPLEX	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>fluorouracil external cream 5 %</i>		1	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>fluorouracil external solution</i>		1	R
TOLAK	1		SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO	1		PA; R
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium transdermal gel 3 %</i>		1	PA; ST; R&M; AI (STEP: Both Tolak 4% cream and Imiquimod 5% cream.); QL (3.34 GM per 1 day)
*Antineoplastic Retinoids - Topical***			
PANRETIN	1		PA; R
*Antipruritics - Topical***			
PRUDOXIN (<i>Doxepin HCl</i>)	1	1	PA; R
ZONALON (<i>Doxepin HCl</i>)	1	1	PA; R
*Antipsoriatics - Systemic***			
8-MOP	1		R

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

Drug Name	Brand	Generic	Additional Information
COSENTYX	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>methoxsalen rapid</i>		1	R
SILIQ	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SKYRIZI (150 MG DOSE)	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SORIATANE ORAL CAPSULE (<i>Acitretin</i>) 10 MG, 17.5 MG, 25 MG	1	1	R
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TALTZ	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TREMFYA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Antipsoriatics***			
CALCITRENE (<i>Calcipotriene</i>)	1	1	R
DOVONEX EXTERNAL CREAM (<i>Calcipotriene</i>)	1	1	R
DRITHO-CREME HP	1		R
<i>tazarotene external</i>		1	R&M; QL (30 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	1		R
TAZORAC EXTERNAL GEL	1		R
VECTICAL (<i>Calcitriol</i>)	1	1	R&M; AI (Max #300 Mail Order); QL (100 GM per 30 Days)
*Antiseborrheic Combinations***			
<i>selenium sulf-pyrithione-urea</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
*Antiseborrheic Products***			
OVACE PLUS WASH EXTERNAL GEL <i>(Sulfacetamide Sodium)</i>	1	1	R
<i>selenium sulfide external lotion</i>		1	R
<i>selenium sulfide external shampoo 2.25 %</i>		1	R
<i>sodium sulfacetamide external shampoo</i>		1	R
<i>sulfacetamide sodium external liquid</i>		1	R
*Antiviral Topical Combinations***			
XERESE	1		R
*Antivirals - Topical***			
DENAVIR	1		R
ZOVIRAX EXTERNAL <i>(Acyclovir)</i>	1	1	R
*Burn Products***			
SSD <i>(Silver Sulfadiazine)</i>	1	1	R
SULFAMYLON EXTERNAL CREAM	1		R
THERMAZENE <i>(Silver Sulfadiazine)</i>	1	1	R
*Cauterizing Agents***			
<i>silver nitrate external ointment</i>		1	R
TRI-CHLOR	1		R
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		1	R
<i>alclometasone dipropionate</i>		1	R
<i>amcinonide</i>		1	R
<i>betamethasone dipropionate aug</i>		1	R
<i>betamethasone dipropionate external</i>		1	R
<i>betamethasone valerate external</i>		1	R
<i>clobetasol propionate e</i>		1	R
<i>clobetasol propionate external</i>		1	R
<i>clocortolone pivalate</i>		1	R
<i>clocortolone pivalate pump</i>		1	R
CLODAN EXTERNAL SHAMPOO <i>(Clobetasol Propionate)</i>	1	1	R
CORDRAN EXTERNAL CREAM 0.05 %	1		PA; R
CORDRAN EXTERNAL LOTION <i>(Flurandrenolide)</i>	1	1	R
DESONATE	1		R
<i>desonide external</i>		1	R
<i>desoximetasone external cream</i>		1	R
<i>desoximetasone external gel</i>		1	R
<i>desoximetasone external ointment 0.25 %</i>		1	R

Drug Name	Brand	Generic	Additional Information
<i>diflorasone diacetate external cream</i>		1	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>fluocinolone acetonide body</i>		1	R
<i>fluocinolone acetonide external</i>		1	R
<i>fluocinolone acetonide scalp</i>		1	R
<i>fluocinonide external cream 0.05 %</i>		1	R
<i>fluocinonide external gel</i>		1	R
<i>fluocinonide external ointment</i>		1	R
<i>fluocinonide external solution</i>		1	R
<i>fluocinonide-e</i>		1	R
<i>fluticasone propionate external</i>		1	R
<i>halobetasol propionate external cream</i>		1	R&M; QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		1	R&M; QL (1 GM per 1 day)
HALOG EXTERNAL OINTMENT	1		R
<i>hydrocortisone butyrate external cream</i>		1	R
<i>hydrocortisone butyrate external ointment</i>		1	R
<i>hydrocortisone butyrate external solution</i>		1	R
<i>hydrocortisone external cream 2.5 %</i>		1	R
<i>hydrocortisone external lotion 2.5 %</i>		1	R
<i>hydrocortisone external ointment 2.5 %</i>		1	R
<i>hydrocortisone valerate</i>		1	R
KENALOG EXTERNAL (Triamcinolone Acetonide)	1	1	R
LUXIQ (Betamethasone Valerate)	1	1	R
<i>mometasone furoate external</i>		1	R
NOLIX EXTERNAL LOTION (Flurandrenolide)	1	1	R
OLUX (Clobetasol Propionate)	1	1	R
OLUX-E (Clobetasol Propionate Emulsion)	1	1	R&M; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AG (Min 12 Years)
<i>prednicarbate external cream</i>		1	R
TEMOVATE EXTERNAL OINTMENT (Clobetasol Propionate)	1	1	R
<i>triamcinolone acetonide external cream</i>		1	R
<i>triamcinolone acetonide external lotion</i>		1	R
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		1	R
TRIANEX	1		R
*Depigmenting Agents***			
ACLARO	1		R

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

Drug Name	Brand	Generic	Additional Information
*Emollient/Keratolytic Agents***			
CARB-O-PHILIC/40 EXTERNAL CREAM (Urea)	1	1	R
CEROVEL EXTERNAL LOTION (Urea)	1	1	R
KERAFOAM 42	1		R
REA LO 40 EXTERNAL CREAM (Urea)	1	1	R
U-KERA E (Urea)	1	1	R
UMECTA EXTERNAL EMULSION	1		R
URAMAXIN EXTERNAL LOTION (Urea)	1	1	R
urea external suspension 40 %		1	R
urea-c40		1	R
X-VIATE EXTERNAL CREAM (Urea)	1	1	R
X-VIATE EXTERNAL LOTION (Urea)	1	1	R
*Emollients***			
sodium hyaluronate external gel		1	R&M; QL (11 GM per 1 day)
*Enzymes - Topical***			
REVINA	1		R
SANTYL	1		R
VASOLEX	1		R
*Imidazole-Related Antifungals - Topical***			
clotrimazole external solution		1	R
econazole nitrate external		1	R
EXELDERM	1		R
ketoconazole external cream		1	R
NIZORAL (Ketoconazole)	1	1	R
oxiconazole nitrate		1	R&M; AI (60gm & 90gm tubes are not covered.); QL (30 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***			
ALDARA (Imiquimod)	1	1	R
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL	1		R
podofilox external		1	R
SALACYN EXTERNAL CREAM (Salicylic Acid)	1	1	R
salicylic acid external foam		1	R
salicylic acid external lotion		1	R
salicylic acid external shampoo		1	R
salicylic acid wart remover		1	R
*Local Anesthetics - Topical***			
GLYDO EXTERNAL GEL	1		R
lidocaine hcl external gel 2 %		1	R
LIDODERM (Lidocaine)	1	1	R

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

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

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

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

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

Drug Name	Brand	Generic	Additional Information
Digestive Aids			
*Digestive Enzymes***			
CREON	1		R
PANCREAZE	1		PA; ST; R&M; AI (Electronic Step through Creon and Zenpep)
PERTZYE	1		PA; ST; R&M; AI (Electronic Step through Creon and Zenpep)
SUCRAID	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ULTRESA	1		R
VIOKACE	1		PA; ST; R&M; AI (Step through both Creon and Zenpep)
ZENPEP	1		R
*Direct-Acting P2y12 Inhibitors***			
*Direct-Acting P2y12 Inhibitors***			
BRILINTA	1		R
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		1	R
<i>acetazolamide oral</i>		1	R
KEVEYIS	2		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)
<i>methazolamide oral</i>		1	R
NEPTAZANE	1		PA; ST; R
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	1		R
<i>amiloride-hydrochlorothiazide</i>		1	R
<i>spironolactone-hctz</i>		1	R
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		1	R
<i>triamterene-hctz oral tablet</i>		1	R
*Loop Diuretics***			
<i>bumetanide oral</i>		1	R
EDECIN (<i>Ethacrynic Acid</i>)	1	1	R
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		1	R
<i>furosemide oral tablet</i>		1	R
<i>toremide oral</i>		1	R
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		1	R
DYRENIUM (<i>Triamterene</i>)	1	1	R

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

Drug Name	Brand	Generic	Additional Information
<i>spironolactone oral</i>		1	R
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorothiazide oral</i>		1	R
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		1	R
DIURIL	1		R
<i>hydrochlorothiazide oral</i>		1	R
<i>indapamide oral</i>		1	R
<i>methyclothiazide oral</i>		1	R
<i>metolazone</i>		1	R
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	1		PA; R
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
ACTONEL ORAL TABLET 150 MG	1		R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
ACTONEL ORAL TABLET 30 MG, 5 MG	1		ST; R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
ACTONEL ORAL TABLET 35 MG	1		ST; R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>alendronate sodium oral tablet 35 mg</i>		1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 Days)
<i>alendronate sodium oral tablet 70 mg</i>		1	R&M; AI (Max #12 Mail Order); QL (0.14 EA per 1 day)
<i>etidronate disodium</i>		1	R
<i>ibandronate sodium oral</i>		1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 Days)
<i>pamidronate disodium</i>		2	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>		1	R&M; AI (Max #3 Mail Order); QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		1	R&M; AI (Max #12 Mail Order); QL (4 EA per 30 days)
SKELID	1		R
<i>zoledronic acid intravenous solution reconstituted</i>		2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		2	SP; QL (5 EA per 1 Day)
<i>cinacalcet hcl oral tablet 90 mg</i>		2	SP; QL (4 EA per 1 Day)
SENSIPAR ORAL TABLET 30 MG, 60 MG	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (5 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (4 EA per 1 day)
*Calcitonins***			
FORTICAL (<i>Calcitonin (Salmon)</i>)	1	1	R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
MIACALCIN	1		R&M; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days)
*Carnitine Replenisher - Agents***			
CARNITOR ORAL (<i>LevOCARNitine</i>)	1	1	PA; ST; R
CARNITOR SF (<i>LevOCARNitine</i>)	1	1	PA; ST; R
*Corticotropin***			
ACTHAR HP	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		1	R
*Fabry Disease - Agents***			
GALAFOLD	2		PA; R&M; AI (limited distribution Accredo Pharmacy.)
*Gaa Deficiency Treatment - Agents***			
LUMIZYME	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MYOZYME	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Gnrh/Lhrh Antagonists***			
ORILISSA	1		PA; R
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	2		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Growth Hormone Releasing Hormones (Ghrh)***			
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	2		PA; R
*Growth Hormones***			
GENOTROPIN	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GENOTROPIN MINIQUICK	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
HUMATROPE	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS SOLUTION 30 MG/3ML	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 10	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 20	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ NUSPIN 5	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NUTROPIN AQ PEN	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
OMNITROPE	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SAIZEN CLICK.EASY	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TEV-TROPIN	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZOMACTON	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZORBIVE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITYR	1		PA; R
ORFADIN (<i>Nitisinone</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Homocystinuria Treatment - Agents***			
CYSTADANE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperammonemia Treatment - Agents***			
CARBAGLU	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>doxercalciferol oral</i>		Non-Formulary	R
HECTOROL ORAL	2		SP

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

Drug Name	Brand	Generic	Additional Information
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		1	R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		1	R&M; QL (0.4 EA per 1 day); AG (Min 18 Years)
RAYALDEE	1		PA; R
ROCALTROL (<i>Calcitriol</i>)	1	1	R
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	1		R&M; AI (;); QL (1 EA per 1 Day); AG (Min 18 Years)
ZEMPLAR ORAL CAPSULE 4 MCG	1		R&M; AI (;); QL (0.4 EA per 1 day); AG (Min 18 Years)
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH)	2		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 30 days)
LUPRON DEPOT-PED (3-MONTH)	2		PA; SP; AI (PA required. FDA approved only for Central Precocious puberty (CPP).); QL (1 EA per 90 days)
SYNAREL	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
TYMLOS	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Phenylketonuria Treatment - Agents***			
KUVAN	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PALYNZIQ	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Selective Estrogen Receptor Modulators (Serms)***			
EVISTA	1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
<i>raloxifene hcl</i>		3	R&M; F; QL (1 EA per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
JYNARQUE ORAL TABLET	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
JYNARQUE ORAL TABLET THERAPY PACK	2		PA; R&M; AI (LIMITED SPECIALTY DISTRIBUTION BY DIPLOMAT, AVELLA OR BIOLOGICS.)
SAMSCA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Somatostatic Agents***			
<i>octreotide acetate</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SANDOSTATIN LAR DEPOT	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Urea Cycle Disorder - Agents***			
BUPHENYL ORAL POWDER (<i>Sodium Phenylbutyrate</i>) 3 GM/TSP	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RAVICTI	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>sodium phenylbutyrate oral tablet</i>		2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Vasopressin***			
DDAVP INJECTION SOLUTION (<i>Desmopressin Acetate</i>) 4 MCG/ML	1	1	R
DDAVP NASAL (<i>Desmopressin Acetate Spray</i>)	1	1	R
DDAVP ORAL TABLET (<i>Desmopressin Acetate</i>) 0.1 MG	1	1	R&M; AI (Max #270 Mail Order); QL (8 EA per 1 day)
DDAVP ORAL TABLET (<i>Desmopressin Acetate</i>) 0.2 MG	1	1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
DDAVP RHINAL TUBE (<i>Desmopressin Ace Rhinal Tube</i>)	1	1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
<i>desmopressin ace spray refrig</i>		1	R&M; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day)
NOCDURNA	1		PA; R
NOCTIVA	1		PA; R
STIMATE	1		R
Estrogens			
*Estrogen & Androgen***			
COVARYX (<i>Est Estrogens-Methyltest</i>)	1	1	R
COVARYX HS (<i>Est Estrogens-Methyltest HS</i>)	1	1	R
<i>est estrogens-methyltest ds</i>		1	R
*Estrogen & Progestin***			
AMABELZ	1		R&M; F
COMBIPATCH	1		R&M; F
FYAVOLV ORAL TABLET (<i>Norethindrone-Eth Estradiol</i>) 0.5-2.5 MG-MCG	1	1	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
<i>jevantique lo</i>		1	R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AG (Min 18 Years)
MIMVEY (<i>Estradiol-Norethindrone Acet</i>)	1	1	R&M; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days)
MIMVEY LO (<i>Estradiol-Norethindrone Acet</i>)	1	1	R&M; F
PREMPHASE	1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)

Drug Name	Brand	Generic	Additional Information
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	1		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day)
*Estrogens***			
ALORA (<i>Estradiol</i>)	1	1	R&M; AI (;); QL (2 EA per 1 Week)
DEPO-ESTRADIOL	1		R
DOTTI	1		R&M; QL (2 EA per 1 Week)
ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG	1		R&M; F; AG (Min 18 Years)
ENJUVIA ORAL TABLET 0.9 MG	1		R&M; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AG (Min 18 Years)
<i>estradiol oral</i>		1	R
<i>estradiol transdermal patch weekly 0.025 mg/24hr</i>		1	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>		1	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>		1	R
<i>estropipate oral</i>		1	R
MENEST	1		R
MENOSTAR	1		R&M; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR	1		R&M; QL (2 EA per 1 Week)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	1	1	R&M; AI (;); QL (2 EA per 1 Week)
PREMARIN ORAL	1		R
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>Estradiol</i>) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR	1	1	R&M; AI (;); QL (2 EA per 1 Week)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR	1		R&M; AI (Max #24 Patches Mail Order); QL (8 EA per 30 Days)
*Farnesoid X Receptor (Fxr) Agonists***			
*Farnesoid X Receptor (Fxr) Agonists***			
OICALIVA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Fluoroquinolones			
*Fluoroquinolones***			
AVELOX ABC PACK (<i>Moxifloxacin HCl</i>)	1	1	R
AVELOX ORAL (<i>Moxifloxacin HCl</i>)	1	1	R
BAXDELA ORAL	1		PA; R

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

Drug Name	Brand	Generic	Additional Information
<i>ciprofloxacin hcl oral</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ciprofloxacin oral</i>		1	R
<i>ciprofloxacin-ciproflo^x hcl er</i>		1	R&M; AI (;); QL (1 EA per 1 Day)
FACTIVE	1		R
<i>levofloxacin oral solution</i>		1	R
<i>levofloxacin oral tablet 250 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
NOROXIN	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>ofloxacin oral</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
Gastrointestinal Agents - Misc.			
*Gallstone Solubilizing Agents***			
CHENODAL	1		R
<i>ursodiol oral</i>		1	R
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		1	R
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG	1		R&M; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AG (Min 16 Years)
AMITIZA ORAL CAPSULE 8 MCG	1		R&M; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		1	R
<i>metoclopramide hcl oral tablet</i>		1	R
METOZOLV ODT ORAL TABLET DISPERSIBLE (Metoclopramide HCl) 5 MG	1	1	R
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS	1		R
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
LOTRONEX ORAL TABLET 0.5 MG	1		R&M; F
LOTRONEX ORAL TABLET 1 MG	1		R&M; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day); AG (Min 12 Years)

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

Drug Name	Brand	Generic	Additional Information
*Inflammatory Bowel Agents***			
APRISO	1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
ASACOL HD (<i>Mesalamine</i>)	1	1	R
<i>balsalazide disodium</i>		1	R
CANASA	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
DELZICOL (<i>Mesalamine</i>)	1	1	R
DIPENTUM	1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
GIAZO	1		R
LIALDA	1		R&M; AI (Max #360 Mail Order); QL (4 EA per 1 day); AG (Min 18 Years)
<i>mesalamine er</i>		1	R
<i>mesalamine oral tablet delayed release 1.2 gm</i>		1	R&M; QL (4 EA per 1 Day); AG (Min 18 Years)
<i>mesalamine rectal enema</i>		1	R
<i>mesalamine rectal suppository</i>		1	R&M; QL (1 EA per 1 Day)
<i>mesalamine-cleanser</i>		1	R
PENTASA	1		R
SFROWASA	1		R
SULFAZINE (<i>SulfaSALazine</i>)	1	1	R
SULFAZINE EC (<i>SulfaSALazine</i>)	1	1	R
*Intestinal Acidifiers***			
<i>enulose</i>		1	R
<i>generlac</i>		1	R
<i>lactulose encephalopathy</i>		1	R
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK	1		R
RELISTOR ORAL	1		PA; R
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	1		PA; R
SYMPROIC	1		PA; R
*Phosphate Binder Agents***			
ELIPHOS	1		R
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	2		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>		2	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)

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

Drug Name	Brand	Generic	Additional Information
RENAGEL ORAL TABLET 400 MG	1		R&M; AI (Max #3150 Mail order); QL (35 EA per 1 day)
RENAGEL ORAL TABLET 800 MG	1		R&M; AI (Max #1800 Mail Order); QL (20 EA per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>		1	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		1	R&M; AI (Max #450 Mail Order); QL (5 EA per 1 day)
<i>sevelamer carbonate oral tablet</i>		1	R&M; AI (Max #1350 Mail Order); QL (15 EA per 1 day)
VELPHORO	1		PA; ST; R
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED	2		PA; R
CIMZIA STARTER KIT	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
<i>dutasteride oral</i>		1	R&M; AI (Max #90 Mail Order); M; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Alpha 1-Adrenoceptor Antagonists***			
CARDURA XL	1		R
RAPAFLO (Silodosin)	1	1	R
<i>tamsulosin hcl</i>		1	R
UROXATRAL (Alfuzosin HCl ER)	1	1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Citrates***			
<i>cytra k crystals</i>		1	R
<i>cytra-2</i>		1	R
<i>cytra-k</i>		1	R
<i>tricitrates</i>		1	R
UROCIT-K 10 (Potassium Citrate ER)	1	1	R
UROCIT-K 15 (Potassium Citrate ER)	1	1	R
UROCIT-K 5 (Potassium Citrate ER)	1	1	R
*Cystinosis Agents***			
CYSTAGON	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
PROCYSBI	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Genitourinary Irrigants***			
ARGYLE STERILE SALINE (<i>Sodium Chloride</i>)	1	1	R
CURITY STERILE SALINE (<i>Sodium Chloride</i>)	1	1	R
RENACIDIN	1		R
*Interstitial Cystitis Agents***			
ELMIRON	1		R&M; QL (3 EA per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
JALYN (<i>Dutasteride-Tamsulosin HCl</i>)	1	1	R&M; M
*Urinary Analgesics***			
PHENAZO ORAL TABLET (<i>Phenazopyridine HCl</i>) 200 MG	1	1	R
PYRIDIUM (<i>Phenazopyridine HCl</i>)	1	1	R
*Urinary Stone Agents***			
THIOLA	1		PA; R
THIOLA EC	1		PA; R
*Glycopeptides***			
*Glycopeptides***			
vancomycin hcl oral capsule		1	R
Gout Agents			
*Gout Agent Combinations***			
colchicine-probenecid		1	R
DUZALLO	1		PA; R
*Gout Agents***			
allopurinol oral		1	R
COLCRYS (<i>Colchicine</i>)	1	1	R
febuxostat		1	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)
ULORIC	1		ST; R&M; AI (STEP: Through the following for 3 months each in last 12 months : Allopurinol and Febuxostat); QL (1 EA per 1 day); AG (Min 18 Years)
ZURAMPIC	1		PA; ST; R
*Uricosurics***			
probenecid oral		1	R

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

Drug Name	Brand	Generic	Additional Information
Hematological Agents - Misc.			
*Bradykinin B2 Receptor Antagonists***			
FIRAZYR (<i>Icatibant Acetate</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*C1 Inhibitors***			
HAEGARDA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cyclopentyltriazolopyrimidine (Ctp) Derivatives***			
BRILINTA	1		R
*Hematorheologic Agents***			
<i>pentoxifylline er</i>		1	R
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
*Plasma Kallikrein Inhibitors***			
KALBITOR	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		1	R
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		1	R
*Quinazoline Agents***			
<i>anagrelide hcl</i>		1	R
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
EFFIENT (<i>Prasugrel HCl</i>)	1	1	R&M; QL (1 EA per 1 day); AG (Min 16 Years)
<i>ticlopidine hcl</i>		1	R
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA	2		PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

Drug Name	Brand	Generic	Additional Information
ZAVESCA (<i>Miglustat</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		1	R
NASCOBAL	1		PA; R
*Cxcr4 Receptor Antagonist***			
MOZOBIL	2		R
*Cytotoxic Agents***			
DROXIA	2		ST; R&M; AI (Step applies; step through Siklos and Hydroyurea for 3 mo in last year)
SIKLOS ORAL TABLET 100 MG	2		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	2		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)
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2		PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROCRIT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		3	R&M; QL (2 EA per 1 Day)
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
NEULASTA DELIVERY KIT	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEULASTA ONPRO	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NEUPOGEN	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NIVESTYM INJECTION SOLUTION	2		SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
UDENYCA	2		R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ZARXIO	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***			
LEUKINE INTRAVENOUS	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Interleukins***			
NEUMEGA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Iron W/ Folic Acid***			
FOLIVANE-F	1		R
INTEGRA F	1		R
*Iron***			
<i>fer-iron</i>		3	R&M; AG (Max 1 Years)
FERRLECIT (<i>Na Ferric Gluc Cplx in Sucrose</i>)	2	2	SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>ferrous sulfate oral liquid</i>		3	R&M; AG (Max 1 Years)
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>		3	R&M; AG (Max 1 Years)
<i>iron supplement childrens</i>		3	R&M; AG (Max 1 Years)
SPATONE PUR-ABSORB IRON	3		R&M; AG (Max 1 Years)

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

Drug Name	Brand	Generic	Additional Information
*Thrombopoietin (Tpo) Receptor Agonists***			
DOPTELET ORAL TABLET 20 MG	2		PA; R
MULPLETA	2		PA; R
NPLATE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PROMACTA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Hemostatics			
*Hemostatics - Systemic***			
AMICAR ORAL SOLUTION	1		R
AMICAR ORAL TABLET	1		R
LYSTEDA (<i>Tranexamic Acid</i>)	1	1	R&M; F
*Hepatitis C Agent - Combinations***			
*Hepatitis C Agent - Combinations***			
EPCLUSA (<i>Sofosbuvir-Velpatasvir</i>)	2	2	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	2		PA; R
HARVONI ORAL TABLET (<i>Ledipasvir-Sofosbuvir</i>) 90-400 MG	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (1 EA per 1 day)
MAVYRET	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
TECHNIVIE	2		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	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VIEKIRA XR	2		PA; ST; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
VOSEVI	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
ZEPATIER	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Hereditary Orotic Aciduria Treatment - Agents**			
*Hereditary Orotic Aciduria Treatment - Agents**			
XURIDEN	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX	2		PA; R
Hypnotics			
*Barbiturate Hypnotics***			
<i>phenobarbital oral tablet</i>		1	R
SECONAL	1		RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay)
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 30 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>midazolam hcl oral</i>		1	R&M; QL (10 ML per 1 day); AG (Min 6 Months and Max 16 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>		1	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>		1	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Hypnotics - Tricyclic Agents***			
SILENOR ORAL TABLET (Doxepin HCl) 3 MG	1	1	PA; ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 Day); AG (Min 18 Years)
SILENOR ORAL TABLET 6 MG	1		PA; ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 Day); AG (Min 18 Years)
SILENOR TABLET 3 MG ORAL (Doxepin HCl)	1	1	ST; R&M; AI (ST: doxepin HCL 10mg capsule); QL (1 EA per 1 day); AG (Min 18 Years)

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

Drug Name	Brand	Generic	Additional Information
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		1	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>		1	R&M; AI (#15 per copay. Max #90 Retail or #270 Mail); QL (15 EA per 1 Copay)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day)
<i>zolpidem tartrate oral</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
*Selective Melatonin Receptor Agonists***			
HETLIOZ	2		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)
ROZEREM	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
*Hypophosphatasia (Hpp) Agents***			
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ	2		PA; SP; AI (Limited distribution-Panthrx. Limited to 30ds. Some medications may be available at retail.)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	1		PA; ST; R&M; QL (2 EA per 1 day); AG (Min 18 Years)
*Insulin-Incretin Mimetic Combinations***			
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	1		R&M; QL (0.5 ML per 1 day); AG (Min 18 Years)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA PEN	2		PA; R
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
TIBSOVO	1		PA; R
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	1		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Laxatives			
*Bowel Evacuant Combinations***			
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM	1		R
GAVILYTE-C	3		R
GAVILYTE-G (PEG-3350/Electrolytes)	3	3	R&M; \$0
GAVILYTE-H	3		R&M; \$0
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	3	3	R&M; \$0
GOLYTELY	1		R
MOVIPREP	1		R
NULYTELY WITH FLAVOR PACKS	1		R
PCP 100	3		R&M; \$0
peg 3350/electrolytes		3	R&M; \$0
PEG-PREP	3		R&M; \$0
PREPOPIK	1		R
SUPREP BOWEL PREP KIT	1		R
TRILYTE (PEG 3350-KCl-Na Bicarb-NaCl)	3	3	R&M; \$0
*Laxatives - Miscellaneous***			
constulose		1	R
KRISTALOSE (Lactulose)	1	1	PA; R
lactulose oral solution		1	R
*Saline Laxative Mixtures***			
OSMOPREP	1		R&M; QL (1.34 EA per 1 day)
*Leptin Analogues***			
*Leptin Analogues***			
MYALEPT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Local Anesthetics-Parenteral			
*Local Anesthetic & Sympathomimetic***			
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (Bupivacaine-Epinephrine (PF)) 0.5% - 1:200000	Tier 4	Tier 4	R

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

Drug Name	Brand	Generic	Additional Information
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>Bupivacaine-Epinephrine (PF)</i>) 0.5% - 1:200000	Tier 4	Tier 4	R
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA	1		PA; R
Macrolides			
*Azithromycin***			
<i>azithromycin oral packet</i>		1	R
<i>azithromycin oral suspension reconstituted</i>		1	R
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>		1	R
*Clarithromycin***			
<i>clarithromycin er</i>		1	R
<i>clarithromycin oral</i>		1	R
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>)	1	1	R
E.E.S. GRANULES	1		R
ERYPED 200	1		R
ERYPED 400 (<i>Erythromycin Ethylsuccinate</i>)	1	1	R
ERY-TAB	1		R
ERYTHROCIN STEARATE ORAL TABLET 250 MG	1		R
<i>erythromycin base oral capsule delayed release particles</i>		1	R
<i>erythromycin base oral tablet</i>		1	R
*Fidaxomicin***			
DIFICID	1		PA; RO; AI (#20 per copay. Not covered at Mail Order); QL (4 EA per 1 day)
Medical Devices			
*Applicators,Cotton Balls,Etc***			
<i>alcohol swabs pad</i>		1	R
*Cervical Caps***			
FEMCAP	3		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF CAVITY-RIM CERV CAP	3		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
PRENTIF FITTING SET	3		R&M; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail)
*Condoms - Female***			
FC FEMALE CONDOM	3		R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)

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

Drug Name	Brand	Generic	Additional Information
FC2 FEMALE CONDOM	3		R&M; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days)
*Diaphragms***			
CAYA	3		R
OMNIFLEX DIAPHRAGM	3		R&M; F
ORTHO DIAPHRAGM COIL	3		R&M; F
ORTHO DIAPHRAGM FLAT	3		R&M; F
WIDE-SEAL DIAPHRAGM 60	3		R&M; F
WIDE-SEAL DIAPHRAGM 65	3		R&M; F
WIDE-SEAL DIAPHRAGM 70	3		R&M; F
WIDE-SEAL DIAPHRAGM 75	3		R&M; F
WIDE-SEAL DIAPHRAGM 80	3		R&M; F
WIDE-SEAL DIAPHRAGM 85	3		R&M; F
WIDE-SEAL DIAPHRAGM 90	3		R&M; F
WIDE-SEAL DIAPHRAGM 95	3		R&M; F
*Glucose Monitoring Test Supplies***			
<i>1st choice lancets super thin</i>		1	R&M; QL (10 EA per 1 day)
<i>1st choice lancets thin</i>		1	R&M; QL (10 EA per 1 day)
<i>1st choice lancets ultra thin</i>		1	R&M; QL (10 EA per 1 day)
<i>1st tier unilet comfortouch</i>		1	R&M; QL (10 EA per 1 day)
ACCU-CHEK FASTCLIX LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ACCU-CHEK MULTICLIX LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SAFE-T PRO LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SOFT TOUCH LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>acti-lance 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>acti-lance lite lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>acti-lance special lancets 17g</i>		1	R&M; QL (10 EA per 1 day)
<i>acti-lance universal 23g</i>		1	R&M; QL (10 EA per 1 day)
ADVOCATE LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ADVOCATE SAFETY LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>af lancets super thin</i>		1	R&M; QL (10 EA per 1 day)
AGAMATRIX ULTRA-THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>aimSCO twist lancets 32g</i>		1	R&M; QL (10 EA per 1 day)
AIMSCO TWIST LANCETS 33G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>assure comfort lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>assure comfort lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS HIGH (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ASSURE HAEMOLANCE PLUS LOW (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS MICRO (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS NORMAL (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
ASSURE HAEMOLANCE PLUS PED (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
ASSURE LANCE LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
ASSURE LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
AT LAST LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>aurora lancet super thin 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>aurora lancet thin 23g</i>		1	R&M; QL (10 EA per 1 day)
BAYER MICROLET LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
BD LANCET ULTRAFINE 30G (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
BD LANCET ULTRAFINE 33G (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
BD MICROTAINER LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
BD ULTRA-FINE LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>bullseye mini safety lancets</i>		1	R&M; QL (10 EA per 1 day)
BULLSEYE SAFETY LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>careone lancet thin 23g</i>		1	R&M; QL (10 EA per 1 day)
<i>careone lancet ultra thin 28g</i>		1	R&M; QL (10 EA per 1 day)
CLEANLET LANCETS 28G (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
CLEVER CHEK LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
COAGUCHEK LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>comfort assured lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>comfort assured lancets 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>comfort lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs lancets 21g</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs lancets micro thin 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs lancets original</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs lancets thin</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs lancets thin 26g</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs lancets ultra thin 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>cvs ultra thin lancets</i>		1	R&M; QL (10 EA per 1 day)
DEXCOM G6 RECEIVER	1		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (1 EA per 1 Lifetime)
DEXCOM G6 SENSOR	1		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (3 EA per 1 month)
DEXCOM G6 TRANSMITTER	1		PA; ST; RO; AI (ST: Covered if history of any insulin within last 90 days); QL (1 EA per 3 months)
DIASTAR EASY TEST II LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
DIASTAR EASY TEST LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
DROPLET LANCETS ULTRA THIN 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>drug mart lancets thin 26g</i>		1	R&M; QL (10 EA per 1 day)
<i>drug mart lancets ultra thin</i>		1	R&M; QL (10 EA per 1 day)
DRUG MART ON-THE-GO LANCET 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
DRUG MART UNILET LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
DRUG MART UNILET LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>duane reade lancet altern site</i>		1	R&M; QL (10 EA per 1 day)
<i>duane reade lancet super thin</i>		1	R&M; QL (10 EA per 1 day)
<i>duane reade lancet ultra thin</i>		1	R&M; QL (10 EA per 1 day)
<i>easy comfort lancets</i>		1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 23G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 28G/TWIST (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 30G/TWIST (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 32G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 32G/TWIST (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH LANCETS 33G/TWIST (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 23G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TOUCH SAFETY LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASY TWIST & CAP LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASYTEST II LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EASYTEST LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
EMBRACE LANCETS ULTRA THIN 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>eql color lancets 21g</i>		1	R&M; QL (10 EA per 1 day)
<i>eql color lancets micro 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>eql super thin lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>eql thin lancets 26g</i>		1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCET MICRO-THIN 33G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCET SUPER THIN 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
E-Z JECT LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)

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

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

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

Drug Name	Brand	Generic	Additional Information
<i>gnp super thin lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
H&H THINLET LANCETS 26G (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
H&H THINLET LANCETS 30G (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE LOW FLOW LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS HIGH FLOW (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS LOW FLOW (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS MAX FLOW (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>healthwise lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>healthy accents unilet lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>h-e-b incontrol lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>h-e-b incontrol lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>hm lancets micro thin 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>hm lancets ultra thin 30g</i>		1	R&M; QL (10 EA per 1 day)
HY-VEE LANCETS (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>hy-vee thin lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>kinney lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>kinney thin lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets 21g</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets micro thin 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets super thin</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets thin</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets thin 26g</i>		1	R&M; QL (10 EA per 1 day)
<i>croger lancets ultrathin 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>lady lite lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>lancets micro thin 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>lancets super thin 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>lancets thin</i>		1	R&M; QL (10 EA per 1 day)
LANCETS ULTRA FINE (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
LANCETS ULTRA THIN (<i>GNP Lancets</i>)	1	1	R&M; QL (10 EA per 1 day)
<i>lancets ultra thin 30g</i>		1	R&M; QL (10 EA per 1 day)
LIFESCAN UNISTIK 2	1		R&M; AI (#100 per copay retail or mail. Max Retail #300. Mail order #900); QL (10 EA per 1 Day)

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

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LIFESCAN UNISTIK II LANCETS	1		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>		1	R&M; QL (10 EA per 1 day)
LITETOUCH LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>live better lancet super thin</i>		1	R&M; QL (10 EA per 1 day)
<i>live better lancet ultra thin</i>		1	R&M; QL (10 EA per 1 day)
<i>longs lancets standard</i>		1	R&M; QL (10 EA per 1 day)
<i>longs lancets thin</i>		1	R&M; QL (10 EA per 1 day)
<i>longs lancets ultra thin</i>		1	R&M; QL (10 EA per 1 day)
<i>major comfort lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet</i>		1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet extra</i>		1	R&M; QL (10 EA per 1 day)
<i>medichoice safety lancet norm</i>		1	R&M; QL (10 EA per 1 day)
<i>medicine shoppe lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>medicine shoppe lancets thin</i>		1	R&M; QL (10 EA per 1 day)
<i>medi-lance lancets</i>		1	R&M; QL (10 EA per 1 day)
MEDISENSE THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE EXTRA 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE LITE 25G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS EXTRA 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS LITE 25G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS SPECIAL 0.8MM (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS SUPERLITE 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE PLUS UNIVERSAL 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEDLANCE UNIVERSAL 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS THIN (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEIJER LANCETS UNIVERSAL 33G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MEIJER SUPER THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MICROLET LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MICROTAINER SAFETY FLOW LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MOLOLET LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MOLOLET OPD LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MOLOLETTOR SAFETY LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
MYGLUCOHEALTH LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
NETGROUP LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
NOVA SAFETY LANCETS 23G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)

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

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

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

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

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

Drug Name	Brand	Generic	Additional Information
SMART SENSE COLOR LANCETS 33G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SMART SENSE STANDARD LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SMART SENSE SUPER THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SMART SENSE THIN LANCETS 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SMARTEST LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SOLUS V2 LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SOLUS V2 TWIST LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
STERILANCE TL (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>super thin lancets</i>		1	R&M; QL (10 EA per 1 day)
<i>sure comfort lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>sure comfort lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
SURE-LANCE FLAT LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SURE-LANCE LANCETS 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SURE-LANCE THIN LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SURE-LANCE ULTRA THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SURELITE LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
SURE-TOUCH LANCETS UNIVERSAL (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TECHLITE AST LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TECHLITE LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TECHLITE LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>tgt lancet alternate site</i>		1	R&M; QL (10 EA per 1 day)
<i>tgt lancet micro thin 33g</i>		1	R&M; QL (10 EA per 1 day)
<i>tgt lancet super thin 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>tgt lancet thin 23g</i>		1	R&M; QL (10 EA per 1 day)
<i>tgt lancet thin 26g</i>		1	R&M; QL (10 EA per 1 day)
<i>tgt lancet ultra thin 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>tgt lancet ultra thin 30g</i>		1	R&M; QL (10 EA per 1 day)
THINLETS GP LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
THINLETS LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>today's health thin lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>today's health thin lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TRUEPLUS LANCETS 33G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
TRUEPLUS SAFETY LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ULTICARE THIN LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ULTILET BASIC LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ULTILET CLASSIC LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ULTILET LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ULTILET SAFETY LANCETS 23G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>ultra thin lancets 28g</i>		1	R&M; QL (10 EA per 1 day)
<i>ultra thin lancets 30g</i>		1	R&M; QL (10 EA per 1 day)
ULTRA-THIN II AUTO LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
ULTRA-THIN II LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET COMFORTOUCH LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET EXCELITE (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET EXCELITE II (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET G.P. LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET G.P. SUPERLITE LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET GP 28 ULTRA THIN (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNILET SUPERLITE LANCET (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNISTIK 3 GENTLE (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNIVERSAL 1 LANCETS THIN 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
UNIVERSAL 1 LANCETS ULTRA THIN (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>value plus lancet standard 21g</i>		1	R&M; QL (10 EA per 1 day)
<i>value plus lancets super thin</i>		1	R&M; QL (10 EA per 1 day)
<i>value plus lancets thin 26g</i>		1	R&M; QL (10 EA per 1 day)
<i>valumark lancet super thin 30g</i>		1	R&M; QL (10 EA per 1 day)
<i>valumark lancet ultra thin 28g</i>		1	R&M; QL (10 EA per 1 day)
VIDA MIA UNILET LANCETS 28G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
VIDA MIA UNILET LANCETS 30G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
VITALET PRO LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
VITALET PRO PLUS LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
W&F LANCETS 26G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
W&F LANCETS COLORED 21G (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>walgreens adv travel lancets</i>		1	R&M; QL (10 EA per 1 day)
WALGREENS LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
<i>walgreens lancets micro thin</i>		1	R&M; QL (10 EA per 1 day)
<i>walgreens lancets super thin</i>		1	R&M; QL (10 EA per 1 day)
WALGREENS THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
WALGREENS ULTRA THIN LANCETS (GNP Lancets)	1	1	R&M; QL (10 EA per 1 day)
*Needles & Syringes***			
BD INSULIN SYRINGE U-500	1		R

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

Drug Name	Brand	Generic	Additional Information
FREESTYLE PRECISION INS SYR (<i>Insulin Syringe</i>)	1	1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
<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>		1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
<i>insulin syringe/needle</i>		1	R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
MAXICOMFORT II PEN NEEDLE (<i>Pen Needles</i>)	1	1	R
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	1		R&M; AI (\$0 cost share if purchase insulin vial first, otherwise Co-Ins applies)
<i>pen needles 1/2"</i>		1	R
<i>pen needles 29g x 12mm</i>		1	R
<i>pen needles 3/16"</i>		1	R
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1		R
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML	1		R
ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	1	1	R
UNIFINE PENTIPS 30G X 5 MM	1		R
UNIFINE PENTIPS PLUS 30G X 5 MM	1		R
*Respiratory Therapy Supplies***			
VORTEX HOLDING CHAMBER/MASK	1		R
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER MV (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER PLUS FLOW VU (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER W/FLOWSIGNAL (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)
AEROCHAMBER Z-STAT PLUS (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 Year)

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

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

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

Drug Name	Brand	Generic	Additional Information
INSPIRACHAMBER/MOUTHPIECE	1		R&M; QL (1 EA per 2 Years)
INSPIRACHAMBER/SMALL	1		R&M; QL (1 EA per 2 Years)
INSPIREASE	1		R&M; QL (1 EA per 2 Years)
INSPIREASE RESERVOIR BAGS	1		R&M; QL (2 EA per 1 Year)
LITEAIRE	1		R&M; QL (1 EA per 2 Years)
MASK VORTEX	1		R&M; QL (2 EA per 1 Year)
MICROCHAMBER	1		R&M; QL (1 EA per 2 Years)
MICROSPACER	1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-LG MASK	1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-MED MASK	1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER ADVANTAGE-SM MASK	1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND	1		R&M; QL (1 EA per 2 Years)
OPTICHAMBER DIAMOND-LG MASK (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-MD MASK (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER DIAMOND-SM MASK (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-LARGE (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-MEDIUM (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
OPTICHAMBER FACE MASK-SMALL (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
OPTIHALER (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
PANDA MASK LARGE	1		R&M; QL (2 EA per 1 Year)
PANDA MASK MEDIUM	1		R&M; QL (2 EA per 1 Year)
PANDA MASK SMALL	1		R&M; QL (2 EA per 1 Year)
PEDIATRIC PANDA MASK	1		R&M; QL (2 EA per 1 Year)
POCKET CHAMBER (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
POCKET SPACER (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
<i>procare spacer/adult mask</i>		1	R&M; QL (2 EA per 1 year)
<i>procare spacer/child mask</i>		1	R&M; QL (2 EA per 1 year)
RITEFLO (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
VORTEX VALVED HOLDING CHAMBER (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
WATCHHALER (<i>Valved Holding Chamber</i>)	1	1	R&M; QL (2 EA per 1 year)
Migraine Products			
*Ergot Combinations***			
<i>ergotamine-caffeine</i>		1	R
MIGERGOT	1		R

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

Drug Name	Brand	Generic	Additional Information
*Migraine Combinations***			
<i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i>		1	R
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		1	PA; R&M; AI (;)
ERGOMAR	1		R&M; AI (Max #60 Mail Order); QL (20 EA per 1 Copay)
MIGRANAL (<i>Dihydroergotamine Mesylate</i>)	1	1	PA; R&M; QL (0.27 ML per 1 day)
*Selective Serotonin Agonists 5-Ht(1)***			
<i>eletriptan hydrobromide</i>		1	R&M; QL (0.9 EA per 1 day)
<i>frovatriptan succinate</i>		1	ST; R&M; AI (ST: through any 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>		1	R&M; QL (5 EA per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		1	R&M; QL (2 EA per 1 day); AG (Min 16 Years)
RELPAX	1		R&M; QL (0.9 EA per 1 Day)
<i>rizatriptan benzoate oral tablet 10 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		1	R&M; QL (6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		1	R&M; QL (6 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		1	R&M; QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		1	R&M; QL (10 tabs per 1 month)
<i>sumatriptan succinate oral tablet 25 mg</i>		1	R&M; QL (40 tabs per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		1	R&M; QL (20 tabs per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		1	R&M; QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>		1	R&M; QL (10 ML per 30 days)
TOSYMRA	1		R&M; QL (30 EA per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	1		R&M; AI (;); QL (4 EA per 1 day)
ZOMIG NASAL SOLUTION 5 MG	1		R&M; AI (;); QL (2 EA per 1 day)
ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG	1	1	R&M; AI (;); QL (4 EA per 1 day)
ZOMIG ORAL TABLET (ZOLMitriptan) 5 MG	1	1	R&M; AI (;); QL (2 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG	1	1	R&M; AI (;); QL (4 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 5 MG	1	1	R&M; AI (;); QL (2 EA per 1 day)
Minerals & Electrolytes			
*Fluoride Combinations***			
FLUOR-A-DAY ORAL TABLET CHEWABLE	3		R&M; AG (Max 6 Years)
*Fluoride***			
EPIFLUR (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
FLUORABON	3		R&M; AG (Max 6 Years)
FLUOR-A-DAY ORAL SOLUTION (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
FLURA-DROPS (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
KARIDIUM (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
LOZI-FLUR	3		R&M; AG (Max 6 Years)
LUDENT (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
LURIDE (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
NAFRINSE (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
NAFRINSE DROPS (<i>Fluoritab</i>)	3	3	R&M; AG (Max 6 Years)
<i>sodium fluoride oral</i>		3	R&M; AG (Max 6 Years)
*Phosphate***			
<i>av-phos 250 neutral</i>		1	R
K-PHOS	1		R
PHOSPHA 250 NEUTRAL (<i>Virt-Phos 250 Neutral</i>)	1	1	R
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	1		R
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT (<i>K-Effervescent</i>) 25 MEQ	1	1	R
KLOR-CON (<i>Potassium Chloride</i>)	1	1	R
KLOR-CON 10 (<i>Potassium Chloride ER</i>)	1	1	R
KLOR-CON M10 (<i>Potassium Chloride Crys ER</i>)	1	1	R
KLOR-CON M15	1		R
KLOR-CON M20 (<i>Potassium Chloride Crys ER</i>)	1	1	R
KLOR-CON/EF (<i>K-Effervescent</i>)	1	1	R
K-PRIME (<i>K-Effervescent</i>)	1	1	R
K-TAB ORAL TABLET EXTENDED RELEASE (<i>Potassium Chloride ER</i>) 10 MEQ, 8 MEQ	1	1	R
<i>k-vescent</i>		1	R
<i>potassium bicarbonate oral</i>		1	R
<i>potassium chloride er oral capsule extended release</i>		1	R
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		1	R

Drug Name	Brand	Generic	Additional Information
*Mixed Allergenic Extracts***			
*Mixed Allergenic Extracts***			
ODACTRA	1		PA; R
ORALAIR	1		PA; ST; R
*Monobactams***			
*Monobactams***			
CAYSTON	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous</i>		1	R
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat</i>		1	R
<i>nystatin mouth/throat</i>		1	R
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL	1		R
*Antiseptics - Mouth/Throat***			
PERIOGARD (<i>Chlorhexidine Gluconate</i>)	1	1	R
*Fluoride Dental Products***			
ACT ANTICAVITY FLUORIDE RINSE (<i>RA Anticavity Fluoride Rinse</i>)	3	3	R&M; AG (Max 6 Years)
ACT RESTORING FLUORIDE RINSE (<i>RA Anticavity Fluoride Rinse</i>)	3	3	R&M; AG (Max 6 Years)
ACT TOTAL CARE (<i>RA Anticavity Fluoride Rinse</i>)	3	3	R&M; AG (Max 6 Years)
CAVAREST (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
CAVIRINSE (<i>Neutral Sodium Fluoride</i>)	3	3	R&M; AG (Max 6 Years)
CLINPRO 5000	3		R&M; AG (Max 6 Years)
CONTROLRX (<i>SF 5000 Plus</i>)	3	3	R&M; AG (Max 6 Years)
DENTA 5000 PLUS (<i>SF 5000 Plus</i>)	3	3	R&M; AG (Max 6 Years)
DENTAGEL (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
FLUORIDEX	3		R&M; AG (Max 6 Years)
FLUORIDEX DAILY DEFENSE (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
FLUORIDEX ENHANCED WHITENING DENTAL GEL (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
FLUORIGARD (<i>RA Anticavity Fluoride Rinse</i>)	3	3	R&M; AG (Max 6 Years)
KARIGEL (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
KARIGEL-N (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
NAFRINSE DAILY/NEUTRAL	3		R&M; AG (Max 6 Years)
NEUTRAGARD ADVANCED (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
PHOS-FLUR (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)
PREVIDENT (<i>SF</i>)	3	3	R&M; AG (Max 6 Years)

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

Drug Name	Brand	Generic	Additional Information
PREVIDENT 5000 BOOSTER	3		R&M; AG (Max 6 Years)
PREVIDENT 5000 BOOSTER PLUS	3		R&M; AG (Max 6 Years)
PREVIDENT 5000 PLUS (<i>SF 5000 Plus</i>)	3	3	R&M; AG (Max 6 Years)
<i>sm anticavity fluoride rinse</i>		3	R&M; AG (Max 6 Years)
<i>sodium fluoride dental paste</i>		3	R&M; \$0; AG (Max 6 Years)
THERABREATH ORAL RINSE MOUTH/THROAT SOLUTION	1		R&M; \$0; AG (Max 6 Years)
THERA-FLUR-N	3		R
*Periodontal Anti-Infectives***			
ARESTIN	1		PA; R
*Saliva Stimulants***			
<i>cevimeline hcl</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
<i>pilocarpine hcl oral</i>		1	R
*Steroids - Mouth/Throat***			
ORALONE (<i>Triamcinolone Acetonide</i>)	1	1	R
*Multiple Sclerosis Agents - Antimetabolites***			
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
MAVENCLAD (4 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
MAVENCLAD (5 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
MAVENCLAD (6 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
MAVENCLAD (7 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
MAVENCLAD (8 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
MAVENCLAD (9 TABS)	2		PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day supply maximum)
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
<i>c-nate dha</i>		1	R&M; F
<i>completenate</i>		1	R&M; F
CO-NATAL FA (<i>Prenatabs FA</i>)	1	1	R&M; F
CONCEPT DHA	1		R&M; F

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

Drug Name	Brand	Generic	Additional Information
CONCEPT OB	1		R&M; F
ELITE-OB	1		R&M; F
FOLIVANE-OB	1		R&M; F
INATAL ADVANCE (<i>Vinate Ultra</i>)	1	1	R&M; F
INATAL GT (<i>Vinate Ultra</i>)	1	1	R&M; F
INATAL ULTRA ORAL TABLET (<i>Vinate Ultra</i>)	1	1	R&M; F
M-VIT (<i>Prenatal Plus/Iron</i>)	1	1	R&M; F
MYNATAL ADVANCE (<i>Vinate Ultra</i>)	1	1	R&M; F
MYNATAL ORAL TABLET (<i>Vinate Ultra</i>)	1	1	R&M; F
NATELLE ONE ORAL CAPSULE (<i>Calcium PNV</i>) 28-1-250 MG	1	1	R&M; F
<i>neonatal complete</i>		1	R
NIVA-PLUS (<i>Prenatal Plus/Iron</i>)	1	1	R&M; F
OB COMPLETE ONE	1		R&M; F
OB COMPLETE ORAL TABLET	1		R&M; F
OB COMPLETE PETITE	1		R&M; F
OB COMPLETE/DHA	1		R&M; F
OB-NATAL ONE ORAL CAPSULE (<i>UltimateCare ONE NF</i>) 20-7-1 MG	1	1	R&M; F
O-CAL FA (<i>Prenatal Plus/Iron</i>)	1	1	R&M; F
<i>pnv fe fum/docusat/folic acid</i>		1	R&M; F
<i>pnv folic acid + iron</i>		1	R&M; F
<i>pnv prenatal plus multivitamin</i>		1	R&M; F
<i>pnv tabs 29-1</i>		1	R&M; F
PREFERA OB + DHA ORAL (<i>HemeNatal OB + DHA</i>) 28-6-1 & 203 MG	1	1	R&M; F
PREFERA OB ORAL TABLET (<i>HemeNatal OB</i>) 28-6-1 MG	1	1	R&M; F
<i>pregenna</i>		1	R&M; \$0
PRENATABS RX (<i>Vol-Tab Rx</i>)	1	1	R&M; F
<i>prenatal 19</i>		1	R&M; F
PRENATAL AD (<i>Vinate Ultra</i>)	1	1	R&M; F
<i>prenatal formula oral tablet 27-1 mg</i>		1	R&M; F
<i>prenatal low iron oral tablet 27-1 mg</i>		1	R&M; F
<i>prenatal oral tablet 27-1 mg</i>		1	R&M; F
<i>prenatal plus</i>		1	R&M; F
<i>prenatal plus iron</i>		1	R&M; F
PRENATAL/FOLIC ACID (<i>Prenatal Plus/Iron</i>)	1	1	R&M; F
PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG	1		R&M; F
PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG	1		R&M; F
<i>preplus</i>		1	R&M; F

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

Drug Name	Brand	Generic	Additional Information
<i>pretab</i>		1	R&M; F
<i>se-natal 19</i>		1	R&M; F
TARON-C DHA	1		R&M; F
THERANATAL CORE NUTRITION (Prenatal Plus/Iron)	1	1	R&M; F
<i>thrivite rx</i>		1	R&M; F
<i>triadvance</i>		1	R&M; F
TRICARE (Prenatal Plus/Iron)	1	1	R&M; F
TRICARE PRENATAL DHA ONE ORAL CAPSULE (TL-Care DHA) 27-1-500 MG	1	1	R&M; F
<i>trinatal gt</i>		1	R&M; F
<i>trinatal ultra</i>		1	R&M; F
<i>ultra tabs</i>		1	R&M; F
VINATE DHA	1		R&M; F
VINATE GT (Vinate Ultra)	1	1	R&M; F
VINATE M	1		R&M; F
<i>virt-nate dha</i>		1	R&M; F
<i>virt-pn</i>		1	R&M; F
VITATHELY WITH GINGER (M-Natal Plus)	1	1	R
VIVA DHA (ReInate DHA)	1	1	R&M; F
<i>vol-plus</i>		1	R&M; F
<i>vp-heme ob</i>		1	R&M; F
<i>vp-heme ob + dha</i>		1	R&M; F
ZATEAN-PN (PNV-Select)	1	1	R&M; F
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha</i>		1	R&M; F
PR NATAL 400	1		R&M; F
PR NATAL 400 EC	1		R&M; F
TRIVEEN-DUO DHA	1		R&M; F
*Prenatal Mv & Min W/Fe-Fa-Dha***			
CITRANATAL 90 DHA ORAL (Prenaisance 90 DHA) 90-1 & 300 MG	1	1	R&M; F
CITRANATAL ASSURE ORAL (Prenaisance Promise) 35-1 & 300 MG	1	1	R&M; F
CITRANATAL DHA (PNV OB+DHA)	1	1	R&M; F
<i>extra-virt plus dha</i>		1	R&M; F
FOCALGIN 90 DHA (Prenaisance 90 DHA)	1	1	R&M; F
FOCALGIN CA (Prenaisance Promise)	1	1	R&M; F
<i>folcal dha oral capsule 27-1.25-300 mg</i>		1	R&M; F
FOLIVANE-EC CALCIUM DHA NF	1		R&M; F
FOLIVANE-PRX DHA NF	1		R&M; F

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

Drug Name	Brand	Generic	Additional Information
GESTICARE DHA ORAL 27-1 & 250 MG	1		R&M; F
MACNATAL CN DHA (<i>Prenaissance Plus</i>)	1	1	R&M; F
NATALVIRT 90 DHA (<i>Prenaissance 90 DHA</i>)	1	1	R&M; F
NATALVIRT CA (<i>Prenaissance Promise</i>)	1	1	R&M; F
NEXA PLUS (<i>TL-Select DHA</i>)	1	1	R&M; F
PREFERAOB ONE (<i>VP-HEME One</i>)	1	1	R&M; F
<i>prenaissance</i>		1	R&M; F
<i>prenaissance dha</i>		1	R&M; F
PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG	1		R&M; F
PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG	1		R&M; F
<i>rulavite dha</i>		1	R&M; F
SELECT-OB+DHA (<i>Choice-OB+DHA</i>)	1	1	R&M; F
TARON-PREX	1		R&M; F
<i>tl-select</i>		1	R&M; F
TRIVEEN-TEN	1		R&M; F
VEMAVITE-PRX 2 (<i>PNV-DHA+Docusate</i>)	1	1	R&M; F
<i>virt-pn dha</i>		1	R&M; F
<i>virt-select</i>		1	R&M; F
VITAMEDMD ONE RX/QUATREFOLIC (<i>Prena1/Quatrefolic</i>)	1	1	R&M; F
VITAMEDMD PLUS RX/QUATREFOLIC (<i>Prena1 Plus/Quatrefolic</i>)	1	1	R&M; F
ZATEAN-PN DHA (<i>PNV-DHA</i>)	1	1	R&M; F
*Prenatal Vitamins***			
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (<i>Prena1/Quatrefolic</i>) 0.6-0.4 MG	1	1	R&M; F
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		1	R
<i>carisoprodol oral tablet 350 mg</i>		1	RO; AI (Max #84 per 21 days); QL (84 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		1	R
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		1	R
<i>metaxalone oral tablet 800 mg</i>		1	R&M; AI (Max #360 Mail Order); QL (4 EA per 1 Day)
<i>methocarbamol oral</i>		1	R
<i>orphenadrine citrate er</i>		1	R
<i>tizanidine hcl oral tablet</i>		1	R
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		1	R
*Muscle Relaxant Combinations***			
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
Nasal Agents - Systemic And Topical			
*Nasal Antibiotics***			
BACTROBAN NASAL	1		R
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %</i>		1	R&M; AI (Max #90ml Mail Order); QL (1.5 ML per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		1	R&M; AI (Max #45ml Mail Order); QL (1.5 ML per 1 day)
*Nasal Antihistamines***			
<i>azelastine hcl nasal solution 0.1 %</i>		1	R&M; AI (;)
<i>azelastine hcl nasal solution 0.15 %</i>		1	R
PATANASE (Olopatadine HCl)	1	1	R&M; QL (1.02 GM per 1 day); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	1		R&M; AI (Max #75gm Mail Order); QL (25 GM per 30 Days)
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>		1	R&M; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days)
ZETONNA	1		R&M; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AG (Min 12 Years)
*Topical Decongestants***			
TYZINE NASAL SOLUTION 0.05 %	1		R
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***			
ENTRESTO	1		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	2		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	2		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***			
<i>riluzole</i>		1	R
TIGLUTIK	2		PA; R

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

Drug Name	Brand	Generic	Additional Information
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	1		R
*Artificial Tear Inserts***			
LACRISERT	1		R
*Artificial Tears And Lubricants***			
THERATEARS OPHTHALMIC GEL	1		R
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN	1		R&M; AI (:)
COSOPT PF OPHTHALMIC SOLUTION (Dorzolamide HCl-Timolol Mal PF) 22.3-6.8 MG/ML	1	1	PA; R
dorzolamide hcl-timolol mal		1	R
*Beta-Blockers - Ophthalmic***			
BETOPTIC-S	1		R
carteolol hcl		1	R
ISTALOL	1		R
levobunolol hcl ophthalmic solution 0.5 %		1	R
metipranolol		1	R
timolol maleate ophthalmic solution 0.25 %, 0.5 %		1	R
TIMOPTIC-XE (Timolol Maleate)	1	1	R
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 %	1	1	R
atropine sulfate ophthalmic solution		1	R
atropine-care		1	R
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %		1	R
HOMATROPAIRE	1		R
MYDRIACYL (Tropicamide)	1	1	R
tropicamide ophthalmic		1	R
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE	1		R
*Miotics - Direct Acting***			
pilocarpine hcl ophthalmic solution 1 %, 2 %		1	R
*Ophthalmic Antiallergic***			
ALOCRIAL	1		R
ALOMIDE	1		R
azelastine hcl ophthalmic		1	R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
BEPREVE	1		R
cromolyn sodium ophthalmic		1	R
ELESTAT (Epinastine HCl)	1	1	R

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

Drug Name	Brand	Generic	Additional Information
EMADINE	1		PA; ST; R
LASTACRAFT	1		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>		1	R&M; QL (0.45 ML per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>		1	R
OPTIVAR	1		PA; ST; R&M; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail)
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic</i>		1	R
BESIVANCE	1		R
CILOXAN OPHTHALMIC OINTMENT	1		R
<i>ciprofloxacin hcl ophthalmic</i>		1	R
<i>erythromycin ophthalmic</i>		1	R
GENTAK OPHTHALMIC OINTMENT (Gentamicin Sulfate)	1	1	R
<i>levofloxacin ophthalmic</i>		1	R
MOXEZA	1		R
<i>moxifloxacin hcl ophthalmic</i>		1	R
<i>ofloxacin ophthalmic</i>		1	R
<i>romycin</i>		1	R
TOBREX OPHTHALMIC OINTMENT	1		R
ZYMAXID (Gatifloxacin)	1	1	R
*Ophthalmic Antifungal***			
NATACYN	1		R
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		1	R
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		1	R
NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)	1	1	R
POLYCIN (AK-Poly-Bac)	1	1	R
<i>polymyxin b-trimethoprim</i>		1	R
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		1	R
ZIRGAN	1		R
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT	1		R&M; AI (Max #30ml Mail Order); QL (0.34 ML per 1 day)
<i>dorzolamide hcl ophthalmic</i>		1	R
*Ophthalmic Decongestants***			
NEOFRIN	1		R

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

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Immunomodulators***			
CEQUA	1		R&M; QL (2 EA per 1 day)
RESTASIS	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
*Ophthalmic Local Anesthetics***			
ALCAINE (<i>Parcaine</i>)	1	1	R
<i>proparacaine hcl ophthalmic</i>		1	R
TETCAINE (<i>Tetracaine HCl</i>)	1	1	R
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		1	R
<i>bromfenac sodium ophthalmic</i>		1	R&M; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AG (Min 18 Years)
<i>diclofenac sodium ophthalmic</i>		1	R
<i>flurbiprofen sodium</i>		1	R
<i>ketorolac tromethamine ophthalmic</i>		1	R
NEVANAC	1		R&M; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AG (Min 10 Years)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P (<i>Brimonidine Tartrate</i>)	1	1	R
<i>apraclonidine hcl</i>		1	R
<i>brimonidine tartrate ophthalmic</i>		1	R
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		1	R
BLEPHAMIDE	1		R
BLEPHAMIDE S.O.P.	1		R
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		1	R
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		1	R
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		1	R
<i>poly-dex ophthalmic ointment</i>		1	R
PRED-G	1		R
PRED-G S.O.P.	1		R
<i>sulfacetamide-prednisolone ophthalmic solution</i>		1	R
TOBRADEX OPHTHALMIC OINTMENT	1		R
TOBRADEX ST	1		R
<i>tobramycin-dexamethasone</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Steroids***			
ALREX	1		R
<i>dexamethasone sodium phosphate ophthalmic</i>		1	R
DUREZOL	1		R
FLAREX	1		R
<i>fluorometholone ophthalmic</i>		1	R
FML	1		R
FML FORTE	1		R
INVELTYS	1		R
LOTEMAX OPHTHALMIC GEL	1		R&M; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year)
LOTEMAX OPHTHALMIC OINTMENT	1		R
LOTEMAX OPHTHALMIC SUSPENSION <i>(Loteprednol Etabonate)</i>	1	1	R
LOTEMAX SM	1		R
MAXIDEX	1		R
OMNIPRED <i>(prednisolONE Acetate)</i>	1	1	R
PRED FORTE <i>(prednisolONE Acetate)</i>	1	1	R
PRED MILD	1		R
<i>prednisolone sodium phosphate ophthalmic</i>		1	R
VEXOL	1		R
*Ophthalmic Sulfonamides***			
BLEPH-10 <i>(Sulfacetamide Sodium)</i>	1	1	R
*Ophthalmics - Cystinosis Agents**			
CYSTARAN	1		PA; R
*Prostaglandins - Ophthalmic***			
<i>latanoprost ophthalmic</i>		1	R&M; AI (Max #15ml Mail Order); QL (5 ML per 25 Days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1		R&M; AI (;)
TRAVATAN Z	1		R&M; AI (;)
VYZULTA	1		PA; ST; R&M; AI (Electronic Step: Step through 2 of Lumigan, Xalatan and/or Zioptan.)
XELPROS	1		R
ZIOPTAN	1		R
*Ophthalmic Nerve Growth Factors***			
*Ophthalmic Nerve Growth Factors***			
OXERVATE	2		PA; R
*Ophthalmic Rho Kinase Inhibitors***			
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	1		PA; R

Drug Name	Brand	Generic	Additional Information
*Orexin Receptor Antagonists***			
*Orexin Receptor Antagonists***			
BELSOMRA	1		R&M; QL (1 EA per 1 Day); AG (Min 18 Years)
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		1	R
<i>acetic acid-aluminum acetate</i>		1	R
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		1	R
<i>ofloxacin otic</i>		1	R
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC	1		R
CIPRODEX	1		R&M; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days)
CORTISPORIN-TC	1		R
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		1	R
<i>neomycin-polymyxin-hc otic suspension</i>		1	R
*Otic Steroids***			
ACETASOL HC (<i>Hydrocortisone-Acetic Acid</i>)	1	1	R
DERMOTIC (<i>Fluocinolone Acetonide</i>)	1	1	R&M; AI (Max #120 Mail Order); QL (40 ML per 30 Days)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (<i>Methylergonovine Maleate</i>)	1	1	R
Passive Immunizing Agents			
*Immune Serums***			
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM	Tier 4		R
CUVITRU SUBCUTANEOUS SOLUTION 4 GM/20ML	Tier 4		R
CYTOGAM	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	Tier 4		R
GAMMAGARD S/D LESS IGA	Tier 4		R
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 4		R
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
WINRHO SDF	2		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Pcsk9 Inhibitors***			
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2		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	2		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	2		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	2		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	2		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)
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule</i>		1	R
<i>amoxicillin oral suspension reconstituted</i>		1	R
<i>amoxicillin oral tablet</i>		1	R
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		1	R
<i>ampicillin</i>		1	R

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

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

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

Drug Name	Brand	Generic	Additional Information
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**			
LYNPARZA	1		PA; SP
RUBRACA ORAL TABLET 200 MG	1		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	1		SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
TALZENNA	1		PA; R
ZEJULA	1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA	1		PA; SP
RUBRACA ORAL TABLET 200 MG	1		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	1		SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
ZEJULA	1		PA; SP; AI (BriovaRx is preferred pharmacy - some medications may be available at retail, 30 day limit applies, distribution may be limited)
*Potassium Removing Agents***			
*Potassium Removing Agents***			
KAYEXALATE (Sodium Polystyrene Sulfonate)	1	1	R
KIONEX (Sodium Polystyrene Sulfonate)	1	1	R
SPS (Sodium Polystyrene Sulfonate)	1	1	R
VELTASSA	1		PA; R
Progestins			
*Progestins***			
MAKENA SUBCUTANEOUS	2		PA; SP
<i>medroxyprogesterone acetate oral</i>		1	R
MEGACE ES	1		R&M; AI (Max #450ml Mail Order); QL (150 ML per 30 Days)
<i>megestrol acetate oral suspension 625 mg/5ml</i>		1	R&M; AI (Max #450ml Mail Order); QL (150 ML per 30 days)

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

Drug Name	Brand	Generic	Additional Information
<i>norethindrone acetate oral</i>		1	R&M; F
<i>progesterone intramuscular</i>		1	R&M; F
<i>progesterone micronized oral</i>		1	R&M; F
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	1		R&M; QL (1 EA per 1 day); AG (Min 16 Years)
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		1	R&M; QL (6 EA per 1 day)
ANTABUSE	1		PA; ST; R
CAMPRAL	1		R&M; AI (Max #540 Mail Order); QL (6 EA per 1 Day)
<i>disulfiram oral</i>		1	R
*Anti-Cataplectic Agents***			
XYREM	2		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)
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>donepezil hcl oral tablet 23 mg</i>		1	R
<i>donepezil hcl oral tablet dispersible</i>		1	R
EXELON ORAL CAPSULE	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
EXELON ORAL SOLUTION	1		R
EXELON TRANSDERMAL	1		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>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>galantamine hydrobromide oral tablet 4 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
RAZADYNE ER (Galantamine Hydrobromide ER)	1	1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
RAZADYNE ORAL SOLUTION (Galantamine Hydrobromide)	1	1	R
RAZADYNE ORAL TABLET 12 MG, 8 MG	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day)
RAZADYNE ORAL TABLET 4 MG	1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day)

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

Drug Name	Brand	Generic	Additional Information
<i>rivastigmine</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 day); AG (Min 18 Years)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Copay)
*Fibromyalgia Agent - Snris***			
SAVELLA	1		R&M; AI (:)
SAVELLA TITRATION PACK	1		R&M; AI (:)
*Movement Disorder Drug Therapy***			
AUSTEDO	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
INGREZZA ORAL CAPSULE	1		PA; R&M; QL (1 EA per 1 day)
XENAZINE (Tetrabenazine)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
AUBAGIO	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Interferons***			
AVONEX	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
EXTAVIA SUBCUTANEOUS KIT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PLEGRIDY STARTER PACK	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)

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

Drug Name	Brand	Generic	Additional Information
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2		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	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
ZINBRYTA	2		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
TECFIDERA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
AMPYRA	2		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)
<i>dalfampridine er</i>		2	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)
*Multiple Sclerosis Agents***			
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>)	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>Glatiramer Acetate</i>) 20 MG/ML	2	2	PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl oral solution 2 mg/ml</i>		1	R&M; AI (Max #1080 Mail Order); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 day); AG (Min 12 Years)
<i>memantine hcl oral tablet 5 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 day); AG (Min 12 Years)

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

Drug Name	Brand	Generic	Additional Information
NAMENDA ORAL TABLET 10 MG	1		R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AG (Min 12 Years)
NAMENDA ORAL TABLET 5 MG	1		R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AG (Min 12 Years)
NAMENDA TITRATION PAK (Memantine HCl)	1	1	R
NAMENDA XR (Memantine HCl ER)	1	1	R
NAMENDA XR TITRATION PACK	1		R
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		1	R
*Pseudobulbar Affect Agent Combinations***			
NUDEXTA	1		PA; R
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		1	PA; R
ORAP ORAL TABLET (Pimozide) 2 MG	1	1	R
*Smoking Deterrents***			
BUPROBAN	3		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		3	R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX	3		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX CONTINUING MONTH PAK	3		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
CHANTIX STARTING MONTH PAK	3		R&M; AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>		3	R&M; AG (Min 18 Years)
<i>cvs nts step 1</i>		3	R&M; AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		3	R&M; AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		3	R&M; AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>eq nicotine step 3</i>		3	R&M; AG (Min 18 Years)
<i>eq nicotine transdermal</i>		3	R&M; AG (Min 18 Years)
<i>eql nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>eql nicotine transdermal</i>		3	R&M; AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>hm nicotine</i>		3	R&M; AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
KLS QUIT2 MOUTH/THROAT GUM (Nicotine Polacrilex)	3	3	R&M; AG (Min 18 Years)
KLS QUIT4 MOUTH/THROAT GUM (Nicotine Polacrilex)	3	3	R&M; AG (Min 18 Years)

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

Drug Name	Brand	Generic	Additional Information
NICODERM CQ (<i>Nicotine</i>)	3	3	R&M; AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>)	3	3	R&M; AG (Min 18 Years)
NICORETTE (<i>Nicotine Polacrilex</i>)	3	3	R&M; AG (Min 18 Years)
NICORETTE MINI (<i>Nicotine Polacrilex</i>)	3	3	R&M; AG (Min 18 Years)
NICORETTE STARTER KIT (<i>Nicotine Polacrilex</i>)	3	3	R&M; AG (Min 18 Years)
<i>nicotine step 1</i>		3	R&M; AG (Min 18 Years)
<i>nicotine step 2</i>		3	R&M; AG (Min 18 Years)
<i>nicotine step 3</i>		3	R&M; AG (Min 18 Years)
NICOTROL	3		R&M; AG (Min 18 Years)
NICOTROL NS	3		R&M; QL (4 ML per 1 Day); AG (Min 18 Years)
<i>px stop smoking aid</i>		3	R&M; AG (Min 18 Years)
<i>ra mini nicotine</i>		3	R&M; AG (Min 18 Years)
<i>ra nicotine</i>		3	R&M; AG (Min 18 Years)
<i>ra nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>sm nicotine</i>		3	R&M; AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>sw nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>tgt nicotine</i>		3	R&M; AG (Min 18 Years)
<i>tgt nicotine polacrilex</i>		3	R&M; AG (Min 18 Years)
<i>tgt nicotine step one</i>		3	R&M; AG (Min 18 Years)
<i>tgt nicotine step three</i>		3	R&M; AG (Min 18 Years)
<i>tgt nicotine step two</i>		3	R&M; AG (Min 18 Years)
THRIVE (<i>Nicotine Polacrilex</i>)	3	3	R&M; AG (Min 18 Years)
ZYBAN	3		R&M; QL (2 EA per 1 Day); AG (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
MAYZENT STARTER PACK	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Thienbenzodiazepines & Ssris***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)

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

Drug Name	Brand	Generic	Additional Information
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		1	R&M; AI (Max #270 Mail Order); QL (3 EA per 1 Day)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (2 EA per 1 day)
*Pulmonary Fibrosis Agents***			
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); QL (9 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET	2		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	2		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)
Respiratory Agents - Misc.			
*Cftr Potentiators***			
KALYDECO ORAL PACKET	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
KALYDECO ORAL TABLET	2		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)
*Hydrolytic Enzymes***			
PULMOZYME	2		SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days)
*Respiratory Agents - Misc.***			
INFASURF INHALATION	1		R

Drug Name	Brand	Generic	Additional Information
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	1		R&M; AI (;); F; QL (1 EA per 1 day); AG (Min 18 Years)
*Serotonin Modulators***			
*Serotonin Modulators***			
<i>nefazodone hcl</i>		1	R
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		1	R
<i>trazodone hcl oral tablet 300 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
TRINTELLIX ORAL TABLET 10 MG	1		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	1		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	1		R&M; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AG (Min 12 Years)
VIIBRYD ORAL TABLET	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 12 Years)
VIIBRYD STARTER PACK	1		R&M; QL (1 EA per 1 Lifetime); AG (Min 12 Years)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	1		PA; R&M; QL (1 EA per 1 day); AG (Min 18 Years)
QTERN ORAL TABLET 10-5 MG	1		PA; ST; R&M; AI (Electronic Step through both Farxiga & Januvia in last 6 months.)
QTERN ORAL TABLET 5-5 MG	1		PA; R&M; AI (Trial of both of the following in last 6 months: Farxiga Januvia)
*Sinus Node Inhibitors**			
*Sinus Node Inhibitors**			
CORLANOR	1		PA; R

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

Drug Name	Brand	Generic	Additional Information
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET	1		R
INVOKAMET XR	1		R
SEGLUROMET	1		R
SYNJARDY	1		R
SYNJARDY XR	1		R
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG	1		R
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE	2		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Steroids - Mouth/Throat/Dental***			
*Steroids - Mouth/Throat/Dental***			
ORALONE (<i>Triamcinolone Acetonide</i>)	1	1	R
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral</i>		1	R
Tetracyclines			
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		1	R
<i>doxycycline hyclate oral capsule</i>		1	R
<i>doxycycline hyclate oral tablet 100 mg</i>		1	R
<i>doxycycline hyclate oral tablet 20 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 75 mg</i>		1	R&M; QL (2 EA per 1 Day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>		1	R
<i>doxycycline monohydrate oral suspension reconstituted</i>		1	R
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>		1	R
MINOCIN ORAL CAPSULE (<i>Minocycline HCl</i>) 100 MG, 75 MG	1	1	R
MORGIDOX ORAL CAPSULE (<i>Doxycycline Hyclate</i>) 50 MG	1	1	R
<i>tetracycline hcl oral</i>		1	R
VIBRAMYCIN ORAL SYRUP	1		R

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

Drug Name	Brand	Generic	Additional Information
Thyroid Agents			
*Antithyroid Agents***			
<i>propylthiouracil oral</i>		1	R
TAPAZOLE (MethIMAzole)	1	1	R
*Thyroid Hormones***			
ARMOUR THYROID	1		R
CYTOMEL (Liothyronine Sodium)	1	1	R
EUTHYROX (Levothyroxine Sodium)	1	1	R
LEVO-T (Levothyroxine Sodium)	1	1	R
<i>levothyroxine-liothyronine oral tablet 30 mg, 60 mg, 90 mg</i>		1	R
LEVOXYL (Levothyroxine Sodium)	1	1	R
NATURE-THROID	1		R
SYNTHROID (Levothyroxine Sodium)	1	1	R
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	1		R
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	1		R
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	1		R
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	1		R
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	1		R
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1		R
TIROSINT-SOL	1		R
UNITHROID DIRECT (Levothyroxine Sodium)	1	1	R
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	1	R
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	1		R
WP THYROID	1		R
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3		RO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	3		RO
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5	3		RO
<i>diphtheria-tetanus toxoids dt</i>		3	RO

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

Drug Name	Brand	Generic	Additional Information
DIPHTHERIA-TETANUS TOXOIDS INTRAMUSCULAR INJECTABLE 2-5 LFU	3		RO
INFANRIX	3		RO
KINRIX INTRAMUSCULAR SUSPENSION	3		RO
PEDIARIX	3		RO
QUADRACEL	3		RO
TENIVAC	3		RO
<i>tetanus-diphtheria toxoids td</i>		3	RO
*Tranthyretin Stabilizers***			
*Tranthyretin Stabilizers***			
VYNDAMAX	2		PA; R
VYNDAQEL	2		PA; R&M; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
*Tryptophan Hydroxylase Inhibitors***			
*Tryptophan Hydroxylase Inhibitors***			
XERMELO	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
Ulcer Drugs			
*Anticholinergic Combinations***			
B-DONNA	1		R
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>		1	R
<i>belladonna-opium</i>		1	R
<i>chlordiazepoxide-clidinium</i>		1	R
<i>phenobarbital-belladonna alk</i>		1	R
PHENOHYTRO ORAL TABLET	1		R
*Antispasmodics***			
BENTYL INTRAMUSCULAR (<i>Dicyclomine HCl</i>)	1	1	R
BENTYL ORAL CAPSULE (<i>Dicyclomine HCl</i>)	1	1	R
BENTYL ORAL TABLET (<i>Dicyclomine HCl</i>)	1	1	R
*Belladonna Alkaloids***			
<i>ed-spaz</i>		1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
HYOMAX-SL (<i>Hyoscyamine Sulfate</i>)	1	1	R
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>		1	R
<i>hyoscyamine sulfate oral elixir</i>		1	R
<i>hyoscyamine sulfate oral solution</i>		1	R
<i>hyoscyamine sulfate oral tablet</i>		1	R

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

Drug Name	Brand	Generic	Additional Information
<i>hyoscyamine sulfate oral tablet dispersible</i>		1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>hyosyne oral solution</i>		1	R
<i>oscimin oral tablet</i>		1	R
<i>oscimin oral tablet dispersible</i>		1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
<i>oscimin sr</i>		1	R
<i>oscimin sublingual</i>		1	R
*H-2 Antagonists***			
<i>cimetidine hcl oral</i>		1	R
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		1	R
<i>famotidine oral suspension reconstituted</i>		1	R
<i>famotidine oral tablet 20 mg, 40 mg</i>		1	R
<i>nizatidine oral capsule 150 mg</i>		1	R&M; AI (Max #180 Mail Order); QL (2 EA per 1 Day)
<i>nizatidine oral capsule 300 mg</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day)
<i>nizatidine oral solution</i>		1	R
<i>ranitidine hcl oral capsule</i>		1	R
<i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i>		1	R
<i>ranitidine hcl oral tablet 300 mg</i>		1	R
*Misc. Anti-Ulcer***			
CARAFATE ORAL SUSPENSION (Sucralfate)	1	1	R
<i>sucralfate oral</i>		1	R
*Proton Pump Inhibitors***			
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>		1	R&M; QL (4 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>		1	R&M; QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE	1		RO
FIRST-OMEPRAZOLE	1		RO
<i>lansoprazole oral capsule delayed release 15 mg</i>		1	R&M; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>		1	R
<i>omeprazole oral capsule delayed release</i>		1	R
OMEPRAZOLE+SYRSPEND SF ALKA	1		RO
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>		1	R&M; QL (3 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>		1	R&M; QL (6 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (Lansoprazole) 15 MG	1	1	R&M; AI (Excluded Drugs List applies if over maximum age of 1); QL (1 EA per 1 day); AG (Max 1 Years)

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

Drug Name	Brand	Generic	Additional Information
PREVACID SOLUTAB ORAL TABLET DISPERSIBLE (<i>Lansoprazole</i>) 30 MG	1	1	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>		1	R
*Quaternary Anticholinergics***			
CANTIL	1		R
<i>methscopolamine bromide oral tablet 2.5 mg</i>		1	R&M; AI (Max #1080 Mail Order); QL (12 EA per 1 Day)
PAMINE FORTE (<i>Methscopolamine Bromide</i>)	1	1	R
<i>propantheline bromide oral</i>		1	R
ROBINUL ORAL (<i>Glycopyrrolate</i>)	1	1	R
ROBINUL-FORTE (<i>Glycopyrrolate</i>)	1	1	R
*Ulcer Anti-Infective W/ Bismuth Combinations***			
HELIDAC	1		R&M; AI (Max #1 box (#224) retail or 90 days); QL (1 EA per 30 Days)
*Ulcer Drugs - Prostaglandins***			
CYTOTEC ORAL TABLET (<i>Misoprostol</i>) 100 MCG	1	1	R
Urinary Anti-Infectives			
*Methenamine Combos***			
UROQID #2	1		R
*Urinary Anti-Infectives***			
<i>methenamine hippurate</i>		1	R
<i>methenamine mandelate oral</i>		1	R
MONUROL	1		R
<i>nitrofurantoin macrocrystal oral</i>		1	R
<i>nitrofurantoin monohyd macro</i>		1	R
<i>nitrofurantoin oral suspension</i>		1	R
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
AZUPHEN MB (<i>Uticap</i>)	1	1	R
HYOPHEN	1		R&M; QL (3.74 EA per 1 day); AG (Min 12 Years)
PHOSPHASAL (<i>Urin DS</i>)	1	1	R
<i>ur n-c</i>		1	R
UROGESIC-BLUE	1		PA; ST; R
USTELL (<i>Uticap</i>)	1	1	R
UTIRA-C (<i>Urin DS</i>)	1	1	R
UTRONA-C (<i>Urin DS</i>)	1	1	R
Urinary Antispasmodics			
*Beta-3 Adrenergic Agonists***			
MYRBETRIQ	1		R

Drug Name	Brand	Generic	Additional Information
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>oxybutynin chloride er</i>		1	R
<i>oxybutynin chloride oral</i>		1	R
SANCTURA	1		PA; ST; R
<i>sanctura xr</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		1	R
<i>trospium chloride</i>		1	R
<i>trospium chloride er</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
VESICARE	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
*Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New)			
<i>oxybutynin chloride er</i>		1	R
<i>oxybutynin chloride oral</i>		1	R
SANCTURA	1		PA; ST; R
<i>sanctura xr</i>		3	R&M; QL (1 EA per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		1	R
<i>trospium chloride</i>		1	R
<i>trospium chloride er</i>		1	R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
VESICARE	1		R&M; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ	1		R
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
*Urinary Antispasmodics - Cholinergic Agonists*** (New)			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		1	R
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		1	R
*Urinary Antispasmodics - Direct Muscle Relaxants*** (New)			
<i>flavoxate hcl</i>		1	R
Vaccines			
*Bacterial Vaccines***			
MENACTRA	3		RO
MENOMUNE SUBCUTANEOUS INJECTABLE	3		RO

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

Drug Name	Brand	Generic	Additional Information
MENVEO	3		RO
PNEUMOVAX 23	3		RO
PREVNAR 13	3		RO; QL (0.5 ML per 1 Lifetime)
TRUMENBA	3		RO; AG (Max 26 Years)
*Viral Vaccine Combinations***			
M-M-R II SUBCUTANEOUS	3		R
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	3		R
*Viral Vaccines***			
AFLURIA	3		RO
AFLURIA PRESERVATIVE FREE	3		RO
CERVARIX	3		RO; F; AG (Max 27 Years)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3		RO
ENGERIX-B INTRAMUSCULAR	3		RO
FLUAD	3		RO; \$0; AG (Min 65 Years)
FLUARIX	3		RO
FLUARIX QUADRIVALENT	3		RO
FLUBLOK	3		RO
FLUBLOK QUADRIVALENT	3		RO; \$0
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	3		RO
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		R&M; \$0
FLULAVAL INTRAMUSCULAR INJECTABLE	3		RO
FLULAVAL QUADRIVALENT	3		RO
FLUMIST QUADRIVALENT	3		RO
FLUVIRIN	3		RO
FLUVIRIN PRESERVATIVE FREE	3		RO
FLUZONE HIGH-DOSE	3		RO
FLUZONE INTRADERMAL DEVICE	3		RO
FLUZONE INTRAMUSCULAR	3		RO
FLUZONE QUADRIVALENT	3		RO
GARDASIL 9	3		RO; AG (Max 45 Years)
GARDASIL INTRAMUSCULAR SUSPENSION	3		RO; AG (Max 27 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3		RO
HEPLISAV-B INTRAMUSCULAR SOLUTION	3		RO; \$0
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3		RO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	3		RO; \$0; AG (Min 50 Years)

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

Drug Name	Brand	Generic	Additional Information
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3		RO
VARIVAX	3		RO
ZOSTAVAX	3		RO; AG (Min 50 Years)
Vaginal Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	1		R&M; F
TERAZOL 3 (<i>Terconazole</i>)	1	1	R&M; F
TERAZOL 7 (<i>Terconazole</i>)	1	1	R&M; F
ZAZOLE (<i>Terconazole</i>)	1	1	R&M; F
*Miscellaneous Vaginal Combinations***			
RELAGARD	1		R&M; F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	3		R&M; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS CONCEPTROL	3		R&M; AI (Max #12 Retail or #36 Mail Order); F
OPTIONS GYNOL II CONTRACEPTIVE	3		R&M; AI (Max #12 Retail or #36 Mail Order); F
SHUR-SEAL CONTRACEPTIVE	3		R&M; AI (Max #12 Retail or #36 Mail Order); F
<i>today sponge</i>		3	R&M; F; QL (12 EA Max Qty Per Fill Retail)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	3		R&M; AI (Max #12 Retail or #36 Mail Order); F
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM	3		R&M; AI (Max #12 Retail or #36 Mail Order); F
*Vaginal Anti-Infectives***			
CLEOCIN VAGINAL SUPPOSITORY	1		R&M; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days)
<i>clindamycin phosphate vaginal</i>		1	R&M; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days)
VANDAZOLE (<i>MetroNIDAZOLE</i>)	1	1	R&M; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days)
*Vaginal Estrogens***			
ESTRACE VAGINAL (<i>Estradiol</i>)	1	1	R&M; F
FEMRING VAGINAL RING 0.05 MG/24HR	1		R&M; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days)
FEMRING VAGINAL RING 0.1 MG/24HR	1		R&M; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days)
PREMARIN VAGINAL	1		R&M; F
YUVAFEM (<i>Estradiol</i>)	1	1	R&M; F

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

Drug Name	Brand	Generic	Additional Information
*Vaginal Progestins***			
CRINONE	2		PA; SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies); F
ENDOMETRIN	1		PA; R&M; F
Vasopressors			
*Anaphylaxis Therapy Agents***			
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>		1	R&M; AI (Non Mylan Epinephrine pens are non formulary. Max 1 fill of 2 pens per month.); QL (2 EA per 2 days)
*Vasopressors***			
<i>midodrine hcl</i>		1	R
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	1		R
POTABA ORAL TABLET	1		R
*Vitamin D***			
<i>cvs childrens vitamin d</i>		3	R&M; AG (Min 65 Years)
<i>cvs vit d 5000 high-potency</i>		3	R&M; AG (Min 65 Years)
<i>cvs vitamin d</i>		3	R&M; AG (Min 65 Years)
<i>cvs vitamin d3 oral capsule 1000 unit, 400 unit</i>		3	R&M; AG (Min 65 Years)
<i>d 1000</i>		3	R&M; AG (Min 65 Years)
<i>d 10000</i>		3	R&M; AG (Min 65 Years)
<i>d 2000</i>		3	R&M; AG (Min 65 Years)
<i>d 400 oral tablet</i>		3	R&M; AG (Min 65 Years)
<i>d 5000</i>		3	R&M; AG (Min 65 Years)
<i>d-1000</i>		3	R&M; AG (Min 65 Years)
<i>d-1000 extra strength</i>		3	R&M; AG (Min 65 Years)
<i>d-2000 maximum strength</i>		3	R&M; AG (Min 65 Years)
<i>d2000 ultra strength</i>		3	R&M; AG (Min 65 Years)
<i>d3 adult</i>		3	R&M; AG (Min 65 Years)
<i>d3 high potency oral capsule 125 mcg (5000 ut)</i>		1	R&M; \$0; AG (Min 65 Years)
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>d3 kids</i>		3	R&M; AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		3	R&M; AG (Min 65 Years)
<i>d3 super strength</i>		3	R&M; AG (Min 65 Years)
<i>d3-1000</i>		3	R&M; AG (Min 65 Years)
D3-50 (Vitamin D3)	3	3	R&M; AG (Min 65 Years)
<i>d-400</i>		3	R&M; AG (Min 65 Years)
<i>d-5000</i>		3	R&M; AG (Min 65 Years)
<i>d-5000 maximum strength</i>		3	R&M; AG (Min 65 Years)

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

Drug Name	Brand	Generic	Additional Information
DECARA ORAL CAPSULE (Vitamin D3) 1.25 MG (50000 UT)	3	3	R&M; AG (Min 65 Years)
DECARA ORAL CAPSULE 625 MCG (25000 UT)	3		R&M; AG (Min 65 Years)
<i>delta d3</i>		3	R&M; AG (Min 65 Years)
DIALYVITE VITAMIN D 5000 (D-3-5)	3	3	R&M; AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX	3		R&M; AG (Min 65 Years)
DRISDOL ORAL CAPSULE (Ergocalciferol)	1	1	R
<i>eql vitamin d gummies child</i>		3	R&M; AG (Min 65 Years)
<i>eql vitamin d-3</i>		3	R&M; AG (Min 65 Years)
<i>eql vitamin d3 oral tablet</i>		3	R&M; AG (Min 65 Years)
<i>gnp vitamin d maximum strength</i>		3	R&M; AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		3	R&M; AG (Min 65 Years)
<i>gnp vitamin d super strength</i>		3	R&M; AG (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>		3	R&M; AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 (D 400)	3	3	R&M; AG (Min 65 Years)
<i>hm vitamin d</i>		3	R&M; AG (Min 65 Years)
<i>hm vitamin d3 oral capsule</i>		3	R&M; AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		3	R&M; AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT	3	3	R&M; AG (Min 65 Years)
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	1		R&M; \$0; AG (Min 65 Years)
OPTIMAL-D (Vitamin D3)	3	3	R&M; AG (Min 65 Years)
<i>pa vitamin d-3</i>		3	R&M; AG (Min 65 Years)
<i>pa vitamin d-3 gummy</i>		3	R&M; AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 (Vitamin D3)	3	3	R&M; AG (Min 65 Years)
<i>qc vitamin d3 oral capsule</i>		3	R&M; AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>ra vitamin d-3</i>		3	R&M; AG (Min 65 Years)
<i>sm vitamin d</i>		3	R&M; AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 50 mcg (2000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>sm vitamin d3 oral tablet</i>		3	R&M; AG (Min 65 Years)
<i>super daily d3 oral liquid 2000 ut/0.028ml</i>		3	R
<i>th vitamin d3</i>		3	R&M; AG (Min 65 Years)
THERA-D 2000 (Vitamin D)	3	3	R&M; AG (Min 65 Years)
THERA-D 4000	3		R&M; AG (Min 65 Years)
THERA-D RAPID REPLETION (Vitamin D)	3	3	R&M; AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		3	R&M; AG (Min 65 Years)

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

Drug Name	Brand	Generic	Additional Information
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>		1	R
<i>vitamin d high potency</i>		3	R&M; AG (Min 65 Years)
<i>vitamin d oral capsule 125 mcg (5000 ut)</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d oral capsule 50 mcg (2000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>vitamin d oral tablet 400 unit</i>		3	R&M; AG (Min 65 Years)
VITAMIN D-1000 MAX ST (Vitamin D)	3	3	R&M; AG (Min 65 Years)
<i>vitamin d3 high potency</i>		3	R&M; AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		3	R&M; AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		3	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>		3	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)</i>		3	R&M; AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		3	R&M; \$0; AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		3	R&M; AG (Min 65 Years)
<i>vitamin d-400</i>		3	R&M; AG (Min 65 Years)
*Vitamin K***			
<i>phytonadione oral</i>		1	R

Medical Benefit

Drug Name	Brand	Generic	Additional Information
ABELCET	Tier 4		SP
ABILIFY INTRAMUSCULAR	Tier 4		SP
ABRAXANE	Tier 4		SP
ACTEMRA INTRAVENOUS	Tier 4		R
ADAGEN	Tier 4		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
ADCETRIS	Tier 4		SP
ADRUCIL	Tier 4		SP
ADVATE	Tier 4		R
<i>adynovate</i>	Tier 4		R
AFSTYLA	Tier 4		R
ALDURAZYME	Tier 4		R
ALFERON N	Tier 4		SP
ALIMTA	Tier 4		SP
ALKERAN INTRAVENOUS	Tier 4		SP
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	Tier 4		SP
ALPHANATE/VWF COMPLEX/HUMAN	Tier 4		R
ALPHANINE SD	Tier 4		R
ALPROLIX	Tier 4		R
<i>alternaria</i>	Tier 4		SP
AMBISOME	Tier 4		SP
<i>american cockroach</i>	Tier 4		SP
<i>american elm</i>	Tier 4		SP
AMEVIVE	Tier 4		SP
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	Tier 4		SP
<i>aminophylline intravenous</i>	Tier 4		SP
<i>ammonium chloride intravenous</i>	Tier 4		SP
<i>amphotericin b injection</i>	Tier 4		SP
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 4		SP
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Tier 4		SP
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	Tier 4		R
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 4		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	Tier 4		R

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

Drug Name	Brand	Generic	Additional Information
ARCALYST	Tier 4		R
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Tier 4		SP
ARRANON	Tier 4		SP
ARZERRA	Tier 4		SP
<i>aspergillus fumigatus subcutaneous solution 20000 pnu/ml</i>	Tier 4		SP
ATGAM	Tier 4		SP
ATROPEN INTRAMUSCULAR DEVICE	Tier 4		SP
AVASTIN	Tier 4		SP
<i>azacitidine</i>	Tier 4		SP
<i>aztreonam</i>	Tier 4		SP
BEBULIN	Tier 4		R
BELEODAQ	Tier 4		SP
BENEFIX	Tier 4		R
BENLYSTA INTRAVENOUS	Tier 4		R
BERINERT	Tier 4		R
<i>bermuda grass</i>	Tier 4		SP
BETASERON SUBCUTANEOUS KIT	2		PA; SP
BICNU	Tier 4		SP
BIVIGAM	Tier 4		R
<i>bleomycin sulfate</i>	Tier 4		SP
BLINCYTO	Tier 4		SP
BLOXIVERZ	Tier 4		SP
BONIVA INTRAVENOUS	Tier 4		PA; SP
BOTOX	Tier 4		R
BRINEURA INJECTION	Tier 4		SP
BRIVIACT INTRAVENOUS	Tier 4		SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 4		SP
BUSULFEX	Tier 4		SP
CAMPTOSAR	Tier 4		SP
CANCIDAS	Tier 4		SP
CAPASTAT SULFATE	Tier 4		SP
<i>carboplatin intravenous solution</i>	Tier 4		SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	Tier 4		R
<i>cat hair extract</i>	Tier 4		SP
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	Tier 4		SP
<i>cefazolin sodium intravenous solution</i>	Tier 4		SP
<i>cefazolin sodium intravenous solution reconstituted</i>	Tier 4		SP
<i>cefepime hcl</i>	Tier 4		SP

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

Drug Name	Brand	Generic	Additional Information
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	Tier 4		SP
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 4		SP
<i>cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%, 2-2.08 gm-%</i>	Tier 4		SP
<i>cefoxitin sodium intravenous</i>	Tier 4		SP
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%, 2-2.2 gm-%</i>	Tier 4		SP
<i>ceftazidime and dextrose intravenous solution reconstituted 1 gm/50ml, 2 gm/50ml</i>	Tier 4		SP
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm</i>	Tier 4		SP
<i>ceftriaxone sodium in dextrose</i>	Tier 4		SP
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	Tier 4		SP
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 4		SP
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%, 2-2.22 gm-%</i>	Tier 4		SP
CELLCEPT INTRAVENOUS	Tier 4		SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 4		R
<i>chloramphenicol sod succinate</i>	Tier 4		SP
<i>chorionic gonadotropin intramuscular</i>	Tier 4		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
<i>cidofovir intravenous</i>	Tier 4		SP
CINQAIR	Tier 4		R
CINRYZE	Tier 4		R
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	Tier 4		SP
<i>cladribine intravenous solution 1 mg/ml</i>	Tier 4		SP
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml</i>	Tier 4		SP
CLOLAR	Tier 4		SP
COAGADEX	Tier 4		R
CORIFACT	Tier 4		R
COSMEGEN	Tier 4		SP
CRESEMBA INTRAVENOUS	Tier 4		SP
CUBICIN	Tier 4		SP
<i>cyclophosphamide injection</i>	Tier 4		SP
CYRAMZA	Tier 4		SP
<i>cytarabine (pf)</i>	Tier 4		SP
<i>cytarabine injection solution</i>	Tier 4		SP

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

Drug Name	Brand	Generic	Additional Information
CYTOVENE	Tier 4		SP
<i>dacarbazine intravenous</i>	Tier 4		SP
DACOGEN	Tier 4		SP
<i>daunorubicin hcl intravenous injectable</i>	Tier 4		SP
DAUNOXOME	Tier 4		SP
<i>decitabine</i>	Tier 4		SP
DEPOCYT	Tier 4		SP
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 4		SP
<i>diphenhydramine hcl injection</i>	Tier 4		SP
DOCEFREZ	Tier 4		SP
<i>docetaxel intravenous concentrate 140 mg/7ml, 160 mg/8ml, 20 mg/0.5ml, 20 mg/ml, 80 mg/2ml, 80 mg/4ml</i>	Tier 4		SP
<i>docetaxel intravenous solution</i>	Tier 4		SP
<i>dog epithelium subcutaneous solution 1:10</i>	Tier 4		SP
DORIBAX	Tier 4		SP
DOXIL	Tier 4		SP
<i>doxorubicin hcl intravenous solution</i>	Tier 4		SP
<i>doxorubicin hcl intravenous solution reconstituted 10 mg</i>	Tier 4		SP
<i>doxorubicin hcl liposomal</i>	Tier 4		SP
DYSPORT	Tier 4		R
<i>eastern cottonwood</i>	Tier 4		SP
ELELYSO	Tier 4		R
ELLENCÉ	Tier 4		SP
ELOCTATE	Tier 4		R
ELOXATIN INTRAVENOUS SOLUTION 100 MG/20ML, 50 MG/10ML	Tier 4		SP
EMPLICITI	Tier 4		SP
ENLON	Tier 4		SP
ENTYVIO	Tier 4		PA; SP
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	Tier 4		SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 4		R
ERAXIS	Tier 4		SP
ERBITUX	Tier 4		SP
ETOPOPHOS	Tier 4		SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	Tier 4		SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Tier 4		PA; SP

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

Drug Name	Brand	Generic	Additional Information
EVZIO	Tier 4		SP
EYLEA INTRAVITREAL SOLUTION	Tier 4		R
FABRAZYME	Tier 4		R
FASENRA	Tier 4		PA; R
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4		R
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4		R
<i>fentanyl citrate (pf) injection solution cartridge</i>	Tier 4		SP
FLEBOGAMMA DIF	Tier 4		R
<i>floxuridine injection</i>	Tier 4		SP
FLUDARA	Tier 4		SP
<i>fludarabine phosphate</i>	Tier 4		SP
<i>fluorouracil intravenous</i>	Tier 4		SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML	Tier 4		SP
<i>foscarnet sodium intravenous solution 24 mg/ml</i>	Tier 4		SP
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	Tier 4		SP
GAMMAGARD	Tier 4		R
GAMMAKED	Tier 4		R
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML	Tier 4		R
GAMUNEX-C	Tier 4		R
<i>ganciclovir sodium intravenous solution reconstituted</i>	Tier 4		SP
GAZYVA	Tier 4		SP
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	Tier 4		PA; SP
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	Tier 4		SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	Tier 4		SP
GEMZAR	Tier 4		SP
GENVISC 850	Tier 4		PA; SP
GLASSIA	Tier 4		R
GLIADEL WAFER	Tier 4		SP
GONAL-F	Tier 4		SP
GONAL-F RFF	Tier 4		SP
HALAVEN	Tier 4		SP
HELIXATE FS	Tier 4		R
HEMLIBRA	Tier 4		R
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT	Tier 4		R
HERCEPTIN	Tier 4		SP

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

Drug Name	Brand	Generic	Additional Information
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML	Tier 4		R
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4		R
HYALGAN	Tier 4		PA; SP
HYCANTIN INTRAVENOUS	Tier 4		SP
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	Tier 4		SP
<i>hydroxyprogesterone caproate intramuscular oil</i>	Tier 4		R
HYMOVIS	Tier 4		PA; SP
HYQVIA	Tier 4		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
IDAMYCIN PFS	Tier 4		SP
<i>idarubicin hcl</i>	Tier 4		SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		R
IFEX	Tier 4		SP
<i>ifosfamide</i>	Tier 4		SP
<i>ifosfamide-mesna intravenous kit 1-1 gm</i>	Tier 4		SP
IMFINZI	Tier 4		SP
IMLYGIC	Tier 4		PA; SP
INFLECTRA	Tier 4		R
INJECTAFER	Tier 4		PA; SP
INVANZ	Tier 4		SP
<i>irinotecan hcl</i>	Tier 4		SP
ISTODAX	Tier 4		SP
IXEMPRA KIT	Tier 4		SP
IXIARO	Tier 4		SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4		R
JEVTANA	Tier 4		SP
JIVI	Tier 4		R
<i>johnson grass</i>	Tier 4		SP
KADCYLA	Tier 4		SP
<i>kanamycin sulfate injection</i>	Tier 4		SP
KANUMA	Tier 4		PA; SP
KCENTRA	Tier 4		R
KEYTRUDA	Tier 4		SP
KOATE-DVI	Tier 4		R
KOGENATE FS	Tier 4		R
KOGENATE FS BIO-SET	Tier 4		R

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

Drug Name	Brand	Generic	Additional Information
KOVALTRY	Tier 4		R
KRYSTEXXA	Tier 4		R
LEMTRADA	Tier 4		R
LINCOCIN	Tier 4		SP
LIPODOX	Tier 4		SP
LIPODOX 50	Tier 4		SP
LUCENTIS INTRAVITREAL	Tier 4		R
MACUGEN	Tier 4		R
MAKENA INTRAMUSCULAR	Tier 4		R
MARQIBO	Tier 4		SP
<i>melphalan hcl</i>	Tier 4		SP
<i>meropenem</i>	Tier 4		SP
METASTRON	Tier 4		SP
<i>methotrexate sodium injection solution reconstituted</i>	Tier 4		SP
<i>methyl dopate hcl</i>	Tier 4		SP
MINIMED 530G INSULIN PUMP	Tier 4		SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	Tier 4		R
<i>mite (d. farinae)</i>	Tier 4		SP
<i>mite (d. pteronyssinus)</i>	Tier 4		SP
<i>mitoxantrone hcl</i>	Tier 4		R
<i>mixed ragweed</i>	Tier 4		SP
MONOCLATE-P	Tier 4		R
MONONINE	Tier 4		R
<i>mountain cedar</i>	Tier 4		SP
MUSTARGEN	Tier 4		SP
MYCAMINE	Tier 4		SP
MYOBLOC	Tier 4		R
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 4		SP
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 4		SP
<i>naloxone hcl injection solution 1 mg/ml</i>	Tier 4		SP
NATPARA	2		PA; SP
NAVELBINE	Tier 4		SP
<i>neostigmine methylsulfate injection</i>	Tier 4		SP
NIPENT	Tier 4		SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 4		SP; AI (BriovaRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
NOVOEIGHT	Tier 4		R
NOVOSEVEN RT	Tier 4		R

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

Drug Name	Brand	Generic	Additional Information
NUWIQ	Tier 4		R
<i>obizur</i>	Tier 4		R
OCREVUS	Tier 4		R
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	Tier 4		R
ONCASPAR INJECTION	Tier 4		SP
ONIVYDE	Tier 4		SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	Tier 4		PA; SP
OTIPRIO	Tier 4		SP
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	Tier 4		SP
<i>oxaliplatin</i>	Tier 4		SP
<i>paclitaxel</i>	Tier 4		SP
<i>penicillin g pot in dextrose</i>	Tier 4		SP
<i>penicillin g potassium</i>	Tier 4		SP
<i>penicillin g procaine</i>	Tier 4		SP
<i>penicillin g sodium</i>	Tier 4		SP
PENTAM	Tier 4		SP
PERJETA	Tier 4		PA; SP
PHOTOFRIN	Tier 4		SP
PHYSIOLYTE	Tier 4		SP
PHYSIOSOL IRRIGATION	Tier 4		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>	Tier 4		SP
<i>polymyxin b sulfate injection</i>	Tier 4		SP
PORTRAZZA	Tier 4		SP
<i>potassium acetate intravenous solution 2 meq/ml</i>	Tier 4		SP
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	Tier 4		SP
<i>potassium chloride intravenous solution 0.4 meq/ml</i>	Tier 4		SP
<i>potassium phosphates intravenous solution 45 mmole/l 15ml</i>	Tier 4		SP
PREGNYL	Tier 4		SP; AI (BrivoRx is preferred Pharmacy - some medications may be available at Retail, 30 day limit applies)
PRIMAXIN IV	Tier 4		SP
PRIVIGEN	Tier 4		R
PROCRIT	Tier 4		R
PROFILNINE	Tier 4		R

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

Drug Name	Brand	Generic	Additional Information
PROFILNINE SD	Tier 4		R
PROGRAF INTRAVENOUS	Tier 4		SP
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 4		R
PROLEUKIN	Tier 4		SP
PROLIA SUBCUTANEOUS SOLUTION	Tier 4		R
PROVENGE	Tier 4		SP
QUADRAMET	Tier 4		SP
REBINYN	Tier 4		R
RECLAST	Tier 4		R
RECOMBINATE	Tier 4		R
REGONOL INTRAVENOUS	Tier 4		SP
REMICADE	Tier 4		R
RENFLEXIS	Tier 4		R
REVATIO INTRAVENOUS	Tier 4		R
RIASTAP	Tier 4		R
<i>ringers irrigation</i>	Tier 4		SP
RITUXAN HYCELA	Tier 4		R
RITUXAN INTRAVENOUS SOLUTION	Tier 4		R
<i>rixubis</i>	Tier 4		R
RUCONEST	Tier 4		R
<i>saline bacteriostatic</i>	Tier 4		SP
<i>scopolamine hbr injection</i>	Tier 4		SP
SIGNIFOR	Tier 4		R
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 20 MG, 40 MG, 60 MG	Tier 4		R
<i>sildenafil citrate intravenous</i>	Tier 4		R
SIMULECT	Tier 4		SP
<i>sodium chloride injection solution 2.5 meq/ml</i>	Tier 4		SP
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	Tier 4		SP
<i>sodium phosphate</i>	Tier 4		SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Tier 4		R
SOMATULINE DEPOT	Tier 4		R
SPINRAZA	Tier 4		PA; SP
STELARA INTRAVENOUS	Tier 4		PA; SP
<i>streptomycin sulfate intramuscular</i>	Tier 4		SP
SYLATRON SUBCUTANEOUS KIT 4 X 200 MCG, 4 X 300 MCG	Tier 4		SP
SYLVANT	Tier 4		R
SYNAGIS	Tier 4		R
TAXOTERE INTRAVENOUS CONCENTRATE 20 MG/ML, 80 MG/4ML	Tier 4		SP

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

Drug Name	Brand	Generic	Additional Information
TEFLARO	Tier 4		SP
TEMODAR INTRAVENOUS	Tier 4		SP
<i>teniposide</i>	Tier 4		SP
<i>theophylline in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%</i>	Tier 4		SP
THERACYS	Tier 4		SP
THYMOGLOBULIN	Tier 4		SP
<i>ticarcillin-pot clavulanate</i>	Tier 4		SP
TICE BCG	Tier 4		SP
TIMENTIN	Tier 4		SP
<i>timothy grass pollen allergen subcutaneous solution 100000 baulml</i>	Tier 4		SP
TIS-U-SOL	Tier 4		SP
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	Tier 4		SP
<i>topotecan hcl</i>	Tier 4		SP
TORISEL	Tier 4		SP
<i>tranexamic acid intravenous solution 100 mg/ml</i>	Tier 4		SP
TREANDA	Tier 4		SP
TRETTEN	Tier 4		R
TYGACIL	Tier 4		SP
TYSABRI	Tier 4		R
TYVASO	Tier 4		R
TYVASO REFILL	Tier 4		R
TYVASO STARTER	Tier 4		R
UNITUXIN	Tier 4		SP
UVADEX	Tier 4		SP
VALSTAR	Tier 4		SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 4		SP
VELCADE INJECTION	Tier 4		SP
VFEND IV	Tier 4		SP
VIBATIV	Tier 4		SP
VIDAZA	Tier 4		SP
VIMIZIM	Tier 4		R
<i>vinblastine sulfate intravenous solution</i>	Tier 4		SP
VINCASAR PFS	Tier 4		SP
<i>vincristine sulfate intravenous</i>	Tier 4		SP
<i>vinorelbine tartrate</i>	Tier 4		SP
VISTIDE	Tier 4		SP
VISUDYNE	Tier 4		R
VONVENDI	Tier 4		R

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

Drug Name	Brand	Generic	Additional Information
<i>voriconazole intravenous</i>	Tier 4		SP
VPRIV	Tier 4		R
VUMON	Tier 4		SP
<i>white oak</i>	Tier 4		SP
WILATE INTRAVENOUS KIT	Tier 4		R
WILATE INTRAVENOUS SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT	Tier 4		R
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT	Tier 4		R
XOFIGO INTRAVENOUS SOLUTION 27 MCCI/ML	Tier 4		SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		R
XYNTHA SOLOFUSE	Tier 4		R
YERVOY	Tier 4		PA; SP
ZALTRAP	Tier 4		SP
ZANOSAR	Tier 4		SP
ZEMAIRA	Tier 4		R
ZEVALIN Y-90	Tier 4		SP
<i>zoledronic acid intravenous concentrate</i>	Tier 4		R
<i>zoledronic acid intravenous solution</i>	Tier 4		R

Index

<i>1st choice lancets super thin</i>	137	ADDERALL XR	10	AIRDUO RESPICLICK 232/14	39
<i>1st choice lancets thin</i>	137	ADDYI	172	AIRDUO RESPICLICK 55/14	39
<i>1st choice lancets ultra thin</i>	137	ADEMPAS	92	AJOVY	91
<i>1st tier unilet comfortouch</i>	137	ADHANSIA XR	11	AKYNZEO	57
8-MOP	109	ADMELOG	51	<i>ala-cort</i>	111
<i>abacavir sulfate</i>	83	ADMELOG SOLOSTAR	51	ALA-QUIN	108
<i>abacavir sulfate-lamivudine</i>	81	ADRUCIL	184	ALBENZA	36
<i>abacavir-lamivudine-zidovudine</i>	81	<i>adult aspirin ec low strength</i>	18	<i>albuterol sulfate</i>	40
ABELCET	184	ADVAIR DISKUS	39	<i>albuterol sulfate hfa</i>	40
ABILIFY	81, 184	ADVAIR HFA	39	ALCAINE	160
ABRAXANE	184	ADVATE	184	<i>alclometasone dipropionate</i>	111
ABSTRAL	25	ADVOCATE LANCETS	137	<i>alcohol swabs</i>	136
<i>acamprosate calcium</i>	166	ADVOCATE SAFETY LANCETS	137	ALDACTAZIDE	116
<i>acarbose</i>	50	<i>adynovate</i>	184	ALDARA	113
ACCU-CHEK FASTCLIX		ADZENYS ER	10	ALDURAZYME	184
LANCETS	137	ADZENYS XR-ODT	10	ALECENSA	71
ACCU-CHEK MULTICLIX		AEMCOLO	64	<i>alendronate sodium</i>	117
LANCETS	137	AEROCHAMBER MINI CHAMBER		ALFERON N	184
ACCU-CHEK SAFE-T PRO		.....	147	ALIMTA	184
LANCETS	137	AEROCHAMBER MV	147	ALINIA	64
ACCU-CHEK SOFT TOUCH		AEROCHAMBER PLUS FLO-VU	147	<i>aliskiren fumarate</i>	63
LANCETS	137	AEROCHAMBER PLUS FLO-VU		ALKERAN	77, 184
ACCU-CHEK SOFTCLIX		LARGE	147	<i>allopurinol</i>	128
LANCETS	137	AEROCHAMBER PLUS FLO-VU		ALOCRIL	158
ACCUNEB	40	MEDIUM	147	ALOMIDE	158
<i>acebutolol hcl</i>	90	AEROCHAMBER PLUS FLO-VU		ALORA	124
<i>acetaminophen-codeine</i>	23	SMALL	147	ALOXI	184
<i>acetaminophen-codeine #2</i>	22	AEROCHAMBER PLUS FLO-VU		ALPHAGAN P	160
<i>acetaminophen-codeine #3</i>	22	W/MASK	147	ALPHANATE/VWF	
<i>acetaminophen-codeine #4</i>	23	AEROCHAMBER PLUS FLOW		COMPLEX/HUMAN	184
ACETASOL HC	162	VU	147	ALPHANINE SD	184
<i>acetazolamide</i>	116	AEROCHAMBER		<i>alprazolam</i>	37
<i>acetazolamide er</i>	116	W/FLOWSIGNAL	147	<i>alprazolam er</i>	37
<i>acetic acid</i>	162	AEROCHAMBER Z-STAT PLUS	147	<i>alprazolam xr</i>	37
<i>acetic acid-aluminum acetate</i>	162	AEROCHAMBER Z-STAT PLUS		ALPROLIX	184
<i>acetylcysteine</i>	106	CHAMBR	148	ALREX	161
ACLARO	112	AEROCHAMBER Z-STAT		ALTABAX	108
ACT ANTICAVITY FLUORIDE		PLUS/LARGE	148	ALTAFRIN	158
RINSE	152	AEROCHAMBER Z-STAT		ALTAVERA	94
ACT RESTORING FLUORIDE		PLUS/MEDIUM	148	<i>alternaria</i>	184
RINSE	152	AEROCHAMBER Z-STAT		ALTRENO	108
ACT TOTAL CARE	152	PLUS/SMALL	148	ALUNBRIG	71
ACTEMRA	15, 184	AEROVENT PLUS	148	ALVESCO	42
ACTEMRA ACTPEN	15	<i>af lancets super thin</i>	137	ALYQ	93
ACTHAR HP	118	AFEDITAB CR	91	AMABELZ	123
<i>acti-lance 28g</i>	137	AFINITOR	70	<i>amantadine hcl</i>	78
<i>acti-lance lite lancets 28g</i>	137	AFINITOR DISPERZ	70	AMBISOME	184
<i>acti-lance special lancets 17g</i>	137	AFLURIA	179	<i>ambrisentan</i>	92
<i>acti-lance universal 23g</i>	137	AFLURIA PRESERVATIVE FREE	179	<i>amcinonide</i>	111
ACTIMMUNE	74	AFREZZA	51	<i>american cockroach</i>	184
ACTIQ	25	AFSTYLA	184	<i>american elm</i>	184
ACTONEL	117	AFTERA	100	AMETHIA	101
<i>acyclovir</i>	87	AGAMATRIX ULTRA-THIN		AMETHIA LO	101
ACZONE	107	LANCETS	137	AMEVIVE	184
ADACEL	174	AIMOVIG	91	AMICAR	132
ADAGEN	184	AIMOVIG (140 MG DOSE)	91	<i>amikacin sulfate</i>	184
<i>adapalene</i>	108	<i>aimSCO twist lancets 32g</i>	137	<i>amiloride hcl</i>	116
ADCETRIS	184	AIMSCO TWIST LANCETS 33G	137	<i>amiloride-hydrochlorothiazide</i>	116
ADCIRCA	93	AIRDUO RESPICLICK 113/14	39	<i>aminophylline</i>	184

<i>aminophylline anhydrous</i>	43	ARZERRA	185	<i>aurora lancet thin 23g</i>	138
AMITIZA	125	ASACOL HD	126	AUROVELA 1/20	95
<i>amitriptyline hcl</i>	49	ASCOMP-CODEINE	23	AUROVELA 24 FE	95
<i>amlodipine besy-benazepril hcl</i>	61	ASHLYNA	101	AUROVELA FE 1.5/30	95
<i>amlodipine besylate</i>	91	ASMANEX (120 METERED DOSES)	42	AUSTEDO	167
<i>amlodipine besylate-valsartan</i>	62	ASMANEX (14 METERED DOSES)	42	AVALIDE	62
<i>amlodipine-valsartan-hctz</i>	63	ASMANEX (30 METERED DOSES)	42	AVANDAMET	55
<i>ammonium chloride</i>	184	ASMANEX (60 METERED DOSES)	42	AVANDARYL	55
AMNESTEEM	108	ASMANEX (7 METERED DOSES)	43	AVANDIA	55
<i>amoxapine</i>	49	ASMANEX HFA	43	AVAR-E EMOLLIENT	107
<i>amoxicillin</i>	163	<i>aspergillus fumigatus</i>	185	AVAR-E GREEN	107
<i>amoxicillin-pot clavulanate</i>	164	<i>aspirin</i>	18	AVASTIN	185
<i>amphetamine-dextroamphetamine</i> ..	10	<i>aspirin 81</i>	18	AVELOX	124
<i>amphotericin b</i>	184	<i>aspirin adult low strength</i>	18	AVELOX ABC PACK	124
<i>ampicillin</i>	163	<i>aspirin childrens</i>	18	AVIANE	95
<i>ampicillin-sulbactam sodium</i>	184	<i>aspirin ec</i>	18	AVONEX	167
AMPYRA	168	<i>aspirin ec lo-dose</i>	18	<i>av-phos 250 neutral</i>	151
ANADROL-50	35	<i>aspirin ec low dose</i>	18	<i>azacitidine</i>	185
<i>anagrelide hcl</i>	129	<i>aspirin ec low strength</i>	18	<i>azathioprine</i>	89
ANALPRAM-HC	35	<i>aspirin low dose</i>	18	<i>azelastine hcl</i>	157, 158
<i>anastrozole</i>	74	<i>aspirin low strength</i>	18	AZILECT	78
ANCOBON	58	<i>aspirin-dipyridamole er</i>	129	<i>azithromycin</i>	136
ANDROXY	35	ASPIR-LOW	18	AZOPT	159
ANORO ELLIPTA	39	<i>assure comfort lancets 28g</i>	137	<i>aztreonam</i>	185
ANTABUSE	166	<i>assure comfort lancets 30g</i>	137	AZUPHEN MB	177
ANUSOL-HC	35	ASSURE HAEMOLANCE PLUS HIGH	137	AZURETTE	94
ANZEMET	57	ASSURE HAEMOLANCE PLUS LOW	138	<i>bacitracin</i>	159
<i>apap-caff-dihydrocodeine</i>	23	ASSURE HAEMOLANCE PLUS MICRO	138	<i>bacitracin-polymyxin b</i>	159
APIDRA	51	ASSURE HAEMOLANCE PLUS NORMAL	138	<i>bacitra-neomycin-polymyxin-hc</i>	160
APIDRA SOLOSTAR	51	ASSURE HAEMOLANCE PLUS PED	138	<i>baclofen</i>	156
APOKYN	79, 184	ASSURE LANCE LANCETS	138	BACTROBAN NASAL	157
<i>apraclonidine hcl</i>	160	ASSURE LANCETS	138	<i>balsalazide disodium</i>	126
<i>aprepitant</i>	58	ASTAGRAF XL	89	BALVERSA	67
APRI	94	AT LAST LANCETS	138	BALZIVA	95
APRISO	126	<i>atazanavir sulfate</i>	83	BANZEL	45
APTENSIO XR	11	<i>atenolol</i>	90	BAQSIMI ONE PACK	51
APTIOM	45	<i>atenolol-chlorthalidone</i>	63	BAQSIMI TWO PACK	51
APTIVUS	83	ATGAM	185	BARACLUDGE	84
ARALAST NP	184	<i>atomoxetine hcl</i>	10	BAVENCIO	70
ARALEN	65	<i>atorvastatin calcium</i>	60	BAXDELA	124
ARANELLE	102	<i>atovaquone</i>	64	BAYCADRON	104
ARANESP (ALBUMIN FREE)	130, 184	ATRIPLA	82	BAYER ADVANCED ASPIRIN REG ST	18
ARAVA	17	ATROPEN	185	BAYER ASPIRIN	18
ARCALYST	185	<i>atropine sulfate</i>	158	BAYER ASPIRIN REGIMEN	19
ARCAPTA NEOHALER	41	<i>atropine-care</i>	158	BAYER LOW DOSE	19
ARESTIN	153	ATROVENT HFA	41	BAYER MICROLET LANCETS	138
ARGYLE STERILE SALINE	128	AUBAGIO	167	BD INSULIN SYRINGE U-500	146
ARIAL CHAMBER	148	AUBRA	95	BD LANCET ULTRAFINE 30G	138
ARIKAYCE	12	AUGMENTIN	164	BD LANCET ULTRAFINE 33G	138
ARIMIDEX	74	AUGMENTIN XR	164	BD MICROTAINER LANCETS	138
<i>aripiprazole</i>	81	<i>aurora lancet super thin 30g</i>	138	BD ULTRA-FINE LANCETS	138
ARISTADA	185			B-DONNA	175
ARIXTRA	44			BEBULIN	185
<i>armodafinil</i>	11			BECONASE AQ	157
ARMOUR THYROID	174			BEKYREE	94
ARNUITY ELLIPTA	42			BELBUCA	34
AROMASIN	74			BELEODAQ	185
ARRANON	185			<i>belladonna</i>	94
				<i>belladonna alkaloids-opium</i>	175

<i>belladonna-opium</i>	175	BREATHERITE COLL SPACER		CAMRESE	101
BELRAPZO	67	INFANT	148	CAMRESE LO	101
BELSOMRA	162	BREATHERITE RIGID		CANASA	126
BELVIQ	11	SPACER/MASK	148	CANCIDAS	185
<i>benazepril hcl</i>	61	BREATHERITE SPACER		<i>candesartan cilexetil</i>	62
<i>benazepril-hydrochlorothiazide</i>	61	NEONATE	148	<i>candesartan cilexetil-hctz</i>	62
BENDEKA	67	BREATHERITE SPACER SMALL		CANTIL	177
BENEFIX	185	CHILD	148	CAPACET	18
BENLYSTA	88, 185	BREATHERITE/LARGE MASK	148	CAPASTAT SULFATE	185
BENTYL	175	BREATHERITE/MEDIUM MASK ..	148	CAPRELSA	71
BENZEPRO SHORT CONTACT ...	108	BREATHERITE/SMALL MASK	148	<i>captopril</i>	61
<i>benzhydrocodone-acetaminophen</i> ...	32	BREO ELLIPTA	39	<i>captopril-hydrochlorothiazide</i>	61
<i>benznidazole</i>	36	BREVICON (28)	95	CARAC	109
<i>benzonatate</i>	105	BRILINTA	116, 129	CARAFATE	176
<i>benzoyl peroxide short contact</i>	108	<i>brimonidine tartrate</i>	160	CARBAGLU	120
<i>benztropine mesylate</i>	78	BRINEURA	185	<i>carbamazepine</i>	45
BEPREVE	158	BRIVIACT	45, 185	CARBATROL	45
BERINERT	185	BROMFED DM	106	<i>carbidopa</i>	78
<i>bermuda grass</i>	185	<i>bromfenac sodium</i>	160	<i>carbidopa-levodopa</i>	78
BESIVANCE	159	<i>bromfenac sodium (once-daily)</i>	160	<i>carbidopa-levodopa er</i>	78
<i>betamethasone dipropionate</i>	111	<i>bromocriptine mesylate</i>	78	CARB-O-PHILIC/40	113
<i>betamethasone dipropionate aug</i> ..	111	BROVANA	41	<i>carboplatin</i>	185
<i>betamethasone valerate</i>	111	BRUKINSA	71	CARDURA XL	127
BETASERON	185	<i>budesonide</i>	43	<i>careone lancet thin 23g</i>	138
<i>betaxolol hcl</i>	90	<i>budesonide er</i>	104	<i>careone lancet ultra thin 28g</i>	138
<i>bethanechol chloride</i>	178	BUFFERIN LOW DOSE	18	CARIMUNE NF	162, 185
BETHKIS	12	<i>bullseye mini safety lancets</i>	138	<i>carisoprodol</i>	156
BETOPTIC-S	158	BULLSEYE SAFETY LANCETS ...	138	CARMOL-HC	115
BEVESPI AEROSPHERE	39	<i>bumetanide</i>	116	CARNITOR	118
BEVYXXA	43	BUNAVAIL	34	CARNITOR SF	118
<i>bexarotene</i>	77	BUPHENYL	123	<i>carteolol hcl</i>	158
BICNU	185	<i>buprenorphine hcl</i>	34, 185	CARTIA XT	91
BIKTARVY	82	<i>buprenorphine hcl-naloxone hcl</i>	34	<i>carvedilol</i>	90
<i>bisoprolol fumarate</i>	90	BUPROBAN	169	CASODEX	68
<i>bisoprolol-hydrochlorothiazide</i>	63	<i>bupropion hcl</i>	48	<i>cat hair extract</i>	185
BIVIGAM	185	<i>bupropion hcl er (smoking det)</i>	169	CATAPRES-TTS-1	63
<i>bleomycin sulfate</i>	185	<i>bupropion hcl er (xl)</i>	47, 48	CATAPRES-TTS-2	63
BLEPH-10	161	<i>buspirone hcl</i>	36, 37	CATAPRES-TTS-3	63
BLEPHAMIDE	160	BUSULFEX	185	CAVAREST	152
BLEPHAMIDE S.O.P.	160	<i>butalbital-acetaminophen</i>	17	CAVIRINSE	152
BLINCYTO	185	<i>butalbital-apap-caff-cod</i>	23	CAYA	137
BLISOVI 24 FE	95	<i>butalbital-apap-caffeine</i>	18	CAYSTON	152
BLISOVI FE 1.5/30	95	<i>butalbital-asa-caffeine</i>	18	CAZANT	102
BLISOVI FE 1/20	95	<i>butorphanol tartrate</i>	34	CEDAX	93
BLOXIVERZ	185	BUTRANS	34	<i>cefaclor</i>	93
BONIVA	185	BYDUREON	53	<i>cefaclor er</i>	93
BONJESTA	57	BYDUREON BCISE	53	<i>cefadroxil</i>	93
BOOSTRIX	174	BYETTA 10 MCG PEN	53	<i>cefazolin sodium</i>	185
BOSULIF	71	BYETTA 5 MCG PEN	53	<i>cefdinir</i>	93
BOTOX	185	BYSTOLIC	90	<i>cefditoren pivoxil</i>	94
<i>bp foam</i>	108	<i>cabergoline</i>	118	<i>cefepime hcl</i>	185
<i>bpo</i>	108	CABLIVI	87	<i>cefotaxime sodium</i>	186
<i>bpo foaming cloths</i>	108	CABOMETYX	71	<i>cefotetan disodium</i>	186
BRAFTOVI	69	<i>calcipotriene-betameth diprop</i>	115	<i>cefotetan disodium-dextrose</i>	186
BREATHERITE	148	CALCITRENE	110	<i>cefoxitin sodium</i>	186
BREATHERITE COLL SPACER		<i>calcium carbonate antacid</i>	36	<i>cefoxitin sodium-dextrose</i>	186
ADULT	148	CALQUENCE	71	<i>cefpodoxime proxetil</i>	94
BREATHERITE COLL SPACER		CAMILA	102	<i>cefprozil</i>	93
CHILD	148	CAMPRAL	166	<i>ceftazidime</i>	186
		CAMPTOSAR	185	<i>ceftazidime and dextrose</i>	186

CEFTIN	93	CIPRODEX	162	COMETRIQ (140 MG DAILY DOSE)	71
<i>ceftriaxone sodium</i>	186	<i>ciprofloxacin</i>	125	COMETRIQ (60 MG DAILY DOSE)	71
<i>ceftriaxone sodium in dextrose</i>	186	<i>ciprofloxacin hcl</i>	125, 159, 162	<i>comfort assured lancets 28g</i>	138
<i>ceftriaxone sodium-dextrose</i>	186	<i>ciprofloxacin-ciproflox hcl er</i>	125	<i>comfort assured lancets 33g</i>	138
<i>cefuroxime axetil</i>	93	<i>cisplatin</i>	186	<i>comfort lancets</i>	138
<i>celecoxib</i>	15	<i>citalopram hydrobromide</i>	48, 49	COMPACT SPACE CHAMBER	148
CELLCEPT	89	CITRANATAL 90 DHA	155	COMPACT SPACE	
CELLCEPT INTRAVENOUS	186	CITRANATAL ASSURE	155	CHAMBER/LG MASK	148
CELONTIN	47	CITRANATAL DHA	155	COMPACT SPACE	
<i>cephalexin</i>	93	<i>cladribine</i>	186	CHAMBER/MED MASK	148
CEQUA	160	CLARAVIS	108	COMPACT SPACE	
CERDELGA	129	CLARINEX	59	CHAMBER/SM MASK	148
CEREZYME	129, 186	CLARINEX-D 12 HOUR	105	COMPLERA	82
CEROVEL	113	<i>clarithromycin</i>	136	<i>complete natal dha</i>	155
CERVARIX	179	<i>clarithromycin er</i>	136	<i>completenate</i>	153
CESAMET	57	CLEANLET LANCETS 28G	138	COMTAN	79
CESIA	102	<i>clemastine fumarate</i>	59	CO-NATAL FA	153
<i>cetirizine hcl</i>	59	CLEOCIN	64, 180	CONCEPT DHA	153
<i>cevimeline hcl</i>	153	CLEVER CHEK LANCETS	138	CONCEPT OB	154
CHANTIX	169	CLEVER CHOICE HOLDING		CONDYLOX	113
CHANTIX CONTINUING MONTH		CHAMBER	148	<i>constulose</i>	135
PAK	169	CLINDACIN ETZ	107	CONTROLRX	152
CHANTIX STARTING MONTH		CLINDACIN-P	107	CONZIP	26
PAK	169	<i>clindamycin hcl</i>	64	COPAXONE	168
CHATEAL	95	<i>clindamycin palmitate hcl</i>	65	COPEGUS	85
CHEMET	55	<i>clindamycin phosphate</i>	107, 180	COPIKTRA	164
CHEMSTRIP K	115	<i>clindamycin phosphate in d5w</i>	186	CORDRAN	111
CHENODAL	125	CLINPRO 5000	152	CORIFACT	186
<i>cheratussin ac</i>	105	<i>clobazam</i>	44	CORLANOR	172
<i>childrens aspirin</i>	19	<i>clobetasol propionate</i>	111	CORTALO	115
<i>childrens aspirin low strength</i>	19	<i>clobetasol propionate e</i>	111	CORTANE-B	114
<i>chloramphenicol sod succinate</i>	186	<i>clocortolone pivalate</i>	111	<i>cortisone acetate</i>	104
<i>chlordiazepoxide hcl</i>	37	<i>clocortolone pivalate pump</i>	111	CORTISPORIN	108
<i>chlordiazepoxide-clidinium</i>	175	CLODAN	111	CORTISPORIN-TC	162
<i>chloroquine phosphate</i>	65	CLOLAR	186	COSENTYX	110
<i>chlorothiazide</i>	117	<i>clomipramine hcl</i>	49	COSENTYX SENSOREADY PEN	110
<i>chlorpromazine hcl</i>	80	<i>clonazepam</i>	44	COSMEGEN	186
<i>chlorpropamide</i>	54	<i>clonidine hcl</i>	63	COSOPT PF	158
<i>chlorthalidone</i>	117	<i>clonidine hcl er</i>	10	COTELIC	69
<i>chlorzoxazone</i>	156	<i>clopidogrel bisulfate</i>	129	COUMADIN	43
CHOLBAM	90	<i>clorazepate dipotassium</i>	37, 38	COVARYX	123
<i>cholestyramine</i>	59	<i>clotrimazole</i>	113, 152	COVARYX HS	123
<i>chorionic gonadotropin</i>	186	<i>clotrimazole-betamethasone</i>	108	CREON	116
CIALIS	93	<i>clozapine</i>	80	CRESEMBA	58, 186
CICLODAN	108	<i>c-nate dha</i>	153	CRINONE	181
<i>ciclopirox</i>	108	COAGADEx	186	CRIXIVAN	83
<i>cidofovir</i>	186	COAGUCHEK LANCETS	138	<i>cromolyn sodium</i>	40, 125, 158
<i>cilostazol</i>	129	COARTEM	65	CRYSSELLE-28	95
CILOXAN	159	<i>codeine sulfate</i>	25, 26	CUBICIN	186
CIMDUO	82	<i>colchicine-probenecid</i>	128	CUPRIMINE	88
<i>cimetidine</i>	176	COLCRYS	128	CURITY STERILE SALINE	128
<i>cimetidine hcl</i>	176	<i>colesevelam hcl</i>	59	CUVITRU	162
CIMZIA	127	<i>colestipol hcl</i>	59	<i>cvs aspirin</i>	19
CIMZIA PREFILLED	127	COLYTE WITH FLAVOR PACKS	135	<i>cvs aspirin adult low dose</i>	19
CIMZIA STARTER KIT	127	COMBIGAN	158	<i>cvs aspirin adult low strength</i>	19
<i>cinacalcet hcl</i>	118	COMBIPATCH	123	<i>cvs aspirin child</i>	19
CINQAIR	186	COMBIVENT RESPIMAT	39	<i>cvs aspirin ec</i>	19
CINRYZE	186	COMBIVIR	82	<i>cvs aspirin low dose</i>	19
CINVANTI	58	COMETRIQ (100 MG DAILY DOSE)	71	<i>cvs aspirin low strength</i>	19
CIPRO HC	162				

<i>cvs childrens aspirin</i>	19	DAKLINZA	85	DEXCOM G6 SENSOR	138
<i>cvs childrens vitamin d</i>	181	<i>dalfampridine er</i>	168	DEXCOM G6 TRANSMITTER	138
<i>cvs lancets 21g</i>	138	DALIRESP	42	<i>dexmethylphenidate hcl er</i>	11
<i>cvs lancets micro thin 33g</i>	138	<i>danazol</i>	35	DEXPAK 6 DAY	104
<i>cvs lancets original</i>	138	<i>dantrolene sodium</i>	156	<i>dextroamphetamine sulfate</i>	11
<i>cvs lancets thin</i>	138	<i>dapsone</i>	64	<i>dextroamphetamine sulfate er</i>	10
<i>cvs lancets thin 26g</i>	138	DAPTACEL	174	DIACOMIT	45
<i>cvs lancets ultra thin 30g</i>	138	DARAPRIM	65	DIALYVITE VITAMIN D 5000	182
<i>cvs nicotine</i>	169	DASETTA 1/35	95	DIALYVITE VITAMIN D3 MAX	182
<i>cvs nicotine polacrilex</i>	169	DASETTA 7/7/7	103	DIASTAR EASY TEST II	
<i>cvs nts step 1</i>	169	<i>daunorubicin hcl</i>	187	LANCETS	138
<i>cvs ultra thin lancets</i>	138	DAUNOXOME	187	DIASTAR EASY TEST LANCETS	139
<i>cvs vit d 5000 high-potency</i>	181	DAYSEE	101	DIASTAT ACUDIAL	44
<i>cvs vitamin d</i>	181	DAYTRANA	11	DIASTAT PEDIATRIC	44
<i>cvs vitamin d3</i>	181	DDAVP	123	<i>diazepam</i>	38, 44
<i>cyanocobalamin</i>	130	DDAVP RHINAL TUBE	123	DIBENZYLINE	62
CYCLAFEM 1/35	95	DEBACTEROL	152	DICLEGIS	57
CYCLAFEM 7/7/7	103	DEBLITANE	102	<i>diclofenac potassium</i>	16
<i>cyclobenzaprine hcl</i>	156	DECARA	182	<i>diclofenac sodium</i>	16, 109, 160
<i>cyclopentolate hcl</i>	158	<i>decitabine</i>	187	<i>diclofenac sodium er</i>	16
<i>cyclophosphamide</i>	77, 186	<i>deferoxamine mesylate</i>	55, 56	<i>diclofenac-misoprostol</i>	16
<i>cycloserine</i>	66	DELSTRIGO	82	<i>dicloxacillin sodium</i>	164
CYCLOSET	51	<i>delta d3</i>	182	DIFICID	136
<i>cyclosporine modified</i>	88	DELTASONE	104	<i>diflorasone diacetate</i>	112
<i>cyproheptadine hcl</i>	59	DELYLA	95	<i>diflunisal</i>	19
CYRAMZA	186	DELZICOL	126	DIGITEK	92
CYRED	95	<i>demeclocycline hcl</i>	173	DIGOX	92
CYSTADANE	120	DEMEROL	26	<i>dihydroergotamine mesylate</i>	150
CYSTAGON	127	DENAVIR	111	DILANTIN	46
CYSTARAN	161	DENTA 5000 PLUS	152	DILATRATE-SR	36
<i>cytarabine</i>	186	DENTAGEL	152	DILAUDID	26, 27
<i>cytarabine (pf)</i>	186	DEPAKENE	47	<i>dilt-cd</i>	91
CYTOGAM	162	DEPAKOTE	47	<i>diltiazem hcl</i>	91
CYTOMEL	174	DEPAKOTE ER	47	<i>diltiazem hcl cd</i>	91
CYTOTEC	177	DEPAKOTE SPRINKLES	47	<i>diltiazem hcl er</i>	91
CYTOVENE	187	DEPEN TITRATABS	88	<i>dilt-xr</i>	91
<i>cytra k crystals</i>	127	DEPOCYT	187	<i>diltzac</i>	91
<i>cytra-2</i>	127	DEPO-ESTRADIOL	124	DIPENTUM	126
<i>cytra-k</i>	127	DEPO-PROVERA	187	<i>diphenhydramine hcl</i>	59, 187
<i>d 1000</i>	181	DEPO-SUBQ PROVERA 104	101	<i>diphenoxylate-atropine</i>	55
<i>d 10000</i>	181	DEPO-TESTOSTERONE	35	DIPHThERIA-TETANUS	
<i>d 2000</i>	181	DERMAZENE	108	TOXOIDS	175
<i>d 400</i>	181	DERMOTIC	162	<i>diphtheria-tetanus toxoids dt</i>	174
<i>d 5000</i>	181	DESCOVY	82	<i>dipyridamole</i>	129
<i>d-1000</i>	181	DESFERAL	55, 56	<i>disopyramide phosphate</i>	38
<i>d-1000 extra strength</i>	181	<i>desipramine hcl</i>	49	<i>disulfiram</i>	166
<i>d-2000 maximum strength</i>	181	<i>desloratadine</i>	59	DIURIL	117
<i>d2000 ultra strength</i>	181	<i>desmopressin ace spray refig</i>	123	DOCFREZ	187
<i>d3 adult</i>	181	DESONATE	111	<i>docetaxel</i>	187
<i>d3 high potency</i>	181	<i>desonide</i>	111	<i>dofetilide</i>	38
<i>d3 kids</i>	181	<i>desoximetasone</i>	111	<i>dog epithelium</i>	187
<i>d3 maximum strength</i>	181	<i>desvenlafaxine fumarate er</i>	49	DOLOPHINE	27
<i>d3 super strength</i>	181	<i>desvenlafaxine succinate er</i>	49	<i>donepezil hcl</i>	166
<i>d3-1000</i>	181	DEX4	51	DOPTLET	132
D3-50	181	<i>dexamethasone</i>	104	DORIBAX	187
<i>d-400</i>	181	DEXAMETHASONE INTENSOL ...	104	<i>dorzolamide hcl</i>	159
<i>d-5000</i>	181	<i>dexamethasone sodium phosphate</i>		<i>dorzolamide hcl-timolol mal</i>	158
<i>d-5000 maximum strength</i>	181	.....	161	DOTTI	124
<i>dacarbazine</i>	187	<i>dexchlorpheniramine maleate</i>	58	DOVATO	82
DACOGEN	187	DEXCOM G6 RECEIVER	138	DOVONEX	110

<i>doxazosin mesylate</i>	63	EASY TOUCH SAFETY LANCETS	<i>enalapril-hydrochlorothiazide</i>	61
<i>doxepin hcl</i>	49	23G	ENBREL	17
<i>doxercalciferol</i>	120	EASY TOUCH SAFETY LANCETS	ENBREL MINI	17
DOXIL	187	26G	ENBREL SURECLICK	17
<i>doxorubicin hcl</i>	187	EASY TOUCH SAFETY LANCETS	ENCARE	180
<i>doxorubicin hcl liposomal</i>	187	28G	ENDOCET	33
<i>doxycycline hyclate</i>	173	EASY TWIST & CAP LANCETS ...	ENDODAN	33
<i>doxycycline monohydrate</i>	173	EASYTEST II LANCETS	ENDOMETRIN	181
<i>doxylamine-pyridoxine</i>	57	EASYTEST LANCETS	ENGERIX-B	179
DRISDOL	182	<i>ec-81 aspirin</i>	ENJUVIA	124
DRITHO-CREME HP	110	EC-NAPROSYN	ENLON	187
<i>dronabinol</i>	57	<i>econazole nitrate</i>	ENPRESSE-28	103
DROPLET LANCETS ULTRA		ECONTRA EZ	ENSKYCE	95
THIN 30G	139	ECONTRA ONE-STEP	<i>entecavir</i>	84
DROXIA	130	ECOTRIN	ENTOCORT EC	104
<i>drug mart lancets thin 26g</i>	139	ECOTRIN LOW STRENGTH	ENTRESTO	157
<i>drug mart lancets ultra thin</i>	139	ECPIRIN	ENTYVIO	187
DRUG MART ON-THE-GO		EDARBI	<i>enulose</i>	126
LANCET 30G	139	EDARBYCLOR	ENVARBUS XR	89
DRUG MART UNILET LANCETS		EDECRI	EPCLUSA	132
28G	139	<i>ed-spaz</i>	EPIDIOLEX	45
DRUG MART UNILET LANCETS		EDURANT	EPIFLUR	151
30G	139	<i>efavirenz</i>	EPIFOAM	114
<i>duane reade lancet altern site</i>	139	EFFER-K	<i>epinephrine</i>	181
<i>duane reade lancet super thin</i>	139	EFFIENT	<i>epirubicin hcl</i>	187
<i>duane reade lancet ultra thin</i>	139	EFUDEX	EPITOL	45
DULERA	40	EGRIFTA	EPIVIR	84
<i>duloxetine hcl</i>	49	ELAPRASE	EPIVIR HBV	85
DUPIXENT	90	ELELYSO	<i>eplerenone</i>	64
DUREZOL	161	ELESTAT	EPOGEN	130, 187
<i>dutasteride</i>	127	<i>eletriptan hydrobromide</i>	<i>eprosartan mesylate</i>	62
DUZALLO	128	ELIDEL	<i>eq adult aspirin low strength</i>	19
DYANAVEL XR	11	ELIGARD	<i>eq aspirin</i>	19
DYRENIUM	116	ELIMITE	<i>eq aspirin adult low dose</i>	19
DYSPORT	187	ELINEST	<i>eq aspirin low dose</i>	19
E.E.S. 400	136	ELIPHOS	<i>eq childrens aspirin</i>	20
E.E.S. GRANULES	136	ELIQUIS	<i>eq nicotine</i>	169
EASIVENT	148	ELIQUIS STARTER PACK	<i>eq nicotine polacrilex</i>	169
EASIVENT MASK LARGE	148	ELITEK	<i>eq nicotine step 3</i>	169
EASIVENT MASK MEDIUM	148	ELITE-OB	<i>eq adult aspirin low strength</i>	20
EASIVENT MASK SMALL	148	ELLA	<i>eq aspirin</i>	20
<i>eastern cottonwood</i>	187	ELLECE	<i>eq aspirin ec</i>	20
<i>easy comfort lancets</i>	139	ELMIRON	<i>eq aspirin low dose</i>	20
EASY TOUCH LANCETS 21G	139	ELOCTATE	<i>eq childrens aspirin</i>	20
EASY TOUCH LANCETS 23G	139	ELOXATIN	<i>eq color lancets 21g</i>	139
EASY TOUCH LANCETS 26G	139	ELURYNG	<i>eq color lancets micro 33g</i>	139
EASY TOUCH LANCETS 28G	139	EMADINE	<i>eq nicotine</i>	169
EASY TOUCH LANCETS		EMBEDA	<i>eq nicotine polacrilex</i>	169
28G/TWIST	139	EMBRACE LANCETS ULTRA	<i>eq super thin lancets 30g</i>	139
EASY TOUCH LANCETS 30G	139	THIN 30G	<i>eq thin lancets 26g</i>	139
EASY TOUCH LANCETS		EMCYT	<i>eq vitamin d gummies child</i>	182
30G/TWIST	139	EMEND	<i>eq vitamin d3</i>	182
EASY TOUCH LANCETS 32G	139	EMFLAZA	<i>eq vitamin d-3</i>	182
EASY TOUCH LANCETS		EMGALITY	ERAXIS	187
32G/TWIST	139	EMGALITY (300 MG DOSE)	ERBITUX	187
EASY TOUCH LANCETS		EMOQUETTE	<i>ergoloid mesylates</i>	169
33G/TWIST	139	EMPLICITI	ERGOMAR	150
EASY TOUCH SAFETY LANCETS		EMSAM	<i>ergotamine-caffeine</i>	149
21G	139	EMTRIVA	ERIVEDGE	69
		<i>enalapril maleate</i>	ERLEADA	68

ERRIN	102	EZ-LETS LANCETS 30G	140	FLAREX	161
<i>ery</i>	107	FABRAZYME	188	<i>flavoxate hcl</i>	178
ERYPED 200	136	FACTIVE	125	FLEBOGAMMA DIF	188
ERYPED 400	136	FALMINA	96	<i>flecainide acetate</i>	38
ERY-TAB	136	<i>famciclovir</i>	87	FLECTOR	109
ERYTHROCIN STEARATE	136	<i>famotidine</i>	176	FLEXICHAMBER	148
<i>erythromycin</i>	107, 159	FANAPT	79	FLEXICHAMBER ADULT	
<i>erythromycin base</i>	136	FANAPT TITRATION PACK	80	MASK/SMALL	148
ESBRIET	171	FARESTON	68	FLEXICHAMBER CHILD	
<i>esomeprazole magnesium</i>	176	FARXIGA	54	MASK/LARGE	148
<i>est estrogens-methyltest ds</i>	123	FARYDAK	69	FLEXICHAMBER CHILD	
ESTARYLLA	95	FASENRA	188	MASK/SMALL	148
<i>estazolam</i>	133	FASENRA PEN	134	FLOLAN	92
ESTRACE	180	FASLODEX	75	FLO-PRED	104
<i>estradiol</i>	124	FASTTAKE TEST	115	FLOVENT DISKUS	43
<i>estradiol valerate</i>	124	FAYOSIM	101	FLOVENT HFA	43
<i>estropipate</i>	124	FC FEMALE CONDOM	136	<i>floxuridine</i>	188
ESTROSTEP FE	103	FC2 FEMALE CONDOM	137	FLUAD	179
<i>eszopiclone</i>	134	<i>febuxostat</i>	128	FLUARIX	179
<i>ethambutol hcl</i>	66	FEIBA	188	FLUARIX QUADRIVALENT	179
<i>ethosuximide</i>	47	FEIBA NF	188	FLUBLOK	179
<i>ethynodiol diac-eth estradiol</i>	96	<i>felbamate</i>	46	FLUBLOK QUADRIVALENT	179
<i>etidronate disodium</i>	117	<i>felodipine er</i>	91	FLUCELVAX	179
<i>etodolac</i>	16	FEMARA	74	FLUCELVAX QUADRIVALENT	179
<i>etodolac er</i>	16	FEMCAP	136	<i>fluconazole</i>	58
ETOPOPHOS	187	FEMCON FE	96	FLUDARA	188
<i>etoposide</i>	77, 187	FEMRING	180	<i>fludarabine phosphate</i>	188
EUCRISA	164	FEMYNOR	96	<i>fludrocortisone acetate</i>	105
EUFLEXXA	187	<i>fenofibrate</i>	59	FLULAVAL	179
EURAX	114	<i>fenofibrate micronized</i>	59	FLULAVAL QUADRIVALENT	179
EUTHYROX	174	<i>fenofibric acid</i>	60	FLUMADINE	87
EVEKEO	11	FENOGLIDE	60	FLUMIST QUADRIVALENT	179
EVEKEO ODT	11	<i>fenopropfen calcium</i>	16	<i>flunisolide</i>	157
EVISTA	122	<i>fentanyl</i>	27	<i>fluocinolone acetonide</i>	112
EVOTAZ	82	<i>fentanyl citrate</i>	27	<i>fluocinolone acetonide body</i>	112
EVZIO	188	<i>fentanyl citrate (pf)</i>	188	<i>fluocinolone acetonide scalp</i>	112
EXALGO	27	FENTORA	27	<i>fluocinonide</i>	112
EXELDERM	113	<i>fer-iron</i>	131	<i>fluocinonide-e</i>	112
EXELON	166	FERRIPROX	56	FLUORABON	151
EXFORGE	62	FERRLECIT	131	FLUORAC	67
EXFORGE HCT	63	<i>ferrous sulfate</i>	131	FLUOR-A-DAY	151
EXJADE	56	FETZIMA	49	FLUORIDEX	152
EXTAVIA	167	FETZIMA TITRATION	49	FLUORIDEX DAILY DEFENSE ...	152
<i>extra-virt plus dha</i>	155	FIASP	51	FLUORIDEX ENHANCED	
EYLEA	188	FIASP FLEXTOUCH	52	WHITENING	152
E-Z JECT LANCET MICRO-THIN		FIASP PENFILL	52	FLUORIGARD	152
33G	139	FIFTY50 SAFETY SEAL		<i>fluorometholone</i>	161
E-Z JECT LANCET SUPER THIN		LANCETS	140	FLUOROPLEX	109
30G	139	FINACEA	114	<i>fluorouracil</i>	109, 188
E-Z JECT LANCETS	139	<i>finasteride</i>	127	<i>fluoxetine hcl</i>	49
E-Z JECT LANCETS 21G	140	FINE 30	140	<i>fluoxymesterone</i>	94
E-Z JECT LANCETS THIN 26G ...	140	FINGERSTIX LANCETS	140	<i>fluphenazine hcl</i>	81
EZ SMART BLOOD GLUCOSE		FIORICET	18	FLURA-DROPS	151
LANCETS	140	FIORINAL/CODEINE #3	23	<i>flurazepam hcl</i>	133
<i>ezetimibe</i>	61	FIRAZYR	129	<i>flurbiprofen</i>	16
<i>ezetimibe-simvastatin</i>	60, 61	FIRDAPSE	65, 66	<i>flurbiprofen sodium</i>	160
EZ-LETS LANCETS 21G	140	FIRMAGON	75	<i>flutamide</i>	68
EZ-LETS LANCETS 23G	140	FIRST-LANSOPRAZOLE	176	<i>fluticasone propionate</i>	112
EZ-LETS LANCETS 26G	140	FIRST-OMEPRAZOLE	176	<i>fluticasone-salmeterol</i>	40
EZ-LETS LANCETS 28G	140	FLAGYL ER	64	<i>fluvastatin sodium</i>	60

FLUVIRIN	179	GAMMAGARD S/D LESS IGA	162	GLYDO	113
FLUVIRIN PRESERVATIVE FREE	179	GAMMAKED	188	GLYSET	50
<i>fluvoxamine maleate</i>	49	GAMMAPLEX	188	GLYXAMBI	172
<i>fluvoxamine maleate er</i>	49	GAMUNEX-C	188	GMATE LANCETS 30G	140
FLUZONE	179	<i>ganciclovir sodium</i>	188	<i>gnp adult aspirin low strength</i>	20
FLUZONE HIGH-DOSE	179	GARDASIL	179	<i>gnp aspirin</i>	20
FLUZONE QUADRIVALENT	179	GARDASIL 9	179	<i>gnp aspirin low dose</i>	20
FML	161	GATTEX	125	<i>gnp lancets 21g</i>	140
FML FORTE	161	GAVILYTE-C	135	<i>gnp lancets micro thin 33g</i>	140
FOCALGIN 90 DHA	155	GAVILYTE-G	135	<i>gnp lancets super thin 30g</i>	140
FOCALGIN CA	155	GAVILYTE-H	135	<i>gnp lancets thin</i>	140
FOCALIN	11	GAVILYTE-N WITH FLAVOR PACK	135	<i>gnp lancets thin 26g</i>	140
<i>folcal dha</i>	155	GAZYVA	188	<i>gnp micro thin lancets 33g</i>	140
<i>folic acid</i>	130	GEL-ONE	188	<i>gnp nicotine polacrilex</i>	169
FOLIVANE-EC CALCIUM DHA NF	155	<i>gemcitabine hcl</i>	188	<i>gnp super thin lancets 30g</i>	141
FOLIVANE-F	131	<i>gemfibrozil</i>	60	<i>gnp vitamin d</i>	182
FOLIVANE-OB	154	GEMZAR	188	<i>gnp vitamin d maximum strength</i> ...	182
FOLIVANE-PRX DHA NF	155	<i>generlac</i>	126	<i>gnp vitamin d super strength</i>	182
FOLOTYN	68, 188	GENGRAF	88	<i>gnp vitamin d3 extra strength</i>	182
FORA LANCETS	140	GENOTROPIN	119	GOCOVRI	78
FORFIVO XL	48	GENOTROPIN MINIQUICK	119	GOLYTELY	135
FORMADON	81	GENTAK	159	GONAL-F	188
FORTAMET	50	<i>gentamicin sulfate</i>	108	GONAL-F RFF	188
FORTEO	121	GENTLE-LET GP LANCETS	140	<i>goodsense aspirin low dose</i>	20
FORTICAL	118	GENTLE-LET LANCETS	140	<i>granisetron hcl</i>	57
<i>fosamprenavir calcium</i>	83	GENVISC 850	188	GRANISOL	57
<i>foscarnet sodium</i>	188	GENVOYA	82	GRASTEK	90
FOSCAVIR	188	GESTICARE DHA	156	GRIFULVIN V	58
<i>fosinopril sodium</i>	61	GIANVI	96	<i>griseofulvin microsize</i>	58
<i>fosinopril sodium-hctz</i>	61	GIAZO	126	<i>griseofulvin ultramicrosize</i>	58
FOSRENOL	126	GILDAGIA	96	GRIS-PEG	58
FRAGMIN	44	GILDESS 1.5/30	96	<i>grx hicort 25</i>	35
<i>freds pharmacy unilet lanc 28g</i>	140	GILDESS 1/20	96	<i>guaiaatussin ac</i>	105
<i>freds pharmacy unilet lanc 30g</i>	140	GILDESS 24 FE	96	<i>guaifenesin</i>	105
FREESTYLE LANCETS	140	GILDESS FE 1/20	96	<i>guaifenesin ac</i>	105
FREESTYLE LIBRE 14 DAY READER	140	GILENYA	170	<i>guaifenesin-codeine</i>	105
FREESTYLE LIBRE 14 DAY SENSOR	140	GILOTRIF	71	<i>guanfacine hcl er</i>	10
FREESTYLE LIBRE READER	140	GLASSIA	188	<i>guanidine hcl</i>	65, 66
FREESTYLE LIBRE SENSOR SYSTEM	140	GLATOPA	168	GYNAZOLE-1	180
FREESTYLE PRECISION INS SYR	147	GLEEVEC	71	H&H THINLET LANCETS 26G	141
FREESTYLE UNISTICK II LANCETS	140	GLEOSTINE	77	H&H THINLET LANCETS 30G	141
<i>frovatriptan succinate</i>	150	GLIADEL WAFER	188	HAEGARDA	129
FULYZAQ	55	<i>glimepiride</i>	54	HAEMOLANCE	141
<i>furosemide</i>	116	<i>glipizide</i>	54	HAEMOLANCE LOW FLOW LANCETS	141
FUZEON	82	<i>glipizide er</i>	54	HAEMOLANCE PLUS	141
FYAVOLV	123	<i>glipizide xl</i>	54	HAEMOLANCE PLUS HIGH FLOW	141
FYCOMPA	44	<i>glipizide-metformin hcl</i>	54	HAEMOLANCE PLUS LOW FLOW	141
<i>g tussin ac</i>	105	<i>global inject ease lancets 28g</i>	140	HAEMOLANCE PLUS MAX FLOW	141
<i>gabapentin</i>	45	<i>global inject ease lancets 30g</i>	140	HAEMOLANCE PLUS PEDIATRIC FLOW	141
GALAFOLD	118	GLUCAGEN HYPOKIT	51	HAILEY 1.5/30	96
<i>galantamine hydrobromide</i>	166	GLUCAGON EMERGENCY	51	HAILEY 24 FE	96
GAMASTAN S/D	162	GLUCOCOM LANCETS 28G	140	HALAVEN	188
GAMMAGARD	188	GLUCOCOM LANCETS 30G	140	<i>halobetasol propionate</i>	112
		GLUCOCOM LANCETS 33G	140	HALOG	112
		GLUCOPHAGE XR	50	<i>haloperidol</i>	80
		GLUCOSOURCE LANCETS	140		
		<i>glyburide</i>	54		
		<i>glyburide micronized</i>	54		
		<i>glyburide-metformin</i>	54		

<i>haloperidol lactate</i>	80	HYCANTIN	78, 189	<i>indapamide</i>	117
HARVONI	132	<i>hydralazine hcl</i>	64	INDOCIN	16
HAVRIX	179	HYDREA	74	<i>indomethacin</i>	16
<i>healthwise lancets 30g</i>	141	<i>hydrochlorothiazide</i>	117	<i>indomethacin er</i>	16
<i>healthy accents unilet lancets</i>	141	<i>hydrocodone bitartrate er</i>	27	INFANRIX	175
HEALTHY KIDS VITAMIN D3	182	<i>hydrocodone-acetaminophen</i>	23, 24	INFASURF	171
HEATHER	102	<i>hydrocodone-guaifenesin</i>	105	INFLATHERM	16
<i>h-e-b incontrol lancets 28g</i>	141	<i>hydrocodone-homatropine</i>	105	INFLECTRA	189
<i>h-e-b incontrol lancets 30g</i>	141	<i>hydrocodone-ibuprofen</i>	24	INGREZZA	167
HECTOROL	120	<i>hydrocortisone</i>	35, 104, 112	INJECTAFER	189
HELIDAC	177	<i>hydrocortisone ace-pramoxine</i> ..	35, 114	INLYTA	72
HELIXATE FS	188	<i>hydrocortisone acetate</i>	36	INREBIC	75
HEMANGEOL	90	<i>hydrocortisone acetate-aloe</i>	115	INSPIRACHAMBER/LARGE	148
HEMLIBRA	188	<i>hydrocortisone butyrate</i>	112	INSPIRACHAMBER/MEDIUM	148
HEMMOREX-HC	35	<i>hydrocortisone valerate</i>	112	INSPIRACHAMBER/MOUTHPIEC	
HEMOFIL M	188	HYDROGESIC	24	E	149
<i>heparin sodium (porcine)</i>	44	<i>hydromet</i>	105	INSPIRACHAMBER/SMALL	149
<i>heparin sodium (porcine) pf</i>	44	<i>hydromorphone hcl</i>	27, 28	INSPIREASE	149
HEPLISAV-B	179	<i>hydromorphone hcl pf</i>	189	INSPIREASE RESERVOIR BAGS	149
HEPSERA	85	<i>hydroxyprogesterone caproate</i> ..	77, 189	<i>insulin asp prot & asp flexpen</i>	52
HERCEPTIN	188	<i>hydroxyzine hcl</i>	37	<i>insulin aspart prot & aspart</i>	52
HETLIOZ	134	<i>hydroxyzine pamoate</i>	37	<i>insulin syringe</i>	147
HEXALEN	67	HYMOVIS	189	<i>insulin syringe/needle</i>	147
HIZENTRA	162, 189	HYOMAX-SL	175	INTEGRA F	131
<i>hm aspirin</i>	20	HYOPHEN	177	INTELENCE	83
<i>hm aspirin ec</i>	20	<i>hyoscyamine sulfate</i>	175, 176	INTRON A	74
<i>hm aspirin ec low dose</i>	20	<i>hyoscyamine sulfate er</i>	175	INTROVALE	101
<i>hm lancets micro thin 33g</i>	141	<i>hyosyne</i>	176	INTUNIV	10
<i>hm lancets ultra thin 30g</i>	141	HYPERRHO S/D	162	INVANZ	189
<i>hm nicotine</i>	169	HYPERSAL	106	INVEGA	80
<i>hm nicotine polacrilex</i>	169	HYQVIA	189	INVELTYS	161
<i>hm vitamin d</i>	182	HYSINGLA ER	28	INVIRASE	83
<i>hm vitamin d3</i>	182	HY-VEE LANCETS	141	INVOKAMET	173
HOMATROPAIRE	158	<i>hy-vee thin lancets</i>	141	INVOKAMET XR	173
HUMALOG	52	<i>ibandronate sodium</i>	117	INVOKANA	54
HUMALOG JUNIOR KWIKPEN	52	IBRANCE	106	IODOSORB	81
HUMALOG KWIKPEN	52	IBUDONE	24, 25	<i>ipratropium bromide</i>	41, 157
HUMALOG MIX 50/50	52	<i>ibuprofen</i>	16	<i>ipratropium-albuterol</i>	40
HUMALOG MIX 50/50 KWIKPEN ...	52	ICLUSIG	72	<i>irbesartan</i>	62
HUMALOG MIX 75/25	52	IDAMYCIN PFS	189	<i>irbesartan-hydrochlorothiazide</i>	62
HUMALOG MIX 75/25 KWIKPEN ...	52	<i>idarubicin hcl</i>	189	IRESSA	72
HUMATE-P	189	IDELVION	189	<i>irinotecan hcl</i>	189
HUMATROPE	119	IDHIFA	135	<i>iron supplement childrens</i>	131
HUMIRA	14, 15	IFEX	189	ISENTRESS	82
HUMIRA PEDIATRIC CROHNS		<i>ifosfamide</i>	189	ISENTRESS HD	82
START	13, 14	<i>ifosfamide-mesna</i>	189	ISIBLOOM	96
HUMIRA PEN	13, 14	ILARIS	15	<i>isometheptene-apap-dichloral</i>	150
HUMIRA PEN-CD/UC/HS		<i>imatinib mesylate</i>	72	<i>isoniazid</i>	66
STARTER	14, 15	IMBRUVICA	72	<i>isosorbide dinitrate</i>	36
HUMIRA PEN-PS/UV/ADOL HS		IMFINZI	189	<i>isosorbide dinitrate er</i>	36
START	14, 15	<i>imipramine hcl</i>	49	<i>isosorbide mononitrate</i>	36
HUMULIN 70/30	52	<i>imipramine pamoate</i>	50	<i>isosorbide mononitrate er</i>	36
HUMULIN 70/30 KWIKPEN	52	IMLYGIC	189	<i>isradipine</i>	91
HUMULIN N	52	INATAL ADVANCE	154	ISTALOL	158
HUMULIN N KWIKPEN	52	INATAL GT	154	ISTODAX	189
HUMULIN R	52	INATAL ULTRA	154	ITCH-X	114
HUMULIN R U-500		INBRIJA	78	<i>itraconazole</i>	58
(CONCENTRATED)	52	INCASSIA	102	<i>ivermectin</i>	36
HUMULIN R U-500 KWIKPEN	52	INCRELEX	121	IXEMpra KIT	189
HYALGAN	189	INCRUSE ELLIPTA	41	IXIARO	189

IXINITY.....	189	<i>kinney thin lancets</i>	141	<i>lansoprazole</i>	176
JADENU.....	56	KINRIX.....	175	<i>lanthanum carbonate</i>	126
JADENU SPRINKLE.....	56	KIONEX.....	89, 165	LANTUS.....	52
JAKAFI.....	75	KISQALI 200 DOSE.....	106	LANTUS SOLOSTAR.....	52
JALYN.....	128	KISQALI 400 DOSE.....	106	LARIN 1.5/30.....	97
JANTOVEN.....	43	KISQALI 600 DOSE.....	106	LARIN 1/20.....	97
JANUMET.....	51	KITABIS PAK.....	12	LARIN 24 FE.....	97
JANUMET XR.....	51	KLOR-CON.....	151	LARIN FE 1.5/30.....	97
JANUVIA.....	51	KLOR-CON 10.....	151	LARIN FE 1/20.....	97
JARDIANCE.....	54	KLOR-CON M10.....	151	LARISSIA.....	97
JASMIEL.....	96	KLOR-CON M15.....	151	LARTRUVO.....	70
JENCYCLA.....	102	KLOR-CON M20.....	151	LASTACFT.....	159
JENTADUETO.....	51	KLOR-CON/EF.....	151	<i>latanoprost</i>	161
JENTADUETO XR.....	51	<i>kls aspirin ec</i>	20	LATUDA.....	79
<i>jevantique lo</i>	123	<i>kls aspirin low dose</i>	20	LAYOLIS FE.....	97
JEVTANA.....	189	KLS QUIT2.....	169	LAZANDA.....	28
JIVI.....	189	KLS QUIT4.....	169	LEENA.....	103
<i>johnson grass</i>	189	KOATE-DVI.....	189	LEMTRADA.....	190
JOLESSA.....	101	KOGENATE FS.....	189	LENVIMA (10 MG DAILY DOSE)....	72
JOLIVETTE.....	102	KOGENATE FS BIO-SET.....	189	LENVIMA (14 MG DAILY DOSE)....	72
JULEBER.....	96	KOMBIGLYZE XR.....	51	LENVIMA (18 MG DAILY DOSE)....	72
JULUCA.....	82	KORLYM.....	54	LENVIMA (20 MG DAILY DOSE)....	72
JUNEL 1.5/30.....	96	KOVALTRY.....	190	LENVIMA (24 MG DAILY DOSE)....	72
JUNEL 1/20.....	96	<i>kp aspirin</i>	20	LENVIMA (8 MG DAILY DOSE).....	72
JUNEL FE 1.5/30.....	96	<i>kp vitamin d</i>	182	LESCOL XL.....	60
JUNEL FE 1/20.....	96	K-PHOS.....	151	LESSINA.....	97
JUNEL FE 24.....	96	K-PRIME.....	151	LETAIRIS.....	92
JUXTAPID.....	61	KRISTALOSE.....	135	<i>leucovorin calcium</i>	75
JYNARQUE.....	122	<i>kroger lancets</i>	141	LEUKERAN.....	77
KADCYLA.....	189	<i>kroger lancets 21g</i>	141	LEUKINE.....	131
KADIAN.....	28	<i>kroger lancets micro thin 33g</i>	141	<i>leuprolide acetate</i>	76
KAITLIB FE.....	96	<i>kroger lancets super thin</i>	141	<i>levabuterol hcl</i>	41
KALBITOR.....	129	<i>kroger lancets thin</i>	141	<i>levabuterol tartrate</i>	41
KALETRA.....	82	<i>kroger lancets thin 26g</i>	141	LEVATOL.....	90
KALLIGA.....	96	<i>kroger lancets ultrathin 30g</i>	141	LEVEMIR.....	52
KALYDECO.....	171	KRYSTEXXA.....	190	LEVEMIR FLEXTOUCH.....	52
<i>kanamycin sulfate</i>	189	K-TAB.....	151	<i>levetiracetam</i>	45
KANUMA.....	189	KURVELO.....	97	<i>levetiracetam er</i>	45
KAPSPARGO SPRINKLE.....	90	KUVAN.....	122	<i>levobunolol hcl</i>	158
KARIDIUM.....	151	<i>k-vescent</i>	151	<i>levocetirizine dihydrochloride</i>	59
KARIGEL.....	152	KYPROLIS.....	70	<i>levofloxacin</i>	125, 159
KARIGEL-N.....	152	<i>labetalol hcl</i>	90	LEVONEST.....	103
KARIVA.....	94	LACRISERT.....	158	<i>levonorgestrel-ethinyl estrad</i>	100
KAYEXALATE.....	89, 165	<i>lactulose</i>	135	<i>levonorg-eth estrad triphasic</i>	103
KCENTRA.....	189	<i>lactulose encephalopathy</i>	126	LEVORA 0.15/30 (28).....	97
KELNOR 1/35.....	97	<i>lady lite lancets</i>	141	<i>levorphanol tartrate</i>	28
KENALOG.....	112	LAMICTAL.....	45	LEVO-T.....	174
KERAFOAM 42.....	113	LAMICTAL ODT.....	45	<i>levothyroxine-liothyronine</i>	174
KETEK.....	64	LAMICTAL XR.....	45	LEVOXYL.....	174
KETOCARE.....	115	LAMISIL.....	58	LEXAPRO.....	49
<i>ketoconazole</i>	58, 113	<i>lamivudine</i>	85	LEXIVA.....	83
<i>ketoprofen</i>	16	<i>lancets 28g</i>	141	<i>lexuss 210</i>	106
<i>ketorolac tromethamine</i>	16, 160	<i>lancets 30g</i>	141	LIALDA.....	126
KETOSTIX.....	115	<i>lancets micro thin 33g</i>	141	LIDAZONE HC.....	35
KEVEYIS.....	116	<i>lancets super thin 28g</i>	141	<i>lidocaine hcl</i>	113
KEVZARA.....	15, 16	<i>lancets thin</i>	141	<i>lidocaine viscous</i>	152
KEYTRUDA.....	189	LANCETS ULTRA FINE.....	141	<i>lidocaine-prilocaine</i>	114
KIMIDESS.....	94	LANCETS ULTRA THIN.....	141	LIDODERM.....	113
KINERET.....	15	<i>lancets ultra thin 30g</i>	141	LIFESCAN UNISTIK 2.....	141
<i>kinney lancets</i>	141	LANOXIN.....	92	LIFESCAN UNISTIK II LANCETS.....	142

LILLOW	97	LUPRON DEPOT-PED (1-MONTH)	121	MEDLANCE PLUS UNIVERSAL 21G	142
LINCOCIN	190	LUPRON DEPOT-PED (3-MONTH)	121	MEDLANCE UNIVERSAL 21G	142
<i>lindane</i>	114	LURIDE	151	MEDROL	104
<i>linezolid</i>	65	<i>lusair</i>	105	<i>medroxyprogesterone acetate</i>	
LINZESS	125	LUTERA	97	.....	101, 102, 165
LIPODOX	190	LUVOX CR	49	<i>mefloquine hcl</i>	65
LIPODOX 50	190	LUXIQ	112	MEGACE ES	165
LIPOFEN	60	LYNPARZA	165	MEGACE ORAL	77
<i>lisinopril</i>	62	LYRICA	46	<i>megestrol acetate</i>	77, 165
<i>lisinopril-hydrochlorothiazide</i>	61	LYSODREN	68	<i>meijer aspirin ec</i>	20
<i>lite touch lancets</i>	142	LYSTEDA	132	MEIJER LANCETS	142
LITEAIRE	149	LYZA	102	MEIJER LANCETS THIN	142
LITETOUCH LANCETS	142	MACNATAL CN DHA	156	MEIJER LANCETS UNIVERSAL 21G	142
<i>lithium</i>	79	MACUGEN	190	MEIJER LANCETS UNIVERSAL 30G	142
<i>lithium carbonate</i>	79	<i>major comfort lancets</i>	142	MEIJER LANCETS UNIVERSAL 33G	142
<i>lithium carbonate er</i>	79	MAKENA	165, 190	MEIJER SUPER THIN LANCETS	142
LIVALO	60	MALARONE	65	MEKINIST	69
<i>live better lancet super thin</i>	142	<i>malathion</i>	114	MEKTOVI	70
<i>live better lancet ultra thin</i>	142	<i>maprotiline hcl</i>	48	MELODETTA 24 FE	97
LO LOESTRIN FE	94	MARCAINE/EPINEPHRINE PF	135	<i>meloxicam</i>	16
LOESTRIN 1.5/30 (21)	97	MARINOL	57, 58	<i>melphalan hcl</i>	190
LOFIBRA	60	MARPLAN	48	<i>memantine hcl</i>	168
LOKELMA	89	MARQIBO	190	MENACTRA	178
LOMEDIA 24 FE	97	<i>marten-tab</i>	18	M-END PE	106
LOMOTIL	55	MASK VORTEX	149	MENEST	124
<i>longs lancets standard</i>	142	MATULANE	74	MENOMUNE	178
<i>longs lancets thin</i>	142	MAVENCLAD (10 TABS)	153	MENOSTAR	124
<i>longs lancets ultra thin</i>	142	MAVENCLAD (4 TABS)	153	MENTAX	108
LONHALA MAGNAIR REFILL KIT	42	MAVENCLAD (5 TABS)	153	MENVEO	179
LONHALA MAGNAIR STARTER KIT	42	MAVENCLAD (6 TABS)	153	<i>meperidine hcl</i>	28
LONSURF	74	MAVENCLAD (7 TABS)	153	<i>meperitab</i>	28, 29
<i>loperamide hcl</i>	55	MAVENCLAD (8 TABS)	153	<i>meprobamate</i>	37
<i>lopinavir-ritonavir</i>	82	MAVENCLAD (9 TABS)	153	<i>mercaptapurine</i>	68
<i>lorazepam</i>	38	MAVYRET	132	<i>meropenem</i>	190
LORAZEPAM INTENSOL	38	MAXICOMFORT II PEN NEEDLE	147	<i>mesalamine</i>	126
LORBRENA	73	MAXICOMFORT SYR 27G X 1/2"	147	<i>mesalamine er</i>	126
LORYNA	97	MAXIDEX	161	<i>mesalamine-cleanser</i>	126
<i>losartan potassium</i>	62	MAXIMUM D3	182	MESNEX	78
<i>losartan potassium-hctz</i>	62	MAYZENT	170	MESTINON	65, 66
LOTEMAX	161	MAYZENT STARTER PACK	170	METADATE ER	11
LOTEMAX SM	161	<i>meclizine hcl</i>	57	<i>metaproterenol sulfate</i>	41
LOTRISONE	108	<i>meclofenamate sodium</i>	16	METASTRON	190
LOTRONEX	125	<i>medichoic safety lancet</i>	142	<i>metaxalone</i>	156
<i>lovastatin</i>	60	<i>medichoic safety lancet extra</i>	142	<i>metformin hcl</i>	50
LOVENOX	44	<i>medichoic safety lancet norm</i>	142	<i>metformin hcl er</i>	50
LOW-OGESTREL	97	<i>medicine shoppe lancets</i>	142	<i>metformin hcl er (osm)</i>	50
<i>loxapine succinate</i>	80	<i>medicine shoppe lancets thin</i>	142	<i>methadone hcl</i>	29
LOZI-FLUR	151	<i>medi-lance lancets</i>	142	METHADONE HCL INTENSOL	29
LO-ZUMANDIMINE	97	MEDISENSE THIN LANCETS	142	METHADOSE	29
LUCEMYRA	12	MEDLANCE EXTRA 21G	142	<i>methamphetamine hcl</i>	11
LUCENTIS	190	MEDLANCE LITE 25G	142	<i>methazolamide</i>	116
LUDENT	151	MEDLANCE PLUS EXTRA 21G	142	<i>methenamine hippurate</i>	177
LUFYLLIN	43	MEDLANCE PLUS LANCETS	142	<i>methenamine mandelate</i>	177
LUMIGAN	161	MEDLANCE PLUS LITE 25G	142	METHERGINE	162
LUMIZYME	118	MEDLANCE PLUS SPECIAL 0.8MM	142	<i>methitest</i>	35
LUPRON DEPOT (1-MONTH)	76	MEDLANCE PLUS SUPERLITE 30G	142		
LUPRON DEPOT (3-MONTH)	76				
LUPRON DEPOT (4-MONTH)	76				
LUPRON DEPOT (6-MONTH)	76				

<i>methocarbamol</i>	156	<i>mite (d. pteronyssinus)</i>	190	MYORISAN	108
<i>methotrexate</i>	68	<i>mitoxantrone hcl</i>	190	MYOZYME	118
<i>methotrexate sodium</i>	68, 190	<i>mixed ragweed</i>	190	MYRBETRIQ	177, 178
<i>methotrexate sodium (pf)</i>	68	<i>mm aspirin</i>	20	MYTESI	55
<i>methoxsalen rapid</i>	110	M-M-R II	179	MYZILRA	103
<i>methscopolamine bromide</i>	177	<i>modafinil</i>	12	<i>nabumetone</i>	16
<i>methyclothiazide</i>	117	MODERIBA	85	<i>nadolol</i>	90
<i>methyl dopa</i>	63	MODERIBA (1000 MG PACK)	85	<i>nafcillin sodium</i>	190
<i>methyl dopate hcl</i>	190	MODERIBA (1200 MG PACK)	85	NAFRINSE	151
<i>methylphenidate hcl</i>	12	MODERIBA (600 MG PACK)	85	NAFRINSE DAILY/NEUTRAL	152
<i>methylphenidate hcl er</i>	12	MODERIBA (800 MG PACK)	85	NAFRINSE DROPS	151
<i>methylphenidate hcl er (cd)</i>	11	MODERIBA 1200 DOSE PACK	85	<i>naftifine hcl</i>	108
<i>methylphenidate hcl er (la)</i>	11	MODERIBA 800 DOSE PACK	85	NAFTIN	108
<i>methylprednisolone</i>	104	MODICON (28)	98	NAGLAZYME	121
<i>methylprednisolone (pak)</i>	104	<i>moexipril hcl</i>	62	<i>naloxone hcl</i>	56, 190
<i>methyltestosterone</i>	35	<i>moexipril-hydrochlorothiazide</i>	61	<i>naltrexone hcl</i>	56
<i>metipranolol</i>	158	<i>mometasone furoate</i>	112	NAMENDA	169
<i>metoclopramide hcl</i>	125	MONOCLATE-P	190	NAMENDA TITRATION PAK	169
<i>metolazone</i>	117	MONOLET LANCETS	142	NAMENDA XR	169
<i>metoprolol succinate er</i>	90	MONOLET OPD LANCETS	142	NAMENDA XR TITRATION PAK	169
<i>metoprolol tartrate</i>	90	MONOLETTOR SAFETY		<i>naproxen</i>	16
<i>metoprolol-hydrochlorothiazide</i>	63	LANCETS	142	<i>naproxen sodium</i>	16
METOZOLV ODT	125	MONO-LINYAH	98	<i>naratriptan hcl</i>	150
<i>metronidazole</i>	64	MONONESSA	98	NARCAN	56
METVIXIA	114	MONONINE	190	NARDIL	48
<i>mexiletine hcl</i>	38	<i>montelukast sodium</i>	42	NASCOBAL	130
MIACALCIN	118	MONUROL	177	NATACYN	159
MIBELAS 24 FE	98	MORGIDOX	173	NATALVIRT 90 DHA	156
MICARDIS	63	<i>morphine sulfate</i>	29, 30	NATALVIRT CA	156
<i>miconazole</i>	58	<i>morphine sulfate (concentrate)</i>	29	NATAZIA	101
MICRHOGAM ULTRA-FILTERED		<i>morphine sulfate er</i>	29	<i>nateglinide</i>	54
PLUS	163	<i>morphine sulfate er beads</i>	29	NATELLE ONE	154
MICROCHAMBER	149	MOTEGRITY	10	NATPARA	190
MICROGESTIN 1.5/30	98	MOTOFEN	55	NATROBA	114
MICROGESTIN 1/20	98	<i>mountain cedar</i>	190	NATURE-THROID	174
MICROGESTIN 24 FE	98	MOVANTIK	126	NAVELBINE	190
MICROGESTIN FE 1.5/30	98	MOVIPREP	135	NEBUPENT	64
MICROGESTIN FE 1/20	98	MOXATAG	164	NECON 0.5/35 (28)	98
MICROLET LANCETS	142	MOXEZA	159	NECON 1/35 (28)	98
<i>micronized colestipol hcl</i>	59	<i>moxifloxacin hcl</i>	159	NECON 1/50 (28)	98
MICROSPACER	149	MOZOBIL	130	NECON 10/11 (28)	94
MICROTAINER SAFETY FLOW		MULPLETA	132	NECON 7/7/7	103
LANCET	142	MULTAQ	38	<i>nefazodone hcl</i>	48, 172
<i>midazolam hcl</i>	133	<i>mupirocin</i>	108	NEOFRIN	159
<i>midodrine hcl</i>	181	MUSTARGEN	190	<i>neomycin sulfate</i>	12
MIGERGOT	149	M-VIT	154	<i>neomycin-polymyxin-dexameth</i>	160
MIGRANAL	150	MY CHOICE	100	<i>neomycin-polymyxin-gramicidin</i>	159
MILLIPRED	104	MY WAY	100	<i>neomycin-polymyxin-hc</i>	160, 162
MIMVEY	123	MYALEPT	135	<i>neonatal complete</i>	154
MIMVEY LO	123	MYAMBUTOL	66	NEO-POLYCIN	159
MINIMED 530G INSULIN PUMP ...	190	MYCAMINE	190	NEORAL	88
MINIPRIN LOW DOSE	20	MYDRIACYL	158	<i>neostigmine methylsulfate</i>	190
MINIVELLE	124	MYFORTIC	89	NEPTAZANE	116
MINOCIN	173	MYGLUCOHEALTH LANCETS		NERLYNX	73
<i>minoxidil</i>	64	30G	142	NESINA	51
MIRAPEX ER	79	MYLERAN	67	NETGROUP LANCETS	142
MIRCERA	130, 190	MYLOTARG	74	NEULASTA	130
<i>mirtazapine</i>	47	MYNATAL	154	NEULASTA DELIVERY KIT	131
MIRVASO	114	MYNATAL ADVANCE	154	NEULASTA ONPRO	131
<i>mite (d. farinae)</i>	190	MYOBLOC	190	NEUMEGA	131

NEUPOGEN	131	NORTREL 0.5/35 (28)	98	OCALIVA	124
NEUPRO	79	NORTREL 1/35 (21)	98	OCELLA	99
NEUTRAGARD ADVANCED	152	NORTREL 1/35 (28)	98	OCREVUS	191
NEVANAC	160	NORTREL 7/7/7	103	OCTAGAM	191
<i>nevirapine er</i>	83	<i>nortriptyline hcl</i>	50	<i>octreotide acetate</i>	122
NEXA PLUS	156	NORVIR	83	ODACTRA	152
NEXAVAR	70	NORWICH ASPIRIN	20	ODEFSEY	82
NEXT CHOICE ONE DOSE	100	NOURIANZ	10	ODOMZO	69
<i>niacin er (antihyperlipidemic)</i>	61	NOVA SAFETY LANCETS 23G	142	OFEV	171
NIASPAN	61	NOVA SAFETY LANCETS 28G	143	<i>ofloxacin</i>	125, 159, 162
<i>nicardipine hcl</i>	91	NOVA SUREFLEX LANCETS	143	OGESTREL	99
NICODERM CQ	170	NOVAREL	190	<i>olanzapine</i>	81
NICORELIEF	170	NOVOEIGHT	190	<i>olanzapine-fluoxetine hcl</i>	170, 171
NICORETTE	170	NOVOLIN 70/30	52	<i>olmesartan medoxomil</i>	63
NICORETTE MINI	170	NOVOLIN 70/30 FLEXPEN	52	<i>olmesartan medoxomil-hctz</i>	62
NICORETTE STARTER KIT	170	NOVOLIN 70/30 FLEXPEN		<i>olmesartan-amlodipine-hctz</i>	63
<i>nicotine step 1</i>	170	RELION	52	<i>olopatadine hcl</i>	159
<i>nicotine step 2</i>	170	NOVOLIN 70/30 RELION	53	OLUMIANT	13
<i>nicotine step 3</i>	170	NOVOLIN N	53	OLUX	112
NICOTROL	170	NOVOLIN N FLEXPEN	53	OLUX-E	112
NICOTROL NS	170	NOVOLIN N FLEXPEN RELION	53	OLYSIO	86
NIFEDIAC CC	91	NOVOLIN N RELION	53	<i>omega-3-acid ethyl esters</i>	59
NIFEDICAL XL	91	NOVOLIN R	53	<i>omeprazole</i>	176
<i>nifedipine</i>	91	NOVOLIN R FLEXPEN	53	OMEPRAZOLE+SYRSPEND SF	
NIKKI	98	NOVOLIN R FLEXPEN RELION	53	ALKA	176
NILANDRON	68	NOVOLIN R RELION	53	OMNIFLEX DIAPHRAGM	137
<i>nimodipine</i>	91	NOVOLOG	53	OMNIPRED	161
NINLARO	70	NOVOLOG FLEXPEN	53	OMNITROPE	120
NIPENT	190	NOVOLOG MIX 70/30	53	ON CALL LANCETS	143
<i>nisoldipine er</i>	91	NOVOLOG MIX 70/30 FLEXPEN	53	ON CALL PLUS LANCETS	143
NITRO-BID	36	NOVOLOG PENFILL	53	ONCASPAR	191
NITRO-DUR	36	NOVOSEVEN RT	190	<i>ondansetron</i>	57
<i>nitrofurantoin</i>	177	NOXAFIL	58	<i>ondansetron hcl</i>	57
<i>nitrofurantoin macrocrystal</i>	177	NPLATE	132	ONETOUCH CLUB LANCETS	
<i>nitrofurantoin monohyd macro</i>	177	NUCALA	134	FINE PT	143
<i>nitroglycerin</i>	36	NUCYNTA	30	ONETOUCH COMBO PACK	143
NITROLINGUAL	36	NUCYNTA ER	30	ONETOUCH DELICA LANCETS	
NITROMIST	36	NUDEXTA	169	33G	143
NITRO-TIME	36	NULOJIX	89	ONETOUCH DELICA LANCETS	
NITYR	120	NULYTELY WITH FLAVOR		FINE	143
NIVA-PLUS	154	PACKS	135	ONETOUCH FINEPOINT	
NIVESTYM	131	NUTROPIN AQ	119	LANCETS	143
<i>nizatidine</i>	176	NUTROPIN AQ NUSPIN 10	119	ONETOUCH LANCETS	143
NIZORAL	113	NUTROPIN AQ NUSPIN 20	119	ONETOUCH TEST	115
NOCDURNA	123	NUTROPIN AQ NUSPIN 5	119	ONETOUCH ULTRA BLUE	115
NOCTIVA	123	NUTROPIN AQ PEN	119	ONETOUCH ULTRASOFT	
NOLIX	112	NUVARING	100	LANCETS	143
NORA-BE	102	NUWIQ	191	ONETOUCH VERIO	115
NORDITROPIN FLEXPRO	119	NUZYRA	13	ONFI	44, 45
NORDITROPIN NORDIFLEX PEN	119	NYAMYC	108	ONGLYZA	51
<i>norethin ace-eth estrad-fe</i>	98	<i>nystatin</i>	58, 108, 152	ONIVYDE	191
<i>norethindrone acetate</i>	166	<i>nystatin-triamcinolone</i>	108	ONMEL	58
<i>norethindrone acet-ethinyl est</i>	98	NYSTOP	108	ONSOLIS	30
<i>norgestim-eth estrad triphasic</i>	103	OB COMPLETE	154	OPANA	30
NORINYL 1+50 (28)	98	OB COMPLETE ONE	154	OPCICON ONE-STEP	101
NORLYDA	102	OB COMPLETE PETITE	154	OPDIVO	191
NORLYROC	102	OB COMPLETE/DHA	154	<i>opium</i>	55
NOROXIN	125	<i>obizur</i>	191	OPSUMIT	92
NORPACE CR	38	OB-NATAL ONE	154	OPTICHAMBER ADVANTAGE-LG	
NORTHERA	157	O-CAL FA	154	MASK	149

OPTICHAMBER ADVANTAGE-MED MASK.....	149	<i>oxybutynin chloride</i>	178	PERFECT LANCETS 28G.....	143
OPTICHAMBER ADVANTAGE-SM MASK.....	149	<i>oxybutynin chloride er</i>	178	PERFECT LANCETS 30G.....	143
OPTICHAMBER DIAMOND.....	149	<i>oxycodone hcl</i>	31	PERFOROMIST.....	41
OPTICHAMBER DIAMOND-LG MASK.....	149	<i>oxycodone-acetaminophen</i>	33	<i>perindopril erbumine</i>	62
OPTICHAMBER DIAMOND-MD MASK.....	149	<i>oxycodone-ibuprofen</i>	34	PERIOGARD.....	152
OPTICHAMBER DIAMOND-SM MASK.....	149	OXYCONTIN	32	PERJETA.....	191
OPTICHAMBER FACE MASK-LARGE.....	149	<i>oxymorphone hcl er</i>	32	<i>permethrin</i>	114
OPTICHAMBER FACE MASK-MEDIUM.....	149	OZEMPIC (0.25 OR 0.5 MG/DOSE)	53	<i>perphenazine</i>	81
OPTICHAMBER FACE MASK-SMALL.....	149	OZEMPIC (1 MG/DOSE)	53	<i>perphenazine-amitriptyline</i>	169
OPTIHALER.....	149	<i>pa vitamin d-3</i>	182	PERTZYE	116
OPTIMAL-D.....	182	<i>pa vitamin d-3 gummy</i>	182	PHARMACIST CHOICE LANCETS	143
OPTION 2.....	101	PACERONE	38	PHARMACY COUNTER LANCETS	143
OPTIONS CONCEPTROL.....	180	<i>paclitaxel</i>	191	PHENADOZ	59
OPTIONS GYNOL II CONTRACEPTIVE.....	180	<i>paliperidone er</i>	80	PHENAZO	128
OPTIVAR.....	159	PALYNZIQ	122	<i>phenelzine sulfate</i>	48
ORALAIR.....	152	<i>pamidronate disodium</i>	117	PHENERGAN	59
ORALONE.....	153, 173	PAMINE FORTE	177	<i>phenobarbital</i>	133
ORAP.....	169	PANCREAZE	116	<i>phenobarbital-belladonna alk</i>	175
ORAPRED.....	105	PANDA MASK LARGE	149	PHENOHYTRO	175
ORAPRED ODT.....	105	PANDA MASK MEDIUM	149	<i>phentermine hcl</i>	11
ORENCIA.....	17	PANDA MASK SMALL	149	PHENYTEK	47
ORENCIA CLICKJECT.....	17	PANRETIN	109	<i>phenytoin</i>	47
ORENITRAM.....	92	<i>pantoprazole sodium</i>	176	PHILITH	99
ORFADIN.....	120	<i>paricalcitol</i>	121	PHOS-FLUR	152
ORLISSA.....	118	PARNATE	48	PHOSPHA 250 NEUTRAL	151
ORKAMBI.....	107	<i>paromomycin sulfate</i>	12	PHOSPHASAL	177
<i>orphenadrine citrate er</i>	156	<i>paroxetine hcl</i>	49	PHOSPHOLINE IODIDE	158
<i>orphenadrine-aspirin-caffeine</i>	156	PASER	66	PHOTOFRIN	191
ORSYTHIA	99	PATANASE	157	PHRENILIN FORTE	18
ORTHO DIAPHRAGM COIL	137	PAXIL	49	PHYSIOLYTE	191
ORTHO DIAPHRAGM FLAT	137	<i>pc lancets super thin 30g</i>	143	PHYSIOSOL IRRIGATION	191
ORTHO EVRA	100	PCP 100	135	<i>phytonadione</i>	183
<i>oscimin</i>	176	PEDIADERM AF COMPLETE	108	PICATO	109
<i>oscimin sr</i>	176	PEDIARIX	175	PIFELTRO	83
<i>oseltamivir phosphate</i>	87	PEDIATEX TD	105	<i>pilocarpine hcl</i>	153, 158
OSMOLEX ER	78	<i>peg 3350/electrolytes</i>	135	<i>pimecrolimus</i>	114
OSMOPREP	135	PEGANONE	47	PIMTREA	94
OTEZLA	164	PEGASYS	86	<i>pindolol</i>	90
OTIPRIO	191	PEGASYS PROCLICK	86	<i>pioglitazone hcl</i>	55
OTREXUP	13	PEGINTRON	86	<i>pioglitazone hcl-metformin hcl</i>	55
OVACE PLUS WASH	111	PEG-INTRON	86	<i>piperacillin sod-tazobactam so</i>	191
OVIDE	114	PEG-INTRON REDIPEN	86	PIQRAY (200 MG DAILY DOSE) ..	164
<i>oxacillin sodium</i>	191	PEG-INTRON REDIPEN PAK 4	86	PIQRAY (250 MG DAILY DOSE) ..	164
<i>oxaliplatin</i>	191	PEG-PREP	135	PIQRAY (300 MG DAILY DOSE) ..	164
<i>oxandrolone</i>	35	<i>pen needles</i>	147	PIRMELLA 1/35	99
<i>oxaprozin</i>	16	<i>pen needles 1/2"</i>	147	PIRMELLA 7/7/7	103
OXAYDO	30	<i>pen needles 3/16"</i>	147	<i>piroxicam</i>	16
<i>oxazepam</i>	38	<i>penicillin g pot in dextrose</i>	191	PLAN B	101
<i>oxcarbazepine</i>	46	<i>penicillin g potassium</i>	191	PLAN B ONE-STEP	101
OXERVATE	161	<i>penicillin g procaine</i>	191	PLAQUENIL	65
<i>oxiconazole nitrate</i>	113	<i>penicillin g sodium</i>	191	PLEGRIDY	167
		<i>penicillin v potassium</i>	164	PLEGRIDY STARTER PACK	167
		PENLAC	109	PNEUMOVAX 23	179
		PENTAM	191	<i>pnv fe fum/docusat/folic acid</i>	154
		PENTASA	126	<i>pnv folic acid + iron</i>	154
		<i>pentazocine-acetaminophen</i>	35	<i>pnv prenatal plus multivitamin</i>	154
		<i>pentazocine-naloxone hcl</i>	34	<i>pnv tabs 29-1</i>	154
		<i>pentoxifylline er</i>	129	POCKET CHAMBER	149

POCKET SPACER	149	<i>prenatal 19</i>	154	PROLASTIN-C	192
<i>podofilox</i>	113	PRENATAL AD	154	PROLEUKIN	192
POLYCIN	159	<i>prenatal formula</i>	154	PROLIA	122, 192
<i>poly-dex</i>	160	<i>prenatal low iron</i>	154	PROMACTA	132
<i>polymyxin b sulfate</i>	191	<i>prenatal plus</i>	154	<i>promethazine hcl</i>	59
<i>polymyxin b-trimethoprim</i>	159	<i>prenatal plus iron</i>	154	<i>promethazine vc</i>	105
POMALYST	69	PRENATAL/FOLIC ACID	154	<i>promethazine vc plain</i>	105
PONSTEL	16	PRENATE DHA	156	<i>promethazine vcl/codeine</i>	106
PORTIA-28	99	PRENATE ELITE	154	<i>promethazine-codeine</i>	106
PORTRAZZA	191	PRENATE ESSENTIAL	154	<i>promethazine-dm</i>	106
POTABA	181	PRENATE MINI	156	<i>promethazine-phenyleph-codeine</i> ..	106
<i>potassium acetate</i>	191	PRENTIF CAVITY-RIM CERV		<i>promethazine-phenylephrine</i>	105
<i>potassium bicarbonate</i>	151	CAP	136	PROMETHEGAN	59
<i>potassium chloride</i>	151, 191	PRENTIF FITTING SET	136	PRONUTRIENTS VITAMIN D3	182
<i>potassium chloride er</i>	151	<i>preplus</i>	154	<i>propafenone hcl</i>	38
<i>potassium chloride in nacl</i>	191	PREPOPIK	135	<i>propafenone hcl er</i>	38
<i>potassium phosphates</i>	191	<i>pretab</i>	155	<i>propantheline bromide</i>	177
POTIGA	46	PREVACID SOLUTAB	176, 177	<i>propranolol hcl</i>	160
PR NATAL 400	155	PREVALITE	59	<i>propranolol hcl er</i>	90
PR NATAL 400 EC	155	PREVIDENT	152	<i>propranolol hcl er</i>	90
PRADAXA	44	PREVIDENT 5000 BOOSTER	153	<i>propranolol-hctz</i>	63
PRALUENT	163	PREVIDENT 5000 BOOSTER		<i>propylthiouracil</i>	174
<i>pramipexole dihydrochloride</i>	79	PLUS	153	PROSTIGMIN	65, 66
<i>pramipexole dihydrochloride er</i>	79	PREVIDENT 5000 PLUS	153	PROTOPIC	114
PRAMOSONE	114	PREVIFEM	99	<i>protriptyline hcl</i>	50
PRAMOSONE E	114	PREVNAR 13	179	PROVENGE	192
PRANDIN	54	PREVYMIS	84	PROVENTIL HFA	41
PRASCION	107	PREZCOBIX	82	PRUDOXIN	109
<i>pravastatin sodium</i>	60	PREZISTA	83	<i>pseudoeph-chlorphen-hydrocod</i>	106
<i>praziquantel</i>	36	PRIFTIN	66	PSS SELECT GP LANCETS	143
<i>prazosin hcl</i>	63	<i>primaquine phosphate</i>	65	PSS SELECT SAFETY LANCETS	143
PRECISION THIN LANCETS	143	PRIMAXIN IV	191	PULMICORT	43
PRECISION THINS GP LANCETS	143	<i>primidone</i>	46	PULMICORT FLEXHALER	43
PRECISION ULTRA LANCET	143	PRIVIGEN	191	PULMOZYME	171
PRED FORTE	161	PROAIR DIGIHALER	41	PURIXAN	68
PRED MILD	161	PROAIR HFA	41	<i>px aspirin</i>	21
PRED-G	160	PROAIR RESPICLICK	41	<i>px enteric aspirin</i>	21
PRED-G S.O.P.	160	<i>probenecid</i>	128	<i>px lancets</i>	143
<i>prednicarbate</i>	112	<i>procare spacer/adult mask</i>	149	<i>px lancets ultra thin</i>	143
<i>prednisolone</i>	105	<i>procare spacer/child mask</i>	149	<i>px stop smoking aid</i>	170
<i>prednisolone sodium phosphate</i>		<i>prochlorperazine</i>	81	<i>pyrazinamide</i>	66
.....	105, 161	<i>prochlorperazine maleate</i>	81	PYRIDIUM	128
<i>prednisone</i>	105	PROCRIT	130, 191	<i>pyridostigmine bromide</i>	65, 66
<i>prednisone (pak)</i>	105	PROCTOFOAM HC	35	<i>qc aspirin</i>	21
PREDNISONE INTENSOL	105	PROCTOSOL HC	36	<i>qc aspirin low dose</i>	21
PREFERA OB	154	PROCTOZONE-HC	36	<i>qc childrens aspirin</i>	21
PREFERA OB + DHA	154	PROCYSBI	128	<i>qc lancets super thin 30g</i>	143
PREFERA OB ONE	156	PRODIGY LANCETS 21G	143	<i>qc lancets ultra thin</i>	144
<i>preferred plus lancets colored</i>	143	PRODIGY LANCETS 26G	143	<i>qc vitamin d3</i>	182
<i>preferred plus lancets thin</i>	143	PRODIGY LANCETS 28G	143	QTERN	172
<i>pregabalin</i>	46	PRODIGY SAFETY LANCETS		QUADRACEL	175
<i>pregenna</i>	154	26G	143	QUADRAMET	192
PREGNYL	191	PRODIGY TWIST TOP LANCETS		QUALAQUIN	65
PREMARIN	124, 180	28G	143	QUARTETTE	101
PREMPHASE	123	PROFILNINE	191	QUASENSE	101
PREMPRO	124	PROFILNINE SD	192	QUDEXY XR	46
<i>prenaissance</i>	156	<i>progesterone</i>	166	<i>quetiapine fumarate</i>	80
<i>prenaissance dha</i>	156	<i>progesterone micronized</i>	166	<i>quetiapine fumarate er</i>	80
PRENATABS RX	154	PROGLYCEM	51	QUILLIVANT XR	12
<i>prenatal</i>	154	PROGRAF	89, 192	<i>quinapril hcl</i>	62

<i>quinapril-hydrochlorothiazide</i>	61	RELAGARD	180	RIBASPHERE RIBAPAK (800	
<i>quinidine gluconate er</i>	38	RELENZA DISKHALER	87	PACK)	87
<i>quinidine sulfate</i>	38	RELION KETONE	115	RIBATAB	87
<i>quinidine sulfate er</i>	38	RELION LANCETS MICRO-THIN		<i>ribavirin</i>	87
QVAR	43	33G	144	RIDAURA	15
QVAR REDIHALER	43	RELION LANCETS STANDARD		<i>rifabutin</i>	66
<i>ra aspirin</i>	21	21G	144	RIFADIN	66
<i>ra aspirin adult low dose</i>	21	RELION LANCETS THIN 26G	144	RIFAMATE	66
<i>ra aspirin adult low strength</i>	21	RELION LANCETS ULTRA-THIN		RIFATER	66
<i>ra aspirin childrens</i>	21	30G	144	RIGHTEST GL300 LANCETS	144
<i>ra aspirin ec</i>	21	RELION ULTRA THIN LANCETS		<i>riluzole</i>	157
<i>ra aspirin ec adult low st</i>	21	30G	144	<i>ringers irrigation</i>	192
<i>ra childrens aspirin</i>	21	RELION ULTRA THIN PLUS		RINVOQ	13
RA E-ZJECT COLOR LANCETS		LANCETS	144	<i>risedronate sodium</i>	117
33G	144	RELISTOR	126	<i>risperidone</i>	80
RA E-ZJECT LANCETS 28G	144	RELIPAX	150	RISPERIDONE M-TAB	80
RA E-ZJECT LANCETS THIN 26G		REMERON	47	RITEFLO	149
.....	144	REMERON SOLTAB	47	<i>ritonavir</i>	83
RA E-ZJECT LANCETS THIN 28G		REMICADE	192	RITUXAN	192
.....	144	REMODULIN	92	RITUXAN HYCELA	192
RA E-ZJECT LANCETS ULTRA		RENACIDIN	128	<i>rivastigmine</i>	167
THIN	144	RENAGEL	127	<i>rivastigmine tartrate</i>	167
<i>ra mini nicotine</i>	170	RENEW ADV CARTRIDGE		RIVELSA	101
<i>ra nicotine</i>	170	REFILLS	144	<i>rixubis</i>	192
<i>ra nicotine polacrilex</i>	170	RENFLEXIS	192	<i>rizatriptan benzoate</i>	150
<i>ra vitamin d-3</i>	182	<i>repan</i>	18	ROBINUL	177
<i>rabeprazole sodium</i>	177	REPATHA	163	ROBINUL-FORTE	177
RADIOGARDASE	55, 56	REPATHA PUSHTRONEX		ROCALTROL	121
RAGWITEK	90	SYSTEM	163	<i>romycin</i>	159
<i>raloxifene hcl</i>	122	REPATHA SURECLICK	163	<i>ropinirole hcl</i>	79
<i>ramipril</i>	62	REPREXAIN	25	<i>ropinirole hcl er</i>	79
RANEXA	36	REQUIP XL	79	ROSADAN	114
<i>ranitidine hcl</i>	176	RESCRIPTOR	83	<i>rosuvastatin calcium</i>	60
<i>ranolazine er</i>	36	<i>reserpine</i>	64	ROWEEPRA	46
RAPAFLO	127	RESTASIS	160	ROWEEPRA XR	46
RAPAMUNE	89	RESTASIS MULTIDOSE	160	ROXICET	34
RASUVO	13	RETROVIR	84	ROXICODONE	32
RAVICTI	123	REVIATIO	93, 192	ROXYBOND	32
RAYALDEE	121	REVINA	113	ROZEREM	134
RAZADYNE	166	REVLIMID	89	ROZLYTREK	67
RAZADYNE ER	166	REXALL LANCETS ULTRA THIN		RUBRACA	165
REA LO 40	113	30G	144	RUCONEST	192
REACT	101	REXULTI	81	<i>rulavite dha</i>	156
<i>reality lancets</i>	144	REYATAZ	83	RUZURGI	65, 66
<i>reality trigger lancets</i>	144	RHEUMATREX	13	RYCLORA	59
REBETOL	86	RHOGAM ULTRA-FILTERED		RYDAPT	70
REBIF	168	PLUS	163	SABRIL	46
REBIF REBIDOSE	167	RHOPHYLAC	163	SAFE-T-LANCE	144
REBIF REBIDOSE TITRATION		RHOPRESSA	161	SAFE-T-LANCE PLUS	144
PACK	167	RIASTAP	192	<i>safety lancet 21gl/pressure act</i>	144
REBIF TITRATION PACK	168	RIBAPAK	86	<i>safety lancet 28gl/pressure act</i>	144
REBINYN	192	RIBASPHERE	86	SAFETY LANCET 2MM	144
RECLAST	192	RIBASPHERE RIBAPAK	87	SAFETY LANCETS	144
RECLIPSEN	99	RIBASPHERE RIBAPAK (1000		SAFETY LANCETS 21G	144
RECOMBINATE	192	PACK)	87	<i>safety lancets 28g</i>	144
RECOMBIVAX HB	179	RIBASPHERE RIBAPAK (1200		SAFETY LET LANCETS	144
<i>rectacort-hc</i>	36	PACK)	87	SAFETY SEAL LANCETS	144
RECTIV	35	RIBASPHERE RIBAPAK (600		SAFYRAL	99
REGONOL	192	PACK)	87	SAIZEN	120
REGANEX	115			SAIZEN CLICK.EASY	120

SALACYN	113	<i>silver nitrate</i>	111	SPIRIVA RESPIMAT	42
<i>salicylic acid</i>	113	SIMBRINZA	158	<i>spironolactone</i>	117
<i>salicylic acid wart remover</i>	113	SIMPONI	14, 15	<i>spironolactone-hctz</i>	116
<i>saline bacteriostatic</i>	192	SIMPONI ARIA	14, 15	SPORANOX	58
<i>salsalate</i>	21	SIMULECT	192	SPRINTEC 28	99
SAMSCA	122	<i>simvastatin</i>	60	SPRYCEL	73
SANCTURA	178	SINGLE-LET	144	SPS	89, 165
<i>sanctura xr</i>	178	SIRTURO	66	SRONYX	99
SANCUSO	57	SIVEXTRO	65	<i>ss 10-2</i>	107
SANDIMMUNE	88	SKELID	117	SSD	111
SANDOSTATIN LAR DEPOT	122	SKLICE	114	SSKI	105
SANTYL	113	SKYRIZI (150 MG DOSE)	110	<i>sss 10-5</i>	107
SAPHRIS	80	<i>sm anticavity fluoride rinse</i>	153	ST JOSEPH ADULT	22
<i>sash kit</i>	44	<i>sm aspirin</i>	21	ST JOSEPH ADULT LOW DOSE	22
SAVAYSA	44	<i>sm aspirin adult low strength</i>	21	ST JOSEPH ASPIRIN	22
SAVELLA	167	<i>sm aspirin ec</i>	21	STALEVO 100	78
SAVELLA TITRATION PACK	167	<i>sm aspirin ec low strength</i>	22	STALEVO 125	78
<i>sb aspirin</i>	21	<i>sm aspirin low dose</i>	22	STALEVO 150	78
<i>sb aspirin ec</i>	21	<i>sm childrens aspirin</i>	22	STALEVO 200	78
<i>sb childrens aspirin</i>	21	<i>sm lancets 21g</i>	144	STALEVO 50	78
<i>sb lancets thin</i>	144	<i>sm lancets 33g</i>	144	STALEVO 75	79
<i>sb lancets ultra thin</i>	144	<i>sm nicotine</i>	170	STAVZOR	47
<i>sb low dose asa ec</i>	21	<i>sm nicotine polacrilex</i>	170	STELARA	110, 192
<i>scopolamine</i>	57	<i>sm super thin lancets 30g</i>	144	STERILANCE TL	145
<i>scopolamine hbr</i>	192	<i>sm thin lancets 26g</i>	144	STIMATE	123
SCYTERA	114	<i>sm vitamin d</i>	182	STIOLTO RESPIMAT	40
SECONAL	133	<i>sm vitamin d3</i>	182	STIVARGA	70
SECURESAFE INSULIN		SMART DIABETES VANTAGE		STRENSIQ	134
SYRINGE	147	LANCETS	144	<i>streptomycin sulfate</i>	192
SEEBRI NEOHALER	42	SMART SENSE COLOR		STRIBILD	82
SEGLUOMET	173	LANCETS 33G	145	STRIVERDI RESPIMAT	41
SELECT-OB+DHA	156	SMART SENSE STANDARD		STROMECTOL	36
<i>selegiline hcl</i>	78	LANCETS	145	SUBOXONE	34
<i>selenium sulfide</i>	111	SMART SENSE SUPER THIN		SUBSYS	32
<i>selenium sulf-pyrithione-urea</i>	110	LANCETS	145	SUCRAID	116
SELZENTRY	82	SMART SENSE THIN LANCETS		<i>sucralfate</i>	176
<i>se-natal 19</i>	155	26G	145	<i>sulfacetamide sodium</i>	111
SENSIPAR	118	SMARTEST LANCETS 28G	145	<i>sulfacetamide sodium (acne)</i>	107
SENSORCAINE-		<i>sodium chloride</i>	106, 192	<i>sulfacetamide sodium-sulfur</i>	107
MPF/EPINEPHRINE	136	<i>sodium fluoride</i>	151, 153	<i>sulfacetamide-prednisolone</i>	160
SEREVENT DISKUS	41	<i>sodium hyaluronate</i>	113	<i>sulfacetamide-sulfur in urea</i>	107
SEROQUEL XR	80	<i>sodium phenylbutyrate</i>	123	<i>sulfadiazine</i>	173
SEROSTIM	120	<i>sodium phosphate</i>	192	<i>sulfamethoxazole-trimethoprim</i>	64
<i>sertraline hcl</i>	49	<i>sodium sulfacetamide</i>	111	SULFAMYLON	111
SETLAKIN	101	SOLIA	99	SULFAZINE	126
<i>sevelamer carbonate</i>	127	SOLQUA	134	SULFAZINE EC	126
SFROWASA	126	SOLIRIS	192	<i>sulindac</i>	17
SHAROBEL	102	SOLOSEC	12	<i>sumatriptan</i>	150
SHINGRIX	179	SOLTAMOX	68	<i>sumatriptan succinate</i>	150
SHOPKO ON-THE-GO LANCETS		SOLUS V2 LANCETS 28G	145	<i>sumatriptan succinate refill</i>	150
30G	144	SOLUS V2 TWIST LANCETS 30G	145	SUNOSI	117
SHOPKO UNILET LANCETS 28G	144	SOMATULINE DEPOT	192	<i>super daily d3</i>	182
SHOPKO UNILET LANCETS 30G	144	SOMAVERT	118, 119	<i>super thin lancets</i>	145
SHUR-SEAL CONTRACEPTIVE	180	SORIATANE	110	SUPRAX	94
SIGNIFOR	192	SORINE	90	SUPREP BOWEL PREP KIT	135
SIGNIFOR LAR	122, 192	<i>sotalol hcl (af)</i>	90	<i>sure comfort lancets 28g</i>	145
SIKLOS	130	SOVALDI	87	<i>sure comfort lancets 30g</i>	145
<i>sildenafil citrate</i>	93, 192	SPATONE PUR-ABSORB IRON	131	SURE-LANCE FLAT LANCETS	145
SILENOR	133	SPINRAZA	192	SURE-LANCE LANCETS 26G	145
SILIQ	110	SPIRIVA HANDIHALER	42		

SURE-LANCE THIN LANCETS		TECHLITE AST LANCETS	145	THERA-FLUR-N	153
28G	145	TECHLITE LANCETS	145	THERANATAL CORE NUTRITION	
SURE-LANCE ULTRA THIN		TECHLITE LANCETS 30G	145	.....	155
LANCETS	145	TECHNIVIE	132	THERATEARS	158
SURELITE LANCETS	145	TEFLARO	193	THERMAZENE	111
SURESTEP PRO TEST	115	TEGRETOL-XR	46	THINLETS GP LANCETS	145
SURESTEP TEST	115	TEKAMLO	63	THINLETS LANCET	145
SURE-TOUCH LANCETS		TEKTURNA	63	THIOLA	128
UNIVERSAL	145	TEKTURNA HCT	63	THIOLA EC	128
SURMONTIL	50	<i>temazepam</i>	133	<i>thioridazine hcl</i>	81
SUTENT	70	TEMIXYS	82	<i>thiothixene</i>	81
<i>sw nicotine polacrilex</i>	170	TEMODAR	75, 193	THRIVE	170
SYEDA	99	TEMOVATE	112	<i>thrivite rx</i>	155
SYLATRON	74, 192	TENEX	63	THYMOGLOBULIN	193
SYLVANT	192	<i>teniposide</i>	193	THYROGEN	115
SYMBICORT	40	TENIVAC	175	THYROLAR-1	174
SYMDEKO	107	<i>tenofovir disoproxil fumarate</i>	84	THYROLAR-1/2	174
SYMFI	82	TERAZOL 3	180	THYROLAR-1/4	174
SYMFI LO	82	TERAZOL 7	180	THYROLAR-2	174
SYMLIN	50	<i>terazosin hcl</i>	63	THYROLAR-3	174
SYMLINPEN 120	50	<i>terbutaline sulfate</i>	41	TIADYLT ER	91
SYMLINPEN 60	50	TESTIM	35	<i>tiagabine hcl</i>	46
SYMPAZAN	45	<i>testosterone</i>	35	TIBSOVO	135
SYMPROIC	126	<i>testosterone enanthate</i>	35	<i>ticarcillin-pot clavulanate</i>	193
SYM TUZA	82	<i>tetanus-diphtheria toxoids td</i>	175	TICE BCG	193
SYNAGIS	192	TETCAINE	160	<i>ticlopidine hcl</i>	129
SYNALGOS-DC	23	<i>tetracycline hcl</i>	173	TIGAN	57
SYNAREL	121	TEV-TROPIN	120	TIGLUTIK	157
SYNDROS	58	<i>tgq 50pse/3brm/30dm</i>	106	TIKOSYN	39
SYNJARDY	173	<i>tgt aspirin</i>	22	TILIA FE	103
SYNJARDY XR	173	<i>tgt aspirin ec</i>	22	TIMENTIN	193
SYNRIBO	74	<i>tgt aspirin low dose</i>	22	<i>timolol maleate</i>	90, 158
SYNTHROID	174	<i>tgt childrens aspirin</i>	22	TIMOPTIC-XE	158
TABLOID	68	<i>tgt lancet alternate site</i>	145	<i>timothy grass pollen allergen</i>	193
TACLONEX	115	<i>tgt lancet micro thin 33g</i>	145	<i>tinidazole</i>	64
<i>tacrolimus</i>	114	<i>tgt lancet super thin 30g</i>	145	TIROSINT	174
TAFINLAR	69	<i>tgt lancet thin 23g</i>	145	TIROSINT-SOL	174
TAGRISSO	73	<i>tgt lancet thin 26g</i>	145	TIS-U-SOL	193
TAKE ACTION	101	<i>tgt lancet ultra thin 28g</i>	145	TIVICAY	82
TAKHZYRO	164	<i>tgt lancet ultra thin 30g</i>	145	<i>tizanidine hcl</i>	156
TALTZ	110	<i>tgt nicotine</i>	170	<i>tl-select</i>	156
TALZENNA	165	<i>tgt nicotine polacrilex</i>	170	TOBI	13
<i>tamoxifen citrate</i>	68	<i>tgt nicotine step one</i>	170	TOBI PODHALER	13
<i>tamsulosin hcl</i>	127	<i>tgt nicotine step three</i>	170	TOBRADEX	160
TANZEUM	54	<i>tgt nicotine step two</i>	170	TOBRADEX ST	160
TAPAZOLE	174	<i>th aspirin</i>	22	<i>tobramycin-dexamethasone</i>	160
TARCEVA	73	<i>th aspirin low dose</i>	22	TOBREX	159
TARGRETIN	78, 115	<i>th enteric aspirin</i>	22	<i>today sponge</i>	180
TARINA 24 FE	99	<i>th vitamin d3</i>	182	<i>today's health thin lancets 28g</i>	145
TARINA FE 1/20	99	THALOMID	88	<i>today's health thin lancets 30g</i>	145
TARKA	61	THEO-24	43	TOFRANIL-PM	50
TARON-C DHA	155	THEOCHRON	43	TOLAK	109
TARON-PREX	156	<i>theophylline</i>	43	<i>tolazamide</i>	54
TASIGNA	73	<i>theophylline er</i>	43	<i>tolbutamide</i>	54
TAVALISSE	173	<i>theophylline in d5w</i>	193	<i>tolmetin sodium</i>	17
TAXOTERE	192	THERABREATH ORAL RINSE	153	<i>tolterodine tartrate</i>	178
<i>tazarotene</i>	110	THERACYS	193	TOPIRAGEN	46
TAZORAC	110	THERA-D 2000	182	<i>topiramate er</i>	46
TAZTIA XT	91	THERA-D 4000	182	TOPOSAR	193
TECFIDERA	168	THERA-D RAPID REPLETION	182	<i>topotecan hcl</i>	193

<i>toremifene citrate</i>	68	TRISENOX.....	74	UNIFINE PENTIPS PLUS.....	147
TORISEL	193	TRI-SPRINTEC.....	104	UNILET COMFORTOUCH	
<i>torseamide</i>	116	TRIUMEQ.....	82	LANCET	146
TOSYMRA	150	TRIVEEN-DUO DHA.....	155	UNILET EXCELITE	146
TOUJEO MAX SOLOSTAR	53	TRIVEEN-TEN.....	156	UNILET EXCELITE II	146
TOUJEO SOLOSTAR	53	TRIVORA (28).....	104	UNILET G.P. LANCET	146
TRACLEER	92	TRI-VYLIBRA.....	104	UNILET G.P. SUPERLITE	
TRADJENTA	51	TRIZIVIR.....	82	LANCET	146
<i>tramadol hcl</i>	32	TROKENDI XR.....	46	UNILET GP 28 ULTRA THIN	146
<i>tramadol hcl er</i>	32	<i>tropicamide</i>	158	UNILET LANCET	146
<i>tramadol hcl er (biphasic)</i>	32	<i>tropium chloride</i>	178	UNILET SUPERLITE LANCET	146
<i>tramadol-acetaminophen</i>	35	<i>tropium chloride er</i>	178	UNISTIK 3 GENTLE	146
<i>trandolapril</i>	62	TRUEPLUS LANCETS 26G	145	UNITHROID	174
<i>tranexamic acid</i>	193	TRUEPLUS LANCETS 28G	145	UNITHROID DIRECT	174
<i>tranylcypromine sulfate</i>	48	TRUEPLUS LANCETS 30G	145	UNITUXIN	193
TRAVATAN Z	161	TRUEPLUS LANCETS 33G	145	UNIVERSAL 1 LANCETS THIN	
<i>trazodone hcl</i>	48, 172	TRUEPLUS SAFETY LANCETS		26G	146
TREANDA	193	28G	145	UNIVERSAL 1 LANCETS ULTRA	
TRECTOR	66	TRULICITY	54	THIN	146
TRELEGY ELLIPTA	40	TRUMENBA	179	UPTRAVI	171
TRELSTAR	76	TRUVADA	82	<i>ur n-c</i>	177
TRELSTAR MIXJECT	76	TUDORZA PRESSAIR	42	URAMAXIN	113
TREMFYA	110	TULANA	102	<i>urea</i>	113
<i>tretinoin</i>	77, 108	TURALIO	73	<i>urea-c40</i>	113
TRETEN	193	TUSSIGON	105	UROCIT-K 10	127
TREXALL	68	TUSSIONEX PENNKINETIC ER ... 106		UROCIT-K 15	127
TREZIX	23	TWINRIX	179	UROCIT-K 5	127
TRI FEMYNOR	103	TWYNSTA	62	UROGESIC-BLUE	177
<i>triadvance</i>	155	TYBOST	81	UROQID #2	177
<i>triamcinolone acetonide</i>	112	TYDEMY	99	UROXATRAL	127
<i>triamterene-hctz</i>	116	TYGACIL	193	<i>ursodiol</i>	125
TRIANEX	112	TYKERB	73	USTELL	177
<i>triazolam</i>	133	TYMLOS	122	UTIRA-C	177
TRICARE	155	TYSABRI	193	UTRONA-C	177
TRICARE PRENATAL DHA ONE	155	TYVASO	193	UVADEX	193
TRI-CHLOR	111	TYVASO REFILL	193	VABOMERE	64
<i>tricitrates</i>	127	TYVASO STARTER	193	<i>valacyclovir hcl</i>	87
TRICOR	60	TYZEKA	85	VALCHLOR	109
<i>trientine hcl</i>	88	TYZINE	157	VALCYTE	84
TRI-ESTARYLLA	103	U-CORT	115	<i>valganciclovir hcl</i>	84
<i>trifluoperazine hcl</i>	81	UDENYCA	131	<i>valsartan</i>	63
<i>trifluridine</i>	159	U-KERA E	113	<i>valsartan-hydrochlorothiazide</i>	62
TRIGLIDE	60	ULESFA	114	VALSTAR	193
<i>trihexyphenidyl hcl</i>	78	ULORIC	128	<i>value plus lancet standard 21g</i>	146
TRIKAFTA	107	ULTICARE INSULIN SYRINGE ... 147		<i>value plus lancets super thin</i>	146
TRI-LEGEST FE	103	ULTICARE SHORT PEN		<i>value plus lancets thin 26g</i>	146
TRI-LINYAH	103	NEEDLES	147	<i>valumark lancet super thin 30g</i>	146
TRI-LO-ESTARYLLA	103	ULTICARE THIN LANCETS 30G .. 145		<i>valumark lancet ultra thin 28g</i>	146
TRI-LO-MARZIA	104	ULTILET BASIC LANCETS 30G .. 146		<i>vancomycin hcl</i>	94, 128
TRI-LO-MILI	104	ULTILET CLASSIC LANCETS 146		VANDAZOLE	180
TRI-LO-SPRINTEC	104	ULTILET LANCETS	146	VANTAS	77
TRILYTE	135	ULTILET SAFETY LANCETS 23G 146		VAQTA	180
<i>trimethoprim</i>	64	<i>ultra tabs</i>	155	VARIVAX	180
<i>trinatal gt</i>	155	<i>ultra thin lancets 28g</i>	146	VARUBI	58
<i>trinatal ultra</i>	155	<i>ultra thin lancets 30g</i>	146	VASCEPA	59
TRINESSA (28)	104	ULTRA-THIN II AUTO LANCET ... 146		VASOLEX	113
TRINESSA LO	104	ULTRA-THIN II LANCETS	146	VCF VAGINAL CONTRACEPTIVE	
TRI-NORINYL (28)	104	ULTRESA	116	.....	180
TRINTELLIX	48, 172	UMECTA	113	VECTIBIX	193
TRI-PREVIFEM	104	UNIFINE PENTIPS	147	VECTICAL	110

VELCADE.....	193	<i>virt-select</i>	156	WALGREENS ULTRA THIN	
VELETRI.....	92	<i>virtussin alc</i>	105	LANCETS.....	146
VELIVET.....	104	VISTARIL.....	37	WATCHHALER.....	149
VELPHORO.....	127	VISTIDE.....	193	WELLBUTRIN.....	48
VELTASSA.....	89, 165	VISUDYNE.....	193	WELLBUTRIN SR.....	48
VEMAVITE-PRX 2.....	156	VITALET PRO LANCETS.....	146	WERA.....	100
VEMLIDY.....	85	VITALET PRO PLUS LANCETS.....	146	WESTHROID.....	174
VENCLEXTA.....	66	VITAMEDMD ONE		<i>white oak</i>	194
VENCLEXTA STARTING PACK.....	67	RX/QUATREFOLIC.....	156	WIDE-SEAL DIAPHRAGM 60.....	137
<i>venlafaxine hcl</i>	49	VITAMEDMD PLUS		WIDE-SEAL DIAPHRAGM 65.....	137
<i>venlafaxine hcl er</i>	49	RX/QUATREFOLIC.....	156	WIDE-SEAL DIAPHRAGM 70.....	137
VENTAVIS.....	92	VITAMEDMD REDICHEW RX.....	156	WIDE-SEAL DIAPHRAGM 75.....	137
VENTOLIN HFA.....	41	<i>vitamin d</i>	183	WIDE-SEAL DIAPHRAGM 80.....	137
<i>verapamil hcl</i>	92	<i>vitamin d (cholecalciferol)</i>	182	WIDE-SEAL DIAPHRAGM 85.....	137
<i>verapamil hcl er</i>	91	<i>vitamin d (ergocalciferol)</i>	183	WIDE-SEAL DIAPHRAGM 90.....	137
VEREGEN.....	108	<i>vitamin d high potency</i>	183	WIDE-SEAL DIAPHRAGM 95.....	137
VERELAN PM.....	92	VITAMIN D-1000 MAX ST.....	183	WILATE.....	194
VERIPRED 20.....	105	<i>vitamin d3</i>	183	WINRHO SDF.....	163
VERZENIO.....	106	<i>vitamin d-3</i>	183	WIXELA INHUB.....	40
VESICARE.....	178	<i>vitamin d3 high potency</i>	183	WP THYROID.....	174
VESTURA.....	99	<i>vitamin d3 maximum strength</i>	183	WYMZYA FE.....	100
VEXOL.....	161	<i>vitamin d3 super strength</i>	183	XADAGO.....	78
VFEND.....	58	<i>vitamin d-400</i>	183	XALKORI.....	73
VFEND IV.....	193	VITATHELY WITH GINGER.....	155	XARELTO.....	44
VIBATIV.....	193	VITEKTA.....	83	XARELTO STARTER PACK.....	44
VIBERZI.....	134	VITUZ.....	106	XARTEMIS XR.....	34
VIBRAMYCIN.....	173	VIVA DHA.....	155	XATMEP.....	68
VICODIN.....	25	VIVELLE-DOT.....	124	XELJANZ.....	13
VICODIN ES.....	25	VIVITROL.....	56	XELJANZ XR.....	13
VICODIN HP.....	25	VIZIMPRO.....	73	XELODA.....	68
VICTOZA.....	54	<i>vol-plus</i>	155	XELPROS.....	161
VICTRELIS.....	87	VONVENDI.....	193	XENAZINE.....	167
VIDA MIA UNILET LANCETS 28G		<i>voriconazole</i>	194	XEOMIN.....	194
.....	146	VORTEX HOLDING		XEPI.....	108
VIDA MIA UNILET LANCETS 30G		CHAMBER/MASK.....	147	XERESE.....	111
.....	146	VORTEX VALVED HOLDING		XERMELO.....	175
VIDAZA.....	193	CHAMBER.....	149	XIAFLEX.....	89
VIDEX.....	83	VOSEVI.....	132	XIFAXAN.....	64
VIDEX EC.....	83	VOSPIRE ER.....	41	XIGDUO XR.....	173
VIEKIRA PAK.....	132	VOTRIENT.....	73	XIIDRA.....	136
VIEKIRA XR.....	132	<i>vp-heme ob</i>	155	XOFIGO.....	194
VIENVA.....	99	<i>vp-heme ob + dha</i>	155	XOLAIR.....	40
VIIBRYD.....	48, 172	VPRIV.....	194	XOPENEX HFA.....	41
VIIBRYD STARTER PACK.....	48, 172	VUMON.....	194	XOSPATA.....	73
VIMIZIM.....	193	VYFEMLA.....	99	XPOVIO (80 MG TWICE	
VIMPAT.....	46	VYLIBRA.....	100	WEEKLY).....	67
VINATE DHA.....	155	VYNDAMAX.....	175	XTAMPZA ER.....	32
VINATE GT.....	155	VYNDAQEL.....	175	XTANDI.....	68
VINATE M.....	155	VYTORIN.....	61	XULANE.....	100
<i>vinblastine sulfate</i>	193	VYVANSE.....	11	XURIDEN.....	133
VINCASAR PFS.....	193	VYZULTA.....	161	X-VIATE.....	113
<i>vincristine sulfate</i>	193	W&F LANCETS 26G.....	146	XYLOCAINE.....	114
<i>vinorelbine tartrate</i>	193	W&F LANCETS COLORED 21G.....	146	XYLON.....	25
VIOKACE.....	116	WAKIX.....	133	XYNTHA.....	194
VIRACEPT.....	83	<i>walgreens adv travel lancets</i>	146	XYNTHA SOLOFUSE.....	194
VIRAMUNE.....	83	WALGREENS LANCETS.....	146	XYOSTED.....	35
VIREAD.....	84	<i>walgreens lancets micro thin</i>	146	XYREM.....	166
<i>virt-nate dha</i>	155	<i>walgreens lancets super thin</i>	146	YERVOY.....	194
<i>virt-pn</i>	155	WALGREENS THIN LANCETS.....	146	YONSA.....	67
<i>virt-pn dha</i>	156			YUPELRI.....	42

YUVAFEM	180	ZYVOX	65
<i>zafirlukast</i>	42		
<i>zaleplon</i>	134		
ZALTRAP	194		
ZANOSAR	194		
ZARAH	100		
ZARXIO	131		
ZATEAN-PN	155		
ZATEAN-PN DHA	156		
ZAVESCA	130		
ZAZOLE	180		
ZEJULA	165		
ZELBORAF	69		
ZEMAIRA	194		
ZEMPLAR	121		
ZENATANE	108		
ZENCHENT	100		
ZENCHENT FE	100		
ZENPEP	116		
ZENZEDI	11		
ZEPATIER	133		
ZERIT	84		
ZETONNA	157		
ZEVALIN Y-90	194		
ZIAGEN	83		
<i>zileuton er</i>	39		
ZINBRYTA	168		
ZIOPTAN	161		
<i>ziprasidone hcl</i>	79		
ZIRGAN	159		
ZOHDRO ER	32		
ZOLADEX	77		
<i>zoledronic acid</i>	117, 194		
ZOLINZA	69		
<i>zolpidem tartrate</i>	134		
<i>zolpidem tartrate er</i>	134		
ZOMACTON	120		
ZOMIG	150		
ZOMIG ZMT	150, 151		
ZONALON	109		
ZONEGRAN	46		
<i>zonisamide</i>	46		
ZONTIVITY	166		
ZORBTIVE	120		
ZORTRESS	89		
ZOSTAVAX	180		
ZOVIA 1/35E (28)	100		
ZOVIRAX	111		
ZUBSOLV	34, 35		
ZUMANDIMINE	100		
ZUPLENZ	57		
ZURAMPIC	128		
ZYBAN	170		
ZYDELIG	164		
ZYFLO	39		
ZYFLO CR	39		
ZYKADIA	73, 74		
ZYMAXID	159		
ZYPITAMAG	60		
ZYTIGA	67, 68		

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