



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 1/1/15

| Drug Benefit | Description |
|---------------------|---|
| Tier 1 | Retail and Mail Order Co-Insurance |
| SP | Specialty Co-Insurance |
| \$0 | Certain generic preventive drugs will have a very low or no cost share |

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

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

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

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

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List of Abbreviations

\$0: Zero Cost Share Preventive

SP: Co-Insurance Specialty

T1: Co-Insurance Retail and Mail Order

\$0: \$0 cost share Prevention Drug

AI: Additional Information

AL: Age Limit

F: Female Only

M: Male Only

MO: Mail Only

N: Notes

NF: Non Formulary

PA: Prior Authorization

QL: Quantity Limit

RM: Retail & Mail Order

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 1/1/2015

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|---|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | | | |
| *adhd agent - selective alpha adrenergic agonists*** | | | |
| <i>clonidine hcl er oral tablet extended release 12 hr* 0.1 mg</i> | | T1 | RM |
| <i>guanfacine hcl er oral tablet extended release 24 hr* 1 mg, 2 mg, 3 mg, 4 mg</i> | | T1 | PA; ST; RM |
| *adhd agent - selective norepinephrine reuptake inhibitor*** | | | |
| STRATTERA ORAL CAPSULE 10 MG | T1 | | RM; AI (Max #900 Mail Order); QL (10 EA per 1 Day) |
| STRATTERA ORAL CAPSULE 100 MG, 80 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| STRATTERA ORAL CAPSULE 18 MG | T1 | | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| STRATTERA ORAL CAPSULE 25 MG | T1 | | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| STRATTERA ORAL CAPSULE 40 MG, 60 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *amphetamine mixtures*** | | | |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | | T1 | RM |
| *amphetamines*** | | | |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> | | T1 | RM |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> | | T1 | RM |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | | T1 | RM |
| <i>methamphetamine hcl oral tablet 5 mg</i> | | T1 | RM |
| VYVANSE ORAL CAPSULE 10 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 6 Years) |
| VYVANSE ORAL CAPSULE 20 MG, 40 MG, 50 MG, 60 MG, 70 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years) |
| VYVANSE ORAL CAPSULE 30 MG | T1 | | RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years) |
| ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 5 MG | T1 | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| *stimulants - misc.*** | | | |
| DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 6 Years) |
| FOCALIN ORAL TABLET (Dexmethylphenidate HCl) 10 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| FOCALIN ORAL TABLET (Dexmethylphenidate HCl) 2.5 MG, 5 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| METADATE ER ORAL TABLET EXTENDEDRELEASE* (Methylphenidate HCl ER) 20 MG | T1 | T1 | RM |
| <i>methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i> | | T1 | RM |
| <i>methylphenidate hcl er oral tablet extendedrelease* 10 mg</i> | | T1 | RM |
| <i>methylphenidate hcl er oral tablet extendedrelease* 18 mg, 27 mg, 54 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>methylphenidate hcl er oral tablet extendedrelease* 36 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (2 EA per 1 Day) |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i> | | T1 | RM |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | | T1 | RM |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | | T1 | RM; AL (Min 16 Years) |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG | T1 | | PA; ST; RM; AI () |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML | T1 | | RM |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *Aminoglycosides* | | | |
| *aminoglycosides*** | | | |
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML | SP | | PA; SP |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION (Tobramycin) 300 MG/5ML | SP | SP | SP |
| <i>neomycin sulfate oral tablet 500 mg</i> | | T1 | RM |
| TOBI INHALATION NEBULIZATION SOLUTION (Tobramycin) 300 MG/5ML | SP | SP | SP |
| TOBI PODHALER INHALATION CAPSULE 28 MG | SP | | PA; ST; SP |
| *Analgesics - Anti-Inflammatory* | | | |
| *antirheumatic - janus kinase (jak) inhibitors*** | | | |
| XELJANZ ORAL TABLET 5 MG | SP | | PA; ST; SP |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *antirheumatic antimetabolites*** | | | |
| OTREXUP SUBCUTANEOUS* 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML, 7.5 MG/0.4ML | T1 | | PA; RM |
| RASUVO SUBCUTANEOUS* 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 27.5 MG/0.55ML, 30 MG/0.6ML, 7.5 MG/0.15ML | T1 | | PA; RM |
| RHEUMATREX ORAL TABLET 2.5 MG | T1 | | RM |
| *anti-tnf-alpha - monoclonal antibodies*** | | | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS* 40 MG/0.8ML | SP | | PA; SP |
| HUMIRA PEN SUBCUTANEOUS* 40 MG/0.8ML | SP | | PA; SP |
| HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS* 40 MG/0.8ML | SP | | PA; SP |
| HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS* 40 MG/0.8ML | SP | | PA; SP |
| HUMIRA SUBCUTANEOUS* 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML | SP | | PA; SP |
| SIMPONI ARIA INTRAVENOUS* SOLUTION 50 MG/4ML | SP | | PA; SP |
| SIMPONI SUBCUTANEOUS* 100 MG/ML, 50 MG/0.5ML | SP | | PA; SP |
| *cyclooxygenase 2 (cox-2) inhibitors*** | | | |
| CELEBREX ORAL CAPSULE (<i>Celecoxib</i>) 100 MG, 200 MG, 400 MG, 50 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *gold compounds*** | | | |
| RIDAURA ORAL CAPSULE 3 MG | T1 | | RM |
| *interleukin-1 blockers*** | | | |
| ARCALYST SUBCUTANEOUS* SOLUTION RECONSTITUTED 220 MG | SP | | PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *interleukin-1 receptor antagonist (il-1ra)*** | | | |
| KINERET SUBCUTANEOUS* 100 MG/0.67ML | SP | | PA; SP |
| *interleukin-1beta blockers*** | | | |
| ILARIS SUBCUTANEOUS* SOLUTION RECONSTITUTED 180 MG | SP | | PA; ST; SP |
| *interleukin-6 receptor inhibitors*** | | | |
| ACTEMRA INTRAVENOUS* SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | SP | | PA; SP |
| ACTEMRA SUBCUTANEOUS* 162 MG/0.9ML | SP | | PA; SP |
| *nonsteroidal anti-inflammatory agent combinations*** | | | |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> | | T1 | RM |
| VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG | T1 | | PA; RM |

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

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>tolmetin sodium oral tablet 200 mg, 600 mg</i> | | T1 | RM |
| *pyrimidine synthesis inhibitors*** | | | |
| ARAVA ORAL TABLET (<i>Leflunomide</i>) 10 MG, 20 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *selective costimulation modulators*** | | | |
| ORENCIA INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG | SP | | PA; SP |
| *soluble tumor necrosis factor receptor agents*** | | | |
| ENBREL SUBCUTANEOUS* KIT 25 MG | SP | | PA; SP |
| *Analgesics - Nonnarcotic* | | | |
| *analgesics-sedatives*** | | | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | | T1 | RM |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> | | T1 | RM |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> | | T1 | RM |
| <i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i> | | T1 | RM |
| CAPACET ORAL CAPSULE (<i>Margesic</i>) 50-325-40 MG | T1 | T1 | RM |
| FIORICET ORAL CAPSULE (<i>Butalbital-APAP-Caffeine</i>) 50-300-40 MG | T1 | T1 | RM; AI (#60 per copay retail or mail order); QL (60 EA Max Qty Per Fill Retail) |
| <i>marten-tab oral tablet 50-325 mg</i> | | T1 | RM |
| <i>repan oral tablet 50-325-40 mg</i> | | T1 | RM |
| *salicylate combinations*** | | | |
| BUFFERIN LOW DOSE ORAL TABLET 81 MG | \$0 | | RM; QL (1 EA per 1 day); AL (Min 45 Years) |
| *salicylates*** | | | |
| <i>adult aspirin ec low strength oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspir-81 oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin adult low strength oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin adult low strength oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin childrens oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin ec lo-dose oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin ec low dose oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin ec low strength oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>aspirin ec oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |

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

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

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

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|--|
| <i>ra aspirin ec oral tablet delayed release 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>ra aspirin ec oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>ra aspirin oral tablet 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>ra childrens aspirin oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | | T1 | RM |
| <i>sb aspirin ec oral tablet delayed release 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sb aspirin oral tablet 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sb aspirin oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sb low dose asa ec oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin adult low strength oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin adult low strength oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin ec low strength oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin ec oral tablet delayed release 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin low dose oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>sm aspirin oral tablet 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>sm childrens aspirin oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| ST JOSEPH ADULT LOW DOSE ORAL TABLET CHEWABLE 75 MG | \$0 | | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| ST JOSEPH ADULT ORAL TABLET CHEWABLE 75 MG | \$0 | | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE (Aspirin) 81 MG | \$0 | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (Aspirin) 81 MG | \$0 | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt aspirin ec oral tablet delayed release 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt aspirin low dose oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt aspirin oral tablet 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>tgt aspirin oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt aspirin oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>tgt childrens aspirin oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>th aspirin low dose oral tablet chewable 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>th aspirin low dose oral tablet delayed release 81 mg</i> | | \$0 | RM; QL (1 EA per 1 Day); AL (Min 45 Years) |
| <i>th aspirin oral tablet 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| <i>th enteric aspirin oral tablet delayed release 325 mg</i> | | \$0 | RM; QL (0.5 EA per 1 Day); AL (Min 45 Years) |
| *Analgesics - Opioid* | | | |
| *codeine combinations*** | | | |
| <i>acetaminophen-codeine #2 oral tablet 300-15 mg</i> | | T1 | RM; QL (13 EA per 1 Day) |
| <i>acetaminophen-codeine #3 oral tablet 300-30 mg</i> | | T1 | RM; QL (13 EA per 1 Day) |
| <i>acetaminophen-codeine #4 oral tablet 300-60 mg</i> | | T1 | RM; QL (13 EA per 1 Day) |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | | T1 | RM |
| ASCOMP-CODEINE ORAL CAPSULE <i>(Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</i> | T1 | T1 | RM; QL (6 EA per 1 Day) |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i> | | T1 | RM; AI (60 tablets per copay); QL (60 EA per 1 Copay) |
| FIORINAL/CODEINE #3 ORAL CAPSULE <i>(Butalbital-ASA-Caff-Codeine) 50-325-40-30 MG</i> | T1 | T1 | RM; QL (6 EA per 1 Day) |
| *dihydrocodeine combinations*** | | | |
| <i>apap-caff-dihydrocodeine oral tablet 712.8-60-32 mg</i> | | T1 | RM; QL (5 EA per 1 Day) |
| SYNALGOS-DC ORAL CAPSULE <i>(Aspirin-Caff-Dihydrocodeine) 356.4-30-16 MG</i> | T1 | T1 | PA; ST; RM |
| TREZIX ORAL CAPSULE <i>(APAP-Caff-Dihydrocodeine) 320.5-30-16 MG</i> | T1 | T1 | RM |
| *hydrocodone combinations*** | | | |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml, 7.5-500 mg/15ml</i> | | T1 | RM |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | | T1 | RM; QL (12 EA per 1 Day) |
| <i>hydrocodone-acetaminophen oral tablet 10-500 mg, 5-500 mg, 7.5-500 mg</i> | | T1 | RM; QL (8 EA per 1 Day) |
| <i>hydrocodone-acetaminophen oral tablet 10-650 mg, 10-660 mg, 7.5-650 mg</i> | | T1 | RM; QL (6 EA per 1 Day) |
| <i>hydrocodone-acetaminophen oral tablet 7.5-750 mg</i> | | T1 | RM; QL (5 EA per 1 Day) |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | | T1 | RM; QL (5 EA per 1 Day) |
| HYDROGESIC ORAL CAPSULE (Stagesic) 5-500 MG | T1 | T1 | RM; QL (8 EA per 1 Day) |
| IBUDONE ORAL TABLET (Hydrocodone-Ibuprofen) 10-200 MG, 5-200 MG | T1 | T1 | RM; QL (5 EA per 1 Day) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| MAXIDONE ORAL TABLET (Hydrocodone-Acetaminophen) 10-750 MG | T1 | T1 | RM; QL (5 EA per 1 day) |
| REPREXAIN ORAL TABLET (Hydrocodone-Ibuprofen) 10-200 MG, 5-200 MG | T1 | T1 | RM; QL (5 EA per 1 Day) |
| VICODIN ES ORAL TABLET (Hydrocodone-Acetaminophen) 7.5-300 MG | T1 | T1 | RM; QL (13 EA per 1 Day) |
| VICODIN HP ORAL TABLET (Hydrocodone-Acetaminophen) 10-300 MG | T1 | T1 | RM; QL (13 EA per 1 Day) |
| VICODIN ORAL TABLET (Hydrocodone-Acetaminophen) 5-300 MG | T1 | T1 | RM; QL (13 EA per 1 Day) |
| XYLON ORAL TABLET 10-200 MG | T1 | | RM |
| *opioid agonists*** | | | |
| ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG | T1 | | PA; RO; AI (90 tablets per copay); QL (90 EA per 1 Copay); AL (Min 18 Years) |
| ACTIQ BUCCAL LOLLIPOP 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG | T1 | | PA; ST; RO; AI (90 lollipops per copay); QL (30 EA per 1 Copay); AL (Min 16 Years) |
| ACTIQ BUCCAL LOLLIPOP 200 MCG | T1 | | PA; ST; RM; AI (90 lollipops per copay); QL (30 EA Max Qty Per Fill Retail); AL (Min 16 Years) |
| AVINZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG | T1 | | RO; AI (); QL (1 EA per 1 day) |
| <i>codeine sulfate oral solution 30 mg/5ml</i> | | T1 | RM |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | | T1 | RM |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (TraMADol HCl ER) 100 MG, 200 MG | T1 | T1 | RM; QL (1 EA per 1 Day); AL (Min 18 Years) |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (TraMADol HCl ER) 300 MG | T1 | T1 | RM; QL (1 EA per 1 day); AL (Min 18 Years) |
| DEMEROL ORAL TABLET 100 MG, 50 MG | T1 | | PA; RM |
| DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML | T1 | | PA; ST; RM |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG | T1 | | PA; ST; RM |
| DOLOPHINE ORAL TABLET 10 MG | T1 | | ST; RM |
| DOLOPHINE ORAL TABLET 5 MG | T1 | | PA; ST; RM |
| EMBEDA ORAL CAPSULE EXTENDED RELEASE* 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG | T1 | | RM |
| EXALGO ORAL 12 MG | T1 | | PA; ST; RM; AL (Min 18 Years) |
| <i>fentanyl citrate buccal lollipop 1200 mcg, 1600 mcg,</i> <i>200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | | T1 | PA; RO; AI (); QL (30 EA per 1 Copay); AL (Min 16 Years) |
| <i>fentanyl transdermal patch 72 hr 100 mcg/hr, 12</i> <i>mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | | T1 | RO; AI (10 Patches per copay); QL (10 EA per 1 Copay) |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | T1 | | PA; ST; RO; AI (); QL (90 EA per 1 Copay); AL (Min 18 Years) |
| <i>hydromorphone hcl oral liquid† 1 mg/ml</i> | | T1 | RM |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>hydromorphone hcl suppository 3 mg</i> | | T1 | RM |
| HYSINGLA ER ORAL 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | T1 | | PA; RM |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Morphine Sulfate ER) 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG | T1 | T1 | RO; AI (30 capsules per copay); QL (30 EA per 1 Copay) |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG | T1 | | RO; AI (30 capsules per copay); QL (30 EA per 1 Copay) |
| LAZANDA NASAL SOLUTION 100 MCG/ACT | T1 | | PA; RM; AI (10 bottles per copay retail or mail. Max 30.); QL (10 EA per 1 Copay) |
| LAZANDA NASAL SOLUTION 400 MCG/ACT | T1 | | PA; ST; RM; AI (10 bottles per copay retail or mail. Max 30.); QL (10 EA per 1 Copay) |
| <i>levorphanol tartrate oral tablet 2 mg</i> | | T1 | RM; QL (8 EA per 1 day) |
| <i>meperidine hcl oral solution 50 mg/5ml</i> | | T1 | RM |
| <i>meperidine hcl oral tablet 100 mg, 50 mg</i> | | T1 | RM |
| <i>meperitab oral tablet 100 mg, 50 mg</i> | | T1 | RM |
| <i>methadone hcl injection solution 10 mg/ml</i> | | T1 | RM |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i> | | T1 | RM |
| <i>methadone hcl oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| METHADOSE ORAL CONCENTRATE (Methadone HCl) 10 MG/ML | T1 | T1 | RM |
| METHADOSE ORAL TABLET 10 MG | T1 | | ST; RM |
| METHADOSE ORAL TABLET SOLUBLE (Methadone HCl) 40 MG | T1 | T1 | RM |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i> | | T1 | RM |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | | T1 | RM; QL (1 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release* 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | | T1 | RM |
| <i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i> | | T1 | RM |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i> | | T1 | RM |
| <i>morphine sulfate suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | | T1 | RM |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | T1 | | RO; AI (60 tablets per copay); QL (60 EA per 1 Copay) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | T1 | | RM |
| ONSOLIS BUCCAL FILM 1200 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | T1 | | RM |
| OPANA ORAL TABLET (Oxymorphone HCl) 10 MG, 5 MG | T1 | T1 | RM |
| OXECTA ORAL 5 MG, 7.5 MG | T1 | | RO; AI (Not covered at Mail Order); QL (60 EA per 1 Copay) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| <i>oxycodone hcl oral capsule 5 mg</i> | | T1 | RM |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i> | | T1 | RM |
| <i>oxycodone hcl oral solution 5 mg/5ml</i> | | T1 | RM |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | | T1 | RM |
| OXYCONTIN ORAL (OxyCODONE HCl ER) 10 MG, 20 MG, 40 MG, 80 MG | T1 | T1 | RM |
| OXYCONTIN ORAL 15 MG, 30 MG, 60 MG | T1 | | RM |
| <i>oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | | T1 | PA; RO; AI (60 tablets per copay); QL (60 EA per 1 Copay); AL (Min 18 Years) |
| ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG | T1 | | PA; ST; RM |
| SUBSYS SUBLINGUAL LIQUID† 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | T1 | | PA; ST; RO; AI (); QL (60 EA per 1 Copay); AL (Min 18 Years) |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hr* 100 mg, 200 mg, 300 mg</i> | | T1 | RO; AI (); QL (1 EA per 1 day); AL (Min 16 Years) |
| <i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years) |
| <i>tramadol hcl er oral tablet extended release 24 hr* 100 mg, 200 mg, 300 mg</i> | | T1 | RO; AI (30 tablets per copay); QL (30 EA per 1 Copay); AL (Min 18 Years) |
| <i>tramadol hcl oral tablet 50 mg</i> | | T1 | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| ZOHYDRO ER ORAL 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG | T1 | | PA; ST; RM; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day) |
| ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG | T1 | | PA; ST; RM; AI (Generic Hydrocodone preferred.); QL (2 EA per 1 day) |
| *opioid combinations*** | | | |
| ENDOCET ORAL TABLET (Oxycodone-Acetaminophen) 10-325 MG, 5-325 MG, 7.5-325 MG | T1 | T1 | RM; QL (12 EA per 1 Day) |
| ENDODAN ORAL TABLET (Oxycodone-Aspirin) 4.8355-325 MG | T1 | T1 | RM; QL (12 EA per 1 Day) |
| <i>oxycodone-acetaminophen oral capsule 5-500 mg</i> | | T1 | RM; QL (8 EA per 1 Day) |
| <i>oxycodone-acetaminophen oral tablet 10-650 mg</i> | | T1 | RM; QL (6 EA per 1 Day) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> | | T1 | RM; QL (12 EA per 1 Day) |
| <i>oxycodone-acetaminophen oral tablet 7.5-500 mg</i> | | T1 | RM; QL (8 EA per 1 Day) |
| <i>oxycodone-ibuprofen oral tablet 5-400 mg</i> | | T1 | RM; QL (28 EA per 7 Days) |
| ROXICET ORAL SOLUTION 5-325 MG/5ML | T1 | | RM |
| ROXICET ORAL TABLET (Oxycodone-Acetaminophen) 5-325 MG | T1 | T1 | RM; QL (12 EA per 1 Day) |
| *opioid partial agonists*** | | | |
| BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | | T1 | RM; QL (8 EA per 1 day) |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | | T1 | RM; QL (3 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | | T1 | RM; QL (2 EA per 1 Day) |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i> | | T1 | RM |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR | T1 | | RM; QL (1 EA per 1 Week); AL (Min 18 Years) |
| <i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i> | | T1 | RM; QL (12 EA per 1 Day) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG | T1 | | RM; QL (2 EA per 1 Day) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG | T1 | | RM; QL (8 EA per 1 Day) |
| SUBOXONE SUBLINGUAL FILM 4-1 MG | T1 | | RM; QL (6 EA per 1 Day) |
| SUBOXONE SUBLINGUAL FILM 8-2 MG | T1 | | RM; QL (3 EA per 1 Day) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 8.6-2.1 MG | T1 | | RM |
| *pentazocine combinations*** | | | |
| <i>pentazocine-acetaminophen oral tablet 25-650 mg</i> | | T1 | RM; QL (6 EA per 1 Day) |
| **tramadol combinations*** | | | |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | | T1 | RM; QL (8 EA per 1 Day) |
| *Androgens-Anabolic* | | | |
| *anabolic steroids*** | | | |
| ANADROL-50 ORAL TABLET 50 MG | T1 | | PA; ST; RM |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | | T1 | RM |
| *androgens*** | | | |
| ANDROID ORAL CAPSULE 10 MG | T1 | | RM |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | | T1 | RM |
| <i>methitest oral tablet 10 mg</i> | | T1 | RM |
| TESTIM TRANSDERMAL 50 MG/5GM (1%) | T1 | | PA; RM; M |
| <i>testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml</i> | | T1 | RM; M |
| TESTRED ORAL CAPSULE 10 MG | T1 | | RM |
| *Anorectal Agents* | | | |
| *intrarectal steroids*** | | | |
| <i>hydrocortisone enema 100 mg/60ml</i> | | T1 | RM |
| *nitrate vasodilating agents*** | | | |
| RECTIV OINTMENT 0.4 % | T1 | | RM |
| *rectal anesthetic/steroids*** | | | |
| ANALPRAM HC CREAM (Hydrocortisone Ace-Pramoxine) 2.5-1 % | T1 | T1 | RM |
| ANALPRAM HC SINGLES CREAM (Hydrocortisone Ace-Pramoxine) 2.5-1 % | T1 | T1 | RM |
| ANALPRAM-HC LOTION 1-2.5 % | T1 | | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| <i>hydrocortisone ace-pramoxine cream 1-1 %</i> | | T1 | RM |
| LIDAZONE HC CREAM (Lidocaine-Hydrocortisone Ace) 3-0.5 % | T1 | T1 | RM |
| PROCTOFOAM HC FOAM 1-1 % | T1 | | RM |
| *rectal steroids*** | | | |
| ANUSOL-HC CREAM 2.5 % | T1 | | RM |
| ANUSOL-HC SUPPOSITORY (Anucort-HC) 25 MG | T1 | T1 | RM |
| <i>grx hicort 25 suppository 25 mg</i> | | T1 | RM |
| HEMMOREX-HC SUPPOSITORY (Anucort-HC) 25 MG | T1 | T1 | RM |
| HEMMOREX-HC SUPPOSITORY (Hydrocortisone Acetate) 30 MG | T1 | T1 | RM |
| <i>hydrocortisone acetate suppository 25 mg</i> | | T1 | RM |
| PROCTOSOL HC CREAM 2.5 % | T1 | | RM |
| PROCTOZONE-HC CREAM 2.5 % | T1 | | RM |
| <i>rectacort-hc suppository 25 mg</i> | | T1 | RM |
| *Antacids* | | | |
| *antacids - calcium salts*** | | | |
| <i>calcium carbonate antacid oral tablet 648 mg</i> | | T1 | PA; RM |
| *Anthelmintics* | | | |
| *anthelmintics*** | | | |
| ALBENZA ORAL TABLET 200 MG | T1 | | RM |
| BILTRICIDE ORAL TABLET 600 MG | T1 | | RM |
| STROMEKTOL ORAL TABLET (Ivermectin) 3 MG | \$0 | SP | RM |
| *Antianginal Agents* | | | |
| *antianginals-other*** | | | |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HR* 1000 MG, 500 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| *nitrates*** | | | |
| DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE* 40 MG | T1 | | RM |
| <i>isosorbide dinitrate er oral tablet extendedrelease* 40 mg</i> | | T1 | RM |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | | T1 | RM |
| <i>isosorbide mononitrate er oral tablet extended release 24 hr* 120 mg, 30 mg, 60 mg</i> | | T1 | RM |
| <i>isosorbide mononitrate oral tablet 20 mg</i> | | T1 | RM |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | T1 | | RM |
| NITRO-DUR TRANSDERMAL PATCH 24 HR 0.3 MG/HR, 0.8 MG/HR | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>nitroglycerin transdermal patch 24 hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>nitroglycerin translingual aerosol, solution 400 mcg/spray</i> | | T1 | RM; AI (8.5gm per copay retail or mail.); QL (8.5 GM Max Qty Per Fill Retail) |
| NITROLINGUAL TRANSLINGUAL SOLUTION (Nitroglycerin) 0.4 MG/SPRAY | T1 | T1 | RM |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG | T1 | | RM |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE* (Nitroglycerin ER) 2.5 MG, 6.5 MG, 9 MG | T1 | T1 | RM |
| *Antianxiety Agents* | | | |
| *antianxiety agents - misc.** | | | |
| <i>buspirone hcl oral tablet 10 mg</i> | | T1 | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>buspirone hcl oral tablet 15 mg</i> | | T1 | RM; AI (Max #120 Mail Order); QL (4 EA per 1 Day) |
| <i>buspirone hcl oral tablet 30 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>buspirone hcl oral tablet 5 mg</i> | | T1 | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <i>buspirone hcl oral tablet 7.5 mg</i> | | T1 | RM |
| <i>hydroxyzine hcl oral solution 10 mg/5ml</i> | | T1 | RM |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i> | | T1 | RM |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | | T1 | RM |
| <i>meprobamate oral tablet 200 mg</i> | | T1 | RM |
| VISTARIL ORAL CAPSULE (HydrOXYzine Pamoate) 25 MG, 50 MG | T1 | T1 | RM |
| *benzodiazepines** | | | |
| <i>alprazolam er oral tablet extended release 24 hr* 0.5 mg, 3 mg</i> | | T1 | RM; QL (3 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam er oral tablet extended release 24 hr* 1 mg</i> | | T1 | RM; QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam er oral tablet extended release 24 hr* 2 mg</i> | | T1 | RM; QL (5 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | | T1 | RM |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i> | | T1 | RM; QL (3 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam oral tablet dispersible 2 mg</i> | | T1 | RM; QL (5 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam xr oral tablet extended release 24 hr* 0.5 mg, 3 mg</i> | | T1 | RM; QL (3 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam xr oral tablet extended release 24 hr* 1 mg</i> | | T1 | RM; QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>alprazolam xr oral tablet extended release 24 hr* 2 mg</i> | | T1 | RM; QL (5 EA per 1 Day); AL (Min 18 Years) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | | T1 | RM |
| <i>clorazepate dipotassium oral tablet 15 mg</i> | | T1 | RM; QL (4 EA per 1 Day) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i> | | T1 | RM; QL (3 EA per 1 Day) |
| <i>diazepam oral solution 1 mg/ml</i> | | T1 | RM; QL (40 ML per 1 Day) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | | T1 | RM; QL (4 EA per 1 Day) |
| LORAZEPAM INTENSOL ORAL CONCENTRATE (LORazepam) 2 MG/ML | T1 | T1 | RM; QL (5 ML per 1 Day) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | | T1 | RM; QL (7 EA per 1 Day) |
| <i>lorazepam oral tablet 2 mg</i> | | T1 | RM; QL (5 EA per 1 Day) |
| <i>oxazepam oral capsule 10 mg, 15 mg</i> | | T1 | RM; QL (5 EA per 1 Day) |
| <i>oxazepam oral capsule 30 mg</i> | | T1 | RM; QL (4 EA per 1 Day) |
| *Antiarrhythmics* | | | |
| *antiarrhythmics type i-a*** | | | |
| <i>disopyramide phosphate oral capsule 150 mg</i> | | T1 | RM |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG | T1 | | RM |
| <i>quinidine gluconate er oral tablet extendedrelease* 324 mg</i> | | T1 | RM |
| <i>quinidine sulfate er oral tablet extendedrelease* 300 mg</i> | | T1 | RM |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | | T1 | RM |
| *antiarrhythmics type i-b*** | | | |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i> | | T1 | RM |
| *antiarrhythmics type i-c*** | | | |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | | T1 | RM |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | | T1 | RM |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | | T1 | RM |
| *antiarrhythmics type iii*** | | | |
| MULTAQ ORAL TABLET 400 MG | SP | | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG | T1 | T1 | RM |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | SP | | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *Antiasthmatic And Bronchodilator Agents* | | | |
| *5-lipoxygenase inhibitors*** | | | |
| ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HR* 600 MG | T1 | | PA; RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 12 Years) |
| ZYFLO ORAL TABLET 600 MG | T1 | | PA; RM |
| *adrenergic combinations*** | | | |
| ADVAIR DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| ADVAIR HFA INHALATION AEROSOL† 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | T1 | | RM; AI (Max #36 Mail Order); QL (12 GM per 30 Days); AL (Min 3 Years) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| BREO ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH | T1 | | RM |
| COMBIVENT RESPIMAT INHALATION AEROSOL, SOLUTION 20-100 MCG/ACT | T1 | | RM; AI (Max #24 Mail Order); QL (8 GM Max Qty Per Fill Retail) |
| DULERA INHALATION AEROSOL† 100-5 MCG/ACT, 200-5 MCG/ACT | T1 | | RM; AI (Max #39gm Mail Order); QL (13 GM per 30 Days) |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | | T1 | PA; ST; RM; AI (Max #1620ml mail order); QL (540 ML per 30 Days) |
| SYMBICORT INHALATION AEROSOL† 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | T1 | | RM; AI (Max #3 Inhalers (30.6gm) Mail Order); QL (10.2 GM per 30 Days) |
| *anti-ige monoclonal antibodies*** | | | |
| XOLAIR SUBCUTANEOUS* SOLUTION RECONSTITUTED 150 MG | SP | | PA; SP |
| *anti-inflammatory agents*** | | | |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | | T1 | RM |
| *beta adrenergics*** | | | |
| ACCUNEB INHALATION NEBULIZATION SOLUTION 0.63 MG/3ML, 1.25 MG/3ML | T1 | | RM; QL (375 ML per 30 Days); AL (Max 13 Years) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i> | | T1 | RM |
| <i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i> | | T1 | RM; AI (Max #15 Mail Order); AL (Max 13 Years) |
| <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i> | | T1 | RM; AI (Max #1125ml Mail Order); QL (375 ML per 30 Days); AL (Max 13 Years) |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i> | | T1 | RM |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | | T1 | RM |
| ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML | T1 | | RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years) |
| FORADIL AEROLIZER INHALATION CAPSULE 12 MCG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml</i> | | T1 | RM; AI (Max #810ml mail order); QL (270 ML per 30 Days) |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i> | | T1 | RM; AI (Max #270 vials mail order); QL (90 EA per 30 Days) |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i> | | T1 | RM; AI (Max #810ml Mail Order); QL (270 ML per 30 Days) |
| <i>metaproterenol sulfate oral syrup 10 mg/5ml</i> | | T1 | RM |
| <i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i> | | T1 | RM |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML | T1 | | RM; AI (Max #3 Cartons Mail Order); QL (120 ML per 30 Days); AL (Min 18 Years) |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| PROAIR HFA INHALATION AEROSOL, SOLUTION 108 (90 BASE) MCG/ACT | T1 | | RM; AI (Max #51gm Mail Order); QL (17 GM per 30 Days) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER, BREATH ACTIVATED 108 (90 BASE) MCG/ACT | T1 | | RM |
| SEREVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 50 MCG/DOSE | T1 | | RM; AI (Max #3 diskus mail order); QL (1 EA per 30 Days) |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i> | | T1 | RM |
| VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR* (Albuterol Sulfate ER) 4 MG | T1 | T1 | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| VOSPIRE ER ORAL TABLET EXTENDED RELEASE 12 HR* (Albuterol Sulfate ER) 8 MG | T1 | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| XOPENEX HFA INHALATION AEROSOL† 45 MCG/ACT | T1 | | RM; AI (#30 gm per copay retail or mail); QL (30 GM per 1 Copay) |
| XOPENEX INHALATION NEBULIZATION SOLUTION (Levalbuterol HCl) 0.63 MG/3ML | T1 | T1 | RM; AI (Max #810ml Mail Order); QL (270 ML per 30 Days) |
| XOPENEX INHALATION NEBULIZATION SOLUTION 1.25 MG/3ML | T1 | | RM; AI (Max #810ml Mailorder); QL (270 ML per 30 Days) |
| *bronchodilators - anticholinergics*** | | | |
| ATROVENT HFA INHALATION AEROSOL, SOLUTION 17 MCG/ACT | T1 | | RM; AI (Max 77.4gm Mail order); QL (25.8 GM Max Qty Per Fill Retail) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | | T1 | RM |
| SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT | T1 | | RM; QL (4 GM per 30 days) |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER, BREATH ACTIVATED 400 MCG/ACT | T1 | | RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days) |
| *leukotriene receptor antagonists*** | | | |
| <i>montelukast sodium oral packet 4 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>montelukast sodium oral tablet 10 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>montelukast sodium oral tablet chewable 4 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>montelukast sodium oral tablet chewable 5 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *selective phosphodiesterase 4 (pde4) inhibitors*** | | | |
| DALIRESP ORAL TABLET 500 MCG | T1 | | PA; ST; RM |
| *steroid inhalants*** | | | |
| ALVESCO INHALATION AEROSOL, SOLUTION 160 MCG/ACT | T1 | | RM; AI (Max #36.6GM Mail Order); QL (12.2 GM per 30 Days) |
| ALVESCO INHALATION AEROSOL, SOLUTION 80 MCG/ACT | T1 | | RM; AI (Max #18.3GM Mail Order); QL (6.1 GM per 30 Days) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT | T1 | | RM |
| ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH | T1 | | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| ASMANEX 14 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH | T1 | | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH | T1 | | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 220 MCG/INH | T1 | | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| ASMANEX 7 METERED DOSES INHALATION AEROSOL POWDER, BREATH ACTIVATED 110 MCG/INH | T1 | | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| ASMANEX HFA INHALATION AEROSOL† 100 MCG/ACT, 200 MCG/ACT | T1 | | RM |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i> | | T1 | RM; AI (Max #360ml Mail Order); QL (120 ML per 30 Days) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER, BREATH ACTIVATED 250 MCG/BLIST | T1 | | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| FLOVENT HFA INHALATION AEROSOL† 110 MCG/ACT | T1 | | RM; AI (Max #72ml Mail Order); QL (24 GM Max Qty Per Fill Retail) |
| FLOVENT HFA INHALATION AEROSOL† 220 MCG/ACT | T1 | | RM; AI (Max #72 Mail Order); QL (24 GM Max Qty Per Fill Retail) |
| FLOVENT HFA INHALATION AEROSOL† 44 MCG/ACT | T1 | | RM; AI (Max #63.6gm Mail Order); QL (21.2 GM Max Qty Per Fill Retail) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT | T1 | | RM; AI (Max #6 Inhalers Mail Order); QL (2 EA per 30 Days) |
| PULMICORT INHALATION SUSPENSION (<i>Budesonide</i>) 1 MG/2ML | T1 | T1 | RM; AI (Max #180ml per 90 days); QL (60 ML per 30 days) |
| QVAR INHALATION AEROSOL, SOLUTION 40 MCG/ACT | T1 | | RM; AI (); QL (1.2 GM per 1 day) |
| QVAR INHALATION AEROSOL, SOLUTION 80 MCG/ACT | T1 | | RM; AI (); QL (0.6 GM per 1 day) |
| *xanthines*** | | | |
| LUFYLLIN ORAL TABLET 200 MG, 400 MG | T1 | | RM |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG | T1 | | RM |
| <i>theophylline er oral tablet extended release 12 hr* 100 mg, 200 mg, 300 mg, 450 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>theophylline er oral tablet extended release 24 hr* 400 mg, 600 mg</i> | | T1 | RM |
| *Anticoagulants* | | | |
| *coumarin anticoagulants*** | | | |
| COUMADIN INTRAVENOUS* SOLUTION RECONSTITUTED 5 MG | T1 | | RM |
| COUMADIN ORAL TABLET (<i>Warfarin Sodium</i>) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | T1 | T1 | RM |
| JANTOVEN ORAL TABLET (<i>Warfarin Sodium</i>) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | T1 | T1 | RM |
| *direct factor xa inhibitors*** | | | |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | T1 | | RM |
| XARELTO ORAL TABLET 10 MG | T1 | | RM; AI (#30 per copay retail or mail); QL (30 EA per 1 copay); AL (Min 16 Years) |
| XARELTO ORAL TABLET 15 MG | T1 | | RM; AI (Max #120 Mail Order); QL (42 EA Max Qty Per Fill Retail); AL (Min 16 Years) |
| XARELTO ORAL TABLET 20 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years) |
| XARELTO STARTER PACK ORAL 15 & 20 MG | T1 | | RO; QL (1 EA per 1 Copay); AL (Min 16 Years) |
| *heparins and heparinoid-like agents*** | | | |
| <i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | | T1 | RM |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i> | | T1 | RM |
| *low molecular weight heparins*** | | | |
| FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 25000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | T1 | | RM |
| LOVENOX INJECTION SOLUTION (<i>Enoxaparin Sodium</i>) 300 MG/3ML | T1 | T1 | RM |
| LOVENOX SUBCUTANEOUS* SOLUTION (<i>Enoxaparin Sodium</i>) 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML | T1 | T1 | RM |
| *synthetic heparinoid-like agents*** | | | |
| ARIXTRA SUBCUTANEOUS* SOLUTION (<i>Fondaparinux Sodium</i>) 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML | T1 | T1 | RM |
| *thrombin inhibitors - selective direct & reversible*** | | | |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| *Anticonvulsants* | | | |
| *ampa glutamate receptor antagonists*** | | | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| FYCOMPA ORAL TABLET 2 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| *anticonvulsants - benzodiazepines*** | | | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | | T1 | RM; QL (7 EA per 1 Day) |
| <i>clonazepam oral tablet 2 mg</i> | | T1 | RM; QL (10 EA per 1 Day) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg</i> | | T1 | RM; QL (15 EA per 1 day) |
| <i>clonazepam oral tablet dispersible 0.5 mg</i> | | T1 | RM; QL (6 EA per 1 day) |
| <i>clonazepam oral tablet dispersible 1 mg</i> | | T1 | RM; QL (3 EA per 1 day) |
| <i>clonazepam oral tablet dispersible 2 mg</i> | | T1 | RM; QL (2 EA per 1 day) |
| DIASTAT ACUDIAL (Diazepam) 10 MG, 20 MG | T1 | T1 | RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 Copay) |
| <i>diazepam 2.5 mg</i> | | T1 | RM; AI (Max #9 per fill Retail or Mail Order); QL (3 EA per 1 Copay) |
| ONFI ORAL TABLET 10 MG, 20 MG, 5 MG | T1 | | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *anticonvulsants - misc.*** | | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG | T1 | | PA; RM; QL (1 EA per 1 day); AL (Min 18 Years) |
| APTIOM ORAL TABLET 600 MG | T1 | | PA; RM; QL (2 EA per 1 day); AL (Min 18 Years) |
| BANZEL ORAL SUSPENSION 40 MG/ML | T1 | | PA; RM |
| BANZEL ORAL TABLET 200 MG, 400 MG | T1 | | PA; RM |
| <i>carbamazepine er oral tablet extended release 12 hr* 200 mg, 400 mg</i> | | T1 | RM |
| <i>carbamazepine oral suspension 100 mg/5ml</i> | | T1 | RM |
| <i>carbamazepine oral tablet chewable 100 mg</i> | | T1 | RM |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR (CarBAMazepine ER) 100 MG, 200 MG, 300 MG | T1 | T1 | RM |
| EPITOL ORAL TABLET (CarBAMazepine) 200 MG | T1 | T1 | RM |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | | T1 | RM |
| <i>gabapentin oral solution 250 mg/5ml</i> | | T1 | RM |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | | T1 | RM |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE (LamoTRlgine) 100 MG, 200 MG, 25 MG, 50 MG | T1 | T1 | RM |
| LAMICTAL ORAL TABLET (LamoTRlgine) 100 MG, 150 MG, 200 MG, 25 MG | T1 | T1 | RM |
| LAMICTAL ORAL TABLET CHEWABLE 2 MG | T1 | | RM |
| LAMICTAL ORAL TABLET CHEWABLE (LamoTRlgine) 25 MG, 5 MG | T1 | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HR* (LamoTRlgine ER) 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | T1 | T1 | RM |
| <i>levetiracetam er oral tablet extended release 24 hr* 500 mg</i> | | T1 | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day); AL (Min 16 Years) |
| <i>levetiracetam er oral tablet extended release 24 hr* 750 mg</i> | | T1 | RM |
| <i>levetiracetam oral solution 100 mg/ml</i> | | T1 | RM |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> | | T1 | RM |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG | T1 | | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years) |
| LYRICA ORAL CAPSULE 225 MG, 300 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| LYRICA ORAL SOLUTION 20 MG/ML | T1 | | RM |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> | | T1 | RM |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | | T1 | RM |
| POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG | T1 | | PA; RM |
| <i>primidone oral tablet 250 mg, 50 mg</i> | | T1 | RM |
| QUDEXY XR ORAL 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | T1 | | PA; RM; QL (1 EA per 1 day) |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HR* 100 MG | T1 | | RM |
| TOPIRAGEN ORAL TABLET (Topiramate) 100 MG, 200 MG, 25 MG, 50 MG | T1 | T1 | RM |
| <i>topiramate er oral 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | | T1 | RM; QL (1 EA per 1 day) |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> | | T1 | RM |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG | T1 | | PA; RM |
| VIMPAT ORAL SOLUTION 10 MG/ML | T1 | | RM |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | T1 | | RM |
| ZONEGRAN ORAL CAPSULE 100 MG | T1 | | PA; ST; RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>zonisamide oral capsule 100 mg</i> | | T1 | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>zonisamide oral capsule 25 mg, 50 mg</i> | | T1 | RM |
| *carbamates*** | | | |
| <i>felbamate oral suspension 600 mg/5ml</i> | | T1 | RM |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | | T1 | RM |
| *gaba modulators*** | | | |
| GABITRIL ORAL TABLET 12 MG | T1 | | PA; ST; RM |
| SABRIL ORAL PACKET 500 MG | SP | | SP |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| SABRIL ORAL TABLET 500 MG | SP | | SP |
| <i>tiagabine hcl oral tablet 4 mg</i> | | T1 | PA; ST; RM |
| *hydantoins*** | | | |
| DILANTIN ORAL CAPSULE (Phenytoin Sodium Extended) 100 MG | T1 | T1 | RM |
| DILANTIN ORAL CAPSULE 30 MG | T1 | | RM |
| PEGANONE ORAL TABLET 250 MG | T1 | | RM |
| PHENYTEK ORAL CAPSULE (Phenytoin Sodium Extended) 200 MG, 300 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>phenytoin oral tablet chewable 50 mg</i> | | T1 | RM |
| *succinimides*** | | | |
| CELONTIN ORAL CAPSULE 300 MG | T1 | | RM |
| <i>ethosuximide oral capsule 250 mg</i> | | T1 | RM |
| <i>ethosuximide oral solution 250 mg/5ml</i> | | T1 | RM |
| *valproic acid*** | | | |
| DEPAKENE ORAL CAPSULE (Valproic Acid) 250 MG | T1 | T1 | RM |
| DEPAKENE ORAL SYRUP (Valproic Acid) 250 MG/5ML | T1 | T1 | RM |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR* (Divalproex Sodium ER) 250 MG, 500 MG | T1 | T1 | RM |
| DEPAKOTE ORAL TABLET DELAYED RELEASE (Divalproex Sodium) 125 MG, 250 MG, 500 MG | T1 | T1 | RM |
| DEPAKOTE SPRINKLES ORAL CAPSULE SPRINKLE (Divalproex Sodium) 125 MG | T1 | T1 | RM |
| STAVZOR ORAL CAPSULE DELAYED RELEASE 125 MG, 250 MG, 500 MG | T1 | | PA; RM |
| <i>valproic acid oral solution 250 mg/5ml</i> | | T1 | RM |
| *Antidepressants* | | | |
| *alpha-2 receptor antagonists (tetracyclics)*** | | | |
| <i>mirtazapine oral tablet 15 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>mirtazapine oral tablet 30 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>mirtazapine oral tablet 45 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>mirtazapine oral tablet 7.5 mg</i> | | T1 | RM |
| <i>mirtazapine oral tablet dispersible 15 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>mirtazapine oral tablet dispersible 30 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>mirtazapine oral tablet dispersible 45 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| REMERON ORAL TABLET 15 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| REMERON ORAL TABLET 30 MG | T1 | | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| REMERON ORAL TABLET 45 MG | T1 | | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG | T1 | | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 45 MG | T1 | | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *antidepressants - misc.*** | | | |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hr* 150 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | | T1 | RM |
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR* 450 MG | T1 | | RM |
| <i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| WELLBUTRIN ORAL TABLET 100 MG, 75 MG | T1 | | PA; ST; RM |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (SR)) 100 MG, 150 MG, 200 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG | T1 | | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR* (BuPROPion HCl ER (XL)) 300 MG | T1 | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| *modified cyclics*** | | | |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | | T1 | RM |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i> | | T1 | RM |
| <i>trazodone hcl oral tablet 300 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| VIIBRYD ORAL KIT 10 & 20 & 40 MG | T1 | | RM; AI (1 Kit per lifetime retail or mail); QL (1 EA per 1 lifetime); AL (Min 12 Years) |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years) |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG | T1 | | RM; QL (1 EA per 1 Lifetime); AL (Min 12 Years) |
| *monoamine oxidase inhibitors (maois)*** | | | |
| EMSAM TRANSDERMAL PATCH 24 HR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | SP | | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years) |
| MARPLAN ORAL TABLET 10 MG | T1 | | RM |
| NARDIL ORAL TABLET 15 MG | T1 | | PA; ST; RM |
| PARNATE ORAL TABLET 10 MG | T1 | | PA; ST; RM |
| <i>phenelzine sulfate oral tablet 15 mg</i> | | T1 | RM |
| <i>tranylcypromine sulfate oral tablet 10 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *selective serotonin reuptake inhibitors (ssris)*** | | | |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | | T1 | RM |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i> | | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| <i>citalopram hydrobromide oral tablet 40 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> | | T1 | RM |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i> | | T1 | PA; RM; AI (Max #15 Mail Order); QL (5 EA per 30 Days) |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | | T1 | RM |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i> | | T1 | RM |
| <i>fluoxetine hcl oral tablet 60 mg</i> | | T1 | PA; RM |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (1 EA per 1 Day) |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| LEXAPRO ORAL SOLUTION (Escitalopram Oxalate) 5 MG/5ML | T1 | T1 | RM |
| LEXAPRO ORAL TABLET (Escitalopram Oxalate) 10 MG | T1 | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| LEXAPRO ORAL TABLET (Escitalopram Oxalate) 20 MG, 5 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| LUVOX CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>paroxetine hcl er oral tablet extended release 24 hr* 12.5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>paroxetine hcl er oral tablet extended release 24 hr* 25 mg, 37.5 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i> | | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| <i>paroxetine hcl oral tablet 20 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>paroxetine hcl oral tablet 30 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| PAXIL ORAL SUSPENSION 10 MG/5ML | T1 | | PA; RM |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> | | T1 | RM |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| *serotonin-norepinephrine reuptake inhibitors (snris)*** | | | |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG | T1 | | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>desvenlafaxine fumarate er oral tablet extended release 24 hr* 100 mg, 50 mg</i> | | T1 | RM; QL (1 EA per 1 day) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | | T1 | RM; QL (2 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|---|
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | | T1 | RM; QL (3 EA per 1 Day) |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG, 50 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG | T1 | | RM; QL (1 EA per 1 day) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | | T1 | RM |
| <i>venlafaxine hcl er oral tablet extended release 24 hr* 150 mg, 225 mg, 37.5 mg, 75 mg</i> | | T1 | RM |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | | T1 | RM |
| *tricyclic agents*** | | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| <i>amoxapine oral tablet 100 mg</i> | | T1 | RM |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| <i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | | T1 | RM |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>imipramine pamoate oral capsule 75 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG | T1 | | RM |
| TOFRANIL-PM ORAL CAPSULE 100 MG, 125 MG, 150 MG | T1 | | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| TOFRANIL-PM ORAL CAPSULE 75 MG | T1 | | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *Antidiabetics* | | | |
| *alpha-glucosidase inhibitors*** | | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| GLYSET ORAL TABLET 25 MG | T1 | | RM |
| *antidiabetic - amylin analogs*** | | | |
| SYMLINPEN 120 SUBCUTANEOUS* 2700 MCG/2.7ML | T1 | | RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years) |
| SYMLINPEN 60 SUBCUTANEOUS* 1500 MCG/1.5ML | T1 | | RM; AI (Max 10.8ml 30 days or 32.4ml 90ds); QL (10.8 ML per 30 days); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *biguanides*** | | | |
| FORTAMET ORAL TABLET EXTENDED RELEASE 24 HR* 1000 MG | T1 | | PA; ST; RM; AI (Max #225 Mail Order); QL (2.5 EA per 1 Day) |
| FORTAMET ORAL TABLET EXTENDED RELEASE 24 HR* 500 MG | T1 | | PA; RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG | T1 | | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>metformin hcl er (osm) oral tablet extended release 24 hr* 1000 mg</i> | | T1 | RM; AI (Max #225 Mail Order); QL (2.5 EA per 1 Day) |
| <i>metformin hcl er (osm) oral tablet extended release 24 hr* 500 mg</i> | | T1 | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| <i>metformin hcl er oral tablet extended release 24 hr* 500 mg</i> | | T1 | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| <i>metformin hcl er oral tablet extended release 24 hr* 750 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i> | | T1 | RM |
| *diabetic other - combinations*** | | | |
| DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG | T1 | | RM |
| *diabetic other*** | | | |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG | T1 | | RM |
| GLUCAGON EMERGENCY INJECTION KIT 1 MG | T1 | | RM |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | T1 | | RM |
| *dipeptidyl peptidase-4 (dpp-4) inhibitors*** | | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years) |
| TRADJENTA ORAL TABLET 5 MG | T1 | | PA; ST; RM |
| *dipeptidyl peptidase-4 inhibitor-biguanide combinations*** | | | |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HR* 100-1000 MG, 50-1000 MG, 50-500 MG | T1 | | RM |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | T1 | | RM |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HR* 2.5-1000 MG, 5-1000 MG, 5-500 MG | T1 | | RM |
| *dopamine receptor agonists - ergot derivatives*** | | | |
| CYCLOSET ORAL TABLET 0.8 MG | T1 | | RM |
| *human insulin*** | | | |
| APIDRA INJECTION SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|---|
| APIDRA SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM |
| HUMALOG KWIKPEN SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM; AI (2 ml per day retail or mail) |
| HUMALOG KWIKPEN SUBCUTANEOUS* 200 UNIT/ML | T1 | | RM |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS* (50-50) 100 UNIT/ML | T1 | | RM; AI (2 ml per day retail or mail) |
| HUMALOG MIX 50/50 SUBCUTANEOUS* SUSPENSION (50-50) 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS* (75-25) 100 UNIT/ML | T1 | | RM; AI (2 ml per day retail or mail) |
| HUMALOG MIX 75/25 SUBCUTANEOUS* SUSPENSION (75-25) 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| HUMALOG SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order) |
| HUMALOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML | T1 | | RM; AI (2 ml per day retail or mail) |
| HUMULIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| HUMULIN N KWIKPEN SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM; AI (2 ml per day retail or mail) |
| HUMULIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS* SOLUTION 500 UNIT/ML | T1 | | RM; AI (Max #180ml per 90 days); QL (60 ml per 30 days) |
| LANTUS SOLOSTAR SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM |
| LANTUS SUBCUTANEOUS* SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order) |
| LEVEMIR FLEXPEN SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM |
| LEVEMIR FLEXTOUCH SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM |
| LEVEMIR SUBCUTANEOUS* SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (2 ML per 1 day) |
| NOVOLIN 70/30 RELION SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| NOVOLIN 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| NOVOLIN N RELION SUBCUTANEOUS* SUSPENSION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| NOVOLIN N SUBCUTANEOUS* SUSPENSION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| NOVOLOG FLEXPEN SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS* (70-30) 100 UNIT/ML | T1 | | RM |
| NOVOLOG MIX 70/30 SUBCUTANEOUS* SUSPENSION (70-30) 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| NOVOLOG PENFILL SUBCUTANEOUS* 100 UNIT/ML | T1 | | RM |
| NOVOLOG SUBCUTANEOUS* SOLUTION 100 UNIT/ML | T1 | | RM; AI (Max #6 vials retail or #18 vials Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| TOUJEO SOLOSTAR SUBCUTANEOUS* 300 UNIT/ML | T1 | | RM |
| *incretin mimetic agents (glp-1 receptor agonists)*** | | | |
| BYDUREON SUBCUTANEOUS* 2 MG | T1 | | RM; AI (Max #12 Mail Order); QL (4 EA per 30 days); AL (Min 16 Years) |
| BYDUREON SUBCUTANEOUS* SUSPENSION RECONSTITUTED 2 MG | T1 | | ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days); AL (Min 16 Years) |
| BYETTA 10 MCG PEN SUBCUTANEOUS* 10 MCG/0.04ML | T1 | | RM; AI (Max 7.2ml 90ds); QL (2.4 ML per 30 days); AL (Min 18 Years) |
| BYETTA 5 MCG PEN SUBCUTANEOUS* 5 MCG/0.02ML | T1 | | RM; AI (Max 3.6ml 90ds); QL (1.2 ML per 30 days); AL (Min 18 Years) |
| VICTOZA SUBCUTANEOUS* 18 MG/3ML | T1 | | RM; AI (Max #3 Cartons Mail Order); QL (0.3 ML per 1 day); AL (Min 18 Years) |
| *meglitinide analogues*** | | | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| PRANDIN ORAL TABLET (<i>Repaglinide</i>) 0.5 MG, 1 MG, 2 MG | T1 | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *meglitinide-biguanide combinations*** | | | |
| <i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i> | | T1 | RM |
| *progesterone receptor antagonists*** | | | |
| KORLYM ORAL TABLET 300 MG | SP | | PA; SP |
| *sodium-glucose co-transporter 2 (sglt2) inhibitors*** | | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG | T1 | | RM; QL (1 EA per 1 day) |
| INVOKANA ORAL TABLET 100 MG, 300 MG | T1 | | RM |
| *sulfonylurea-biguanide combinations*** | | | |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> | | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| <i>glyburide-metformin oral tablet 1.25-250 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> | | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *sulfonylureas*** | | | |
| <i>chlorpropamide oral tablet 100 mg, 250 mg</i> | | T1 | RM |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>glimepiride oral tablet 4 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>glipizide er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| <i>glipizide xl oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | | T1 | RM |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>tolazamide oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| <i>tolbutamide oral tablet 500 mg</i> | | T1 | RM |
| *sulfonylurea-thiazolidinedione combinations*** | | | |
| AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG, 8-4 MG | T1 | | RM |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 16 Years) |
| *thiazolidinedione-biguanide combinations*** | | | |
| AVANDAMET ORAL TABLET 2-1000 MG, 4-1000 MG, 4-500 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| AVANDAMET ORAL TABLET 2-500 MG | T1 | | RM; AI (Max #360 Mail Order); QL (4 EA per 1 day) |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (3 EA per 1 Day); AL (Min 16 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *thiazolidinediones*** | | | |
| AVANDIA ORAL TABLET 2 MG, 4 MG, 8 MG | T1 | | RM |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *Antidiarrheals* | | | |
| *antidiarrheal agents - misc.*** | | | |
| VSL#3 DS ORAL PACKET | T1 | | RM |
| *antiperistaltic agents*** | | | |
| <i>diphenoxylate-atropine oral liquid† 2.5-0.025 mg/5ml</i> | | T1 | RM |
| LOMOTIL ORAL TABLET (Diphenoxylate-Atropine) 2.5-0.025 MG | T1 | T1 | RM |
| <i>loperamide hcl oral capsule 2 mg</i> | | T1 | RM |
| MOTOFEN ORAL TABLET 1-0.025 MG | T1 | | RM |
| <i>opium oral tincture 10 mg/ml (1%)</i> | | T1 | PA; ST; RM |
| *Antidotes* | | | |
| *antidotes - chelating agents*** | | | |
| CHEMET ORAL CAPSULE 100 MG | T1 | | PA; RM |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG | SP | | PA; SP |
| EXJADE ORAL TABLET SOLUBLE 500 MG | SP | | PA; SP; AI (); QL (4 EA per 1 Day) |
| FERRIPROX ORAL TABLET 500 MG | SP | | SP |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | SP | | PA; SP |
| *antidotes*** | | | |
| DESFERAL INJECTION SOLUTION RECONSTITUTED (Deferoxamine Mesylate) 2 GM, 500 MG | SP | SP | PA; SP |
| RADIOGARDASE ORAL CAPSULE 0.5 GM | T1 | | PA; RM |
| *opioid antagonists*** | | | |
| <i>naltrexone hcl oral tablet 50 mg</i> | | T1 | RM |
| VIVITROL INTRAMUSCULAR* SUSPENSION RECONSTITUTED 380 MG | SP | | PA; SP |
| *Antiemetics* | | | |
| *5-ht3 receptor antagonists*** | | | |
| ANZEMET ORAL TABLET 100 MG, 50 MG | T1 | | RM; AI (#4 per copay retail or mail. Max #12.); QL (4 EA per 1 Copay) |
| <i>granisetron hcl oral tablet 1 mg</i> | | T1 | RM; AI (#6 per copay mail or retail. Max #36.); QL (6 EA per 1 Copay) |
| GRANISOL ORAL SOLUTION 2 MG/10ML | T1 | | RM; AI (60ml per copay retail or mail); QL (60 ML per 1 Copay) |
| <i>ondansetron hcl injection solution 40 mg/20ml</i> | | T1 | RM |
| <i>ondansetron hcl oral solution 4 mg/5ml</i> | | T1 | RM |
| <i>ondansetron hcl oral tablet 24 mg</i> | | T1 | RM; AI (Mail Order 1 Tablet per Copay); QL (1 EA per 1 Copay) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | | T1 | RM; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | | T1 | RM; AI (#15 per Copay Retail or Mail); QL (15 EA per 1 Copay) |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR | T1 | | RO; AI (); QL (1 EA per 1 Copay) |
| ZUPLENZ ORAL FILM 4 MG, 8 MG | T1 | | RM; AI (#10 per copay retail or mail); QL (10 EA per 1 Copay) |
| *antiemetic combinations*** | | | |
| AKYNZEO ORAL CAPSULE 300-0.5 MG | T1 | | PA; RM |
| *antiemetics - anticholinergic*** | | | |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | | T1 | RM |
| TIGAN INTRAMUSCULAR* SOLUTION 100 MG/ML | T1 | | RM |
| TIGAN ORAL CAPSULE (Trimethobenzamide HCl) 300 MG | T1 | T1 | RM |
| *antiemetics - miscellaneous*** | | | |
| CESAMET ORAL CAPSULE 1 MG | T1 | | RM; AI (#30 per copay retail or mail. Max #90); QL (30 EA per 1 Copay); AL (Min 18 Years) |
| <i>dronabinol oral capsule 10 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| MARINOL ORAL CAPSULE 10 MG | T1 | | RM; QL (2 EA per 1 Day) |
| MARINOL ORAL CAPSULE 2.5 MG, 5 MG | T1 | | RM; QL (3 EA per 1 Day) |
| *substance p/neurokinin 1 (nk1) receptor antagonists*** | | | |
| EMEND ORAL CAPSULE 125 MG, 80 & 125 MG | T1 | | RM; AI (#1 per copay retail or mail. Max #3.); QL (1 EA per 1 Copay) |
| EMEND ORAL CAPSULE 40 MG, 80 MG | T1 | | RM; AI (#2 per copay retail or mail. Max #6.); QL (2 EA per 1 Copay) |
| *Antifungals* | | | |
| *antifungals*** | | | |
| ANCOBON ORAL CAPSULE (Flucytosine) 250 MG, 500 MG | T1 | T1 | RM |
| GRIFULVIN V ORAL TABLET (Griseofulvin Microsize) 500 MG | T1 | T1 | RM |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | | T1 | RM |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | | T1 | RM |
| GRIS-PEG ORAL TABLET 125 MG, 250 MG | T1 | | ST; RM |
| LAMISIL ORAL PACKET 125 MG | T1 | | RM; AI (Max #180 Mail Order); QL (60 EA per 30 Days) |
| LAMISIL ORAL PACKET 187.5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (30 EA per 30 Days) |
| LAMISIL ORAL TABLET (Terbinafine HCl) 250 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>nystatin oral tablet 500000 unit</i> | | T1 | RM |
| *imidazoles*** | | | |
| <i>ketoconazole oral tablet 200 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *triazoles*** | | | |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i> | | T1 | RM |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | | T1 | RM |
| <i>itraconazole oral capsule 100 mg</i> | | T1 | RM |
| NOXAFIL ORAL SUSPENSION 40 MG/ML | SP | | SP; AI (); QL (20 ML per 1 Day); AL (Min 13 Years) |
| NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG | SP | | SP; QL (3 EA per 1 Day) |
| ONMEL ORAL TABLET 200 MG | T1 | | RM |
| SPORANOX ORAL SOLUTION 10 MG/ML | T1 | | RM |
| VFEND IV INTRAVENOUS* SOLUTION RECONSTITUTED (Voriconazole) 200 MG | SP | SP | SP |
| VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML | SP | | PA; SP |
| VFEND ORAL TABLET (Voriconazole) 200 MG | SP | SP | SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| VFEND ORAL TABLET (Voriconazole) 50 MG | SP | SP | SP; QL (3 EA per 1 Day) |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> | | SP | SP |
| *Antihistamines* | | | |
| *antihistamines - ethanolamines*** | | | |
| ARBINOXA ORAL TABLET (Carbinoxamine Maleate) 4 MG | T1 | T1 | RM |
| <i>clemastine fumarate oral syrup 0.67 mg/5ml</i> | | T1 | RM |
| <i>clemastine fumarate oral tablet 2.68 mg</i> | | T1 | RM |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | | T1 | RM |
| *antihistamines - non-sedating*** | | | |
| <i>cetirizine hcl oral solution 1 mg/ml</i> | | T1 | PA; RM |
| <i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i> | | T1 | PA; RM |
| CLARINEX ORAL SYRUP 0.5 MG/ML | T1 | | PA; ST; RM; AI (Max #900ml Mail Order); QL (10 ML per 1 Day) |
| CLARINEX ORAL TABLET 5 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail) |
| <i>desloratadine oral tablet 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA Max Qty Per Fill Retail) |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i> | | T1 | RM; AI (Max #450ml Mail Order); QL (150 ML Max Qty Per Fill Retail) |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>loratadine childrens oral solution 5 mg/5ml</i> | | T1 | RM |
| XYZAL ORAL SOLUTION 2.5 MG/5ML | T1 | | PA; ST; RM; AI (Max #450ml Mail Order); QL (150 ML Max Qty Per Fill Retail) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| XYZAL ORAL TABLET 5 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *antihistamines - phenothiazines*** | | | |
| PHENADOZ SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG | T1 | T1 | RM |
| PHENERGAN INJECTION SOLUTION (Promethazine HCl) 25 MG/ML, 50 MG/ML | T1 | T1 | RM |
| PHENERGAN SUPPOSITORY (Promethazine HCl) 50 MG | T1 | T1 | RM |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i> | | T1 | RM |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i> | | T1 | RM |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | | T1 | RM |
| PROMETHEGAN SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG, 50 MG | T1 | T1 | RM |
| *antihistamines - piperidines*** | | | |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i> | | T1 | RM |
| <i>cyproheptadine hcl oral tablet 4 mg</i> | | T1 | RM |
| *Antihyperlipidemics* | | | |
| *antihyperlipidemics - misc.*** | | | |
| LOVAZA ORAL CAPSULE 1 GM | T1 | | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 18 Years) |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> | | T1 | RM; QL (4 EA per 1 day); AL (Min 18 Years) |
| *bile acid sequestrants*** | | | |
| <i>cholestyramine oral packet 4 gm</i> | | T1 | RM |
| <i>cholestyramine oral powder 4 gm/dose</i> | | T1 | RM |
| <i>colestipol hcl oral packet 5 gm</i> | | T1 | RM |
| <i>colestipol hcl oral tablet 1 gm</i> | | T1 | RM |
| <i>micronized colestipol hcl oral tablet 1 gm</i> | | T1 | RM |
| PREVALITE ORAL PACKET (Cholestyramine Light) 4 GM | T1 | T1 | RM |
| PREVALITE ORAL POWDER (Cholestyramine Light) 4 GM/DOSE | T1 | T1 | RM |
| WELCHOL ORAL PACKET 3.75 GM | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| WELCHOL ORAL TABLET 625 MG | T1 | | RM; AI (Max #630 Mail Order); QL (7 EA per 1 Day) |
| *fibrin acid derivatives*** | | | |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 67 mg</i> | | T1 | RM |
| <i>fenofibrate oral tablet 145 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>fenofibrate oral tablet 54 mg</i> | | T1 | RM; AI (Max #90 Mail Order) |
| <i>fenofibrin acid oral capsule delayed release 135 mg, 45 mg</i> | | T1 | RM; QL (1 EA per 1 Day); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| <i>fenofibric acid oral tablet 105 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| FENOGLIDE ORAL TABLET (Fenofibrate) 120 MG, 40 MG | T1 | T1 | RM |
| <i>gemfibrozil oral tablet 600 mg</i> | | T1 | RM |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | T1 | | RM |
| LOFIBRA ORAL TABLET (Fenofibrate) 160 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| LOFIBRA ORAL TABLET 54 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| TRICOR ORAL TABLET 145 MG | T1 | | RM; QL (1 EA per 1 Day) |
| TRICOR ORAL TABLET (Fenofibrate) 48 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| TRIGLIDE ORAL TABLET (Fenofibrate) 160 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG | T1 | | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *hmg coa reductase inhibitors*** | | | |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>fluvastatin sodium oral capsule 20 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>fluvastatin sodium oral capsule 40 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR* 80 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | T1 | | PA; ST; RM |
| <i>lovastatin oral tablet 10 mg, 20 mg</i> | | T1 | RM |
| <i>lovastatin oral tablet 40 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>pravastatin sodium oral tablet 40 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>simvastatin oral tablet 80 mg</i> | | T1 | PA; RM; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day) |
| *intest cholest absorp inhib-hmg coa reductase inhib comb*** | | | |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| VYTORIN ORAL TABLET 10-80 MG | T1 | | PA; RM; AI (Max #90 Mail Order Covered only in patients who have been stable at this dose for at least 12 months); QL (1 EA per 1 Day) |
| *intestinal cholesterol absorption inhibitors*** | | | |
| ZETIA ORAL TABLET 10 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *microsomal triglyceride transfer protein inhibitors*** | | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG | SP | | PA; SP |
| *nicotinic acid derivatives*** | | | |
| NIASPAN ORAL TABLET EXTENDEDRELEASE* (Niacin ER (Antihyperlipidemic)) 1000 MG, 750 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| NIASPAN ORAL TABLET EXTENDEDRELEASE* (Niacin ER (Antihyperlipidemic)) 500 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *Antihypertensives* | | | |
| *ace inhibitor & calcium channel blocker combinations*** | | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg | | T1 | RM |
| TARKA ORAL TABLET EXTENDEDRELEASE* (Trandolapril-Verapamil HCl ER) 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG | T1 | T1 | RM |
| *ace inhibitors & thiazide/thiazide-like*** | | | |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg | | T1 | RM |
| captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg | | T1 | RM |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg | | T1 | RM |
| fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg | | T1 | RM |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | | T1 | RM |
| moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg | | T1 | RM |
| quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg | | T1 | RM |
| *ace inhibitors*** | | | |
| benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg | | T1 | RM |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg | | T1 | RM |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg | | T1 | RM |
| fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg | | T1 | RM |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg | | T1 | RM |
| moexipril hcl oral tablet 15 mg, 7.5 mg | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | | T1 | RM |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | | T1 | RM |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | | T1 | RM |
| *agents for pheochromocytoma*** | | | |
| DIBENZYLINE ORAL CAPSULE 10 MG | T1 | | RM |
| *angiotensin ii receptor antag & ca channel blocker comb*** | | | |
| EXFORGE ORAL TABLET (<i>Amlodipine Besylate-Valsartan</i>) 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| TWYNSTA ORAL TABLET (<i>Telmisartan-Amlodipine</i>) 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG | T1 | T1 | RM |
| *angiotensin ii receptor antag & thiazide/thiazide-like*** | | | |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| DIOVAN HCT ORAL TABLET (<i>Valsartan-Hydrochlorothiazide</i>) 160-12.5 MG, 160-25 MG, 80-12.5 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| DIOVAN HCT ORAL TABLET (<i>Valsartan-Hydrochlorothiazide</i>) 320-12.5 MG, 320-25 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | T1 | | RM |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | | T1 | RM |
| *angiotensin ii receptor antagonists*** | | | |
| BENICAR ORAL TABLET 20 MG | T1 | | PA; ST; RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| BENICAR ORAL TABLET 40 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| BENICAR ORAL TABLET 5 MG | T1 | | PA; ST; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| EDARBI ORAL TABLET 40 MG, 80 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>eprosartan mesylate oral tablet 600 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>irbesartan oral tablet 150 mg, 75 mg</i> | | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| <i>irbesartan oral tablet 300 mg</i> | | T1 | RM; AI (Max #90 Mail Order) |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| MICARDIS ORAL TABLET (<i>Telmisartan</i>) 20 MG, 40 MG, 80 MG | T1 | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | | T1 | RM; QL (2 EA per 1 day) |
| *angiotensin ii receptor ant-ca channel blocker-thiazides*** | | | |
| EXFORGE HCT ORAL TABLET <i>(Amlodipine-Valsartan-HCTZ) 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG</i> | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG | T1 | | RM |
| *antiadrenergics - centrally acting*** | | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | | T1 | RM |
| <i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i> | | T1 | RM |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | | T1 | RM |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| *antiadrenergics - peripherally acting*** | | | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | | T1 | RM |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | | T1 | RM |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | | T1 | RM |
| *beta blocker & diuretic combinations*** | | | |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | | T1 | RM |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | | T1 | RM |
| DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR* 100-12.5 MG, 25-12.5 MG, 50-12.5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | | T1 | RM |
| <i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i> | | T1 | RM |
| *direct renin inhibitors & calcium channel blocker comb*** | | | |
| TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG | T1 | | RM |
| *direct renin inhibitors & thiazide/thiazide-like comb*** | | | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *direct renin inhibitors*** | | | |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *reserpine*** | | | |
| <i>reserpine oral tablet 0.1 mg, 0.25 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *selective aldosterone receptor antagonists (saras)*** | | | |
| <i>eplerenone oral tablet 25 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>eplerenone oral tablet 50 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *vasodilators*** | | | |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | | T1 | RM |
| *Anti-Infective Agents - Misc.* | | | |
| *anti-infective agents - misc.*** | | | |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | SP | | SP |
| FLAGYL ER ORAL TABLET EXTENDED RELEASE 24 HR* 750 MG | T1 | | RM |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG | SP | | SP |
| PRIMSOL ORAL SOLUTION 50 MG/5ML | T1 | | RM |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| <i>trimethoprim oral tablet 100 mg</i> | | T1 | RM |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i> | | T1 | RM |
| <i>vancomycin hcl powder</i> | | SP | SP |
| XIFAXAN ORAL TABLET 200 MG, 550 MG | T1 | | PA; RM; AI () |
| *anti-infective misc. - combinations*** | | | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | | T1 | RM |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> | | T1 | RM |
| *antiprotozoal agents*** | | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML | T1 | | RM |
| ALINIA ORAL TABLET 500 MG | T1 | | RM |
| <i>atovaquone oral suspension 750 mg/5ml</i> | | T1 | RM |
| MEPRON ORAL SUSPENSION 750 MG/5ML | T1 | | SP |
| *ketolides*** | | | |
| KETEK ORAL TABLET 300 MG | T1 | | RM |
| *leprostatics*** | | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | | T1 | RM |
| *lincosamides*** | | | |
| CLEOCIN ORAL CAPSULE (Clindamycin HCl) 75 MG | T1 | T1 | RM |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg</i> | | T1 | RM |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *oxazolidinones*** | | | |
| <i>linezolid oral tablet 600 mg</i> | | T1 | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| SIVEXTRO ORAL TABLET 200 MG | T1 | | PA; RO |
| ZYVOX ORAL SUSPENSION RECONSTITUTED (Linezolid) 100 MG/5ML | T1 | T1 | PA; RM |
| ZYVOX ORAL TABLET 600 MG | T1 | | PA; RM |
| *Antimalarials* | | | |
| *antimalarial combinations*** | | | |
| COARTEM ORAL TABLET 20-120 MG | T1 | | RM |
| MALARONE ORAL TABLET (Atovaquone-Proguanil HCl) 250-100 MG, 62.5-25 MG | T1 | T1 | RM |
| *antimalarials*** | | | |
| ARALEN ORAL TABLET (Chloroquine Phosphate) 500 MG | T1 | T1 | RM |
| <i>chloroquine phosphate oral tablet 250 mg</i> | | T1 | RM |
| DARAPRIM ORAL TABLET 25 MG | T1 | | RM |
| <i>mefloquine hcl oral tablet 250 mg</i> | | T1 | RM; AI (Max #15 per 90 days); QL (5 EA per 30 Days) |
| PLAQUENIL ORAL TABLET (Hydroxychloroquine Sulfate) 200 MG | T1 | T1 | RM |
| <i>primaquine phosphate oral tablet 26.3 mg</i> | | T1 | RM |
| QUALAQUIN ORAL CAPSULE (QuiNINE Sulfate) 324 MG | T1 | T1 | RM |
| *Antimyasthenic Agents* | | | |
| *antimyasthenic agents*** | | | |
| <i>guanidine hcl oral tablet 125 mg</i> | | T1 | RM |
| MESTINON ORAL SYRUP 60 MG/5ML | T1 | | RM |
| MESTINON ORAL TABLET (Pyridostigmine Bromide) 60 MG | T1 | T1 | RM |
| MESTINON ORAL TABLET EXTENDEDRELEASE* 180 MG | T1 | | ST; RM |
| *Antimycobacterial Agents* | | | |
| *anti tb combinations*** | | | |
| RIFAMATE ORAL CAPSULE 150-300 MG | T1 | | RM |
| RIFATER ORAL TABLET 50-120-300 MG | T1 | | RM |
| *antimycobacterial agents*** | | | |
| <i>cycloserine oral capsule 250 mg</i> | | T1 | RM |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | | T1 | RM |
| <i>isoniazid oral syrup 50 mg/5ml</i> | | T1 | RM |
| <i>isoniazid oral tablet 100 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>isoniazid oral tablet 300 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| MYAMBUTOL ORAL TABLET 100 MG, 400 MG | T1 | | PA; ST; RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| MYCOBUTIN ORAL CAPSULE 150 MG | T1 | | RM |
| PASER ORAL PACKET 4 GM | T1 | | PA; ST; RM |
| PRIFTIN ORAL TABLET 150 MG | T1 | | RM |
| <i>pyrazinamide oral tablet 500 mg</i> | | T1 | RM |
| RIFADIN ORAL CAPSULE (<i>Rifampin</i>) 150 MG, 300 MG | T1 | T1 | RM |
| TRECTOR ORAL TABLET 250 MG | T1 | | RM |
| *Antineoplastics And Adjunctive Therapies* | | | |
| *alkylating agents*** | | | |
| HEXALEN ORAL CAPSULE 50 MG | SP | | SP |
| MYLERAN ORAL TABLET 2 MG | SP | | RM |
| *androgen biosynthesis inhibitors*** | | | |
| ZYTIGA ORAL TABLET 250 MG | SP | | PA; SP |
| *antiadrenals*** | | | |
| LYSODREN ORAL TABLET 500 MG | SP | | SP |
| *antiandrogens*** | | | |
| CASODEX ORAL TABLET 50 MG | T1 | | RM |
| <i>flutamide oral capsule 125 mg</i> | | T1 | RM |
| NILANDRON ORAL TABLET 150 MG | T1 | | RM; M |
| XTANDI ORAL CAPSULE 40 MG | SP | | SP |
| *antiestrogens*** | | | |
| FARESTON ORAL TABLET 60 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | | \$0 | RM |
| *antimetabolites*** | | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | | SP | SP |
| FOLOTYN INTRAVENOUS* SOLUTION 40 MG/2ML | T1 | | PA; ST; RM |
| <i>mercaptopurine oral tablet 50 mg</i> | | T1 | RM |
| <i>methotrexate oral tablet 2.5 mg</i> | | T1 | RM |
| <i>methotrexate sodium (pf) injection solution 100 mg/4ml, 200 mg/8ml, 50 mg/2ml</i> | | T1 | RM |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | | T1 | RM |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | T1 | | RM |
| TABLOID ORAL TABLET 40 MG | T1 | | RM |
| *antineoplastic - braf kinase inhibitors*** | | | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | SP | | PA; SP |
| ZELBORAF ORAL TABLET 240 MG | SP | | PA; ST; SP |
| *antineoplastic - hedgehog pathway inhibitors*** | | | |
| ERIVEDGE ORAL CAPSULE 150 MG | SP | | SP |
| ODOMZO ORAL CAPSULE 200 MG | SP | | PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *antineoplastic - histone deacetylase inhibitors*** | | | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | T1 | | PA; RM |
| ZOLINZA ORAL CAPSULE 100 MG | SP | | PA; SP; AI (Max #240 Mail Order); QL (4 EA per 1 day); AL (Min 16 Years) |
| *antineoplastic - immunomodulators*** | | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | SP | | SP |
| *antineoplastic - mek inhibitors*** | | | |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | SP | | PA; SP |
| *antineoplastic - mtor kinase inhibitors*** | | | |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG | SP | | SP |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | SP | | SP |
| *antineoplastic - multikinase inhibitors*** | | | |
| NEXAVAR ORAL TABLET 200 MG | SP | | SP; AI (); QL (4 EA per 1 Day); AL (Min 16 Years) |
| STIVARGA ORAL TABLET 40 MG | SP | | SP |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG | SP | | SP; AI (); QL (28 EA per 30 Days) |
| SUTENT ORAL CAPSULE 37.5 MG | SP | | SP; AI (); QL (28 EA per 30 days) |
| *antineoplastic - proteasome inhibitors*** | | | |
| KYPROLIS INTRAVENOUS* SOLUTION RECONSTITUTED 60 MG | T1 | | PA; RM |
| *antineoplastic - tyrosine kinase inhibitors*** | | | |
| BOSULIF ORAL TABLET 100 MG, 500 MG | SP | | SP |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | SP | | SP |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG | SP | | SP |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG | SP | | SP |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | SP | | SP |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | SP | | PA; SP |
| GLEEVEC ORAL TABLET 100 MG | SP | | PA; SP; QL (6 EA per 1 day) |
| GLEEVEC ORAL TABLET 400 MG | SP | | PA; SP; AI (); QL (2 EA per 1 Day) |
| ICLUSIG ORAL TABLET 15 MG, 45 MG | SP | | SP |
| IMBRUVICA ORAL CAPSULE 140 MG | SP | | SP; QL (4 EA per 1 day); AL (Min 18 Years) |
| INLYTA ORAL TABLET 1 MG, 5 MG | SP | | SP |
| LENVIMA 10 MG DAILY DOSE ORAL 10 MG | T1 | | PA; RM |
| LENVIMA 14 MG DAILY DOSE ORAL 10 & 4 MG | T1 | | PA; RM |
| LENVIMA 20 MG DAILY DOSE ORAL 10 (2) MG | T1 | | PA; RM |
| LENVIMA 24 MG DAILY DOSE ORAL 10 (2) & 4 MG | T1 | | PA; RM |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG | SP | | SP; QL (2 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG | SP | | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG | SP | | PA; SP |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | SP | | SP |
| TYKERB ORAL TABLET 250 MG | SP | | PA; SP; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| VOTRIENT ORAL TABLET 200 MG | SP | | SP |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | SP | | PA; SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| ZYKADIA ORAL CAPSULE 150 MG | SP | | SP; QL (5 EA per 1 day); AL (Min 16 Years) |
| *antineoplastic antibiotics*** | | | |
| <i>mitoxantrone hcl intravenous* concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i> | | SP | SP |
| *antineoplastic combinations*** | | | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | SP | | PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antineoplastics misc.*** | | | |
| ACTIMMUNE SUBCUTANEOUS* SOLUTION 2000000 UNIT/0.5ML | SP | | SP |
| HYDREA ORAL CAPSULE (<i>Hydroxyurea</i>) 500 MG | T1 | T1 | RM |
| INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML | SP | | PA; SP |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | SP | | PA; SP |
| MATULANE ORAL CAPSULE 50 MG | SP | | SP |
| SYNRIBO SUBCUTANEOUS* SOLUTION RECONSTITUTED 3.5 MG | SP | | SP |
| *aromatase inhibitors*** | | | |
| ARIMIDEX ORAL TABLET (<i>Anastrozole</i>) 1 MG | T1 | T1 | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| AROMASIN ORAL TABLET (<i>Exemestane</i>) 25 MG | T1 | T1 | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| FEMARA ORAL TABLET (<i>Letrozole</i>) 2.5 MG | T1 | T1 | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| *chemotherapy adjuncts - hyperuricemia agents*** | | | |
| ELITEK INTRAVENOUS* SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG | SP | | SP |
| *estrogen receptor antagonist*** | | | |
| FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML | SP | | PA; SP |
| *estrogens-antineoplastic*** | | | |
| EMCYT ORAL CAPSULE 140 MG | SP | | SP |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| *folic acid antagonists rescue agents*** | | | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | | T1 | RM |
| *gonadotropin releasing hormone (gnrh) antagonists*** | | | |
| FIRMAGON SUBCUTANEOUS* SOLUTION RECONSTITUTED 120 MG, 80 MG | SP | | SP |
| *imidazotetrazines*** | | | |
| TEMODAR ORAL CAPSULE 100 MG, 180 MG, 20 MG, 250 MG, 5 MG | SP | | SP |
| TEMODAR ORAL CAPSULE (Temozolomide) 140 MG | SP | SP | SP |
| <i>temozolomide oral capsule 100 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | | SP | RM |
| *janus associated kinase (jak) inhibitors*** | | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | SP | | PA; SP |
| *lhrh analogs*** | | | |
| ELIGARD SUBCUTANEOUS* KIT 22.5 MG, 30 MG, 45 MG | SP | | SP |
| ELIGARD SUBCUTANEOUS* KIT 7.5 MG | SP | | PA; SP |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | | SP | PA; SP |
| LUPRON DEPOT INTRAMUSCULAR* KIT 11.25 MG, 22.5 MG, 3.75 MG, 30 MG, 45 MG, 7.5 MG | SP | | PA; SP |
| TRELSTAR MIXJECT INTRAMUSCULAR* SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | SP | | PA; SP |
| VANTAS SUBCUTANEOUS* KIT 50 MG | SP | | RM |
| ZOLADEX SUBCUTANEOUS* IMPLANT 10.8 MG, 3.6 MG | SP | | SP |
| *mitotic inhibitors*** | | | |
| <i>etoposide oral capsule 50 mg</i> | | SP | SP |
| *nitrogen mustards*** | | | |
| ALKERAN ORAL TABLET 2 MG | SP | | SP |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | | SP | SP |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | | SP | SP |
| LEUKERAN ORAL TABLET 2 MG | SP | | RM |
| *nitrosoureas*** | | | |
| GLEOSTINE ORAL CAPSULE (Lomustine) 10 MG, 100 MG, 40 MG | SP | SP | SP |
| *progestins-antineoplastic*** | | | |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | | T1 | RM |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | | T1 | RM |
| *retinoids*** | | | |
| <i>tretinoin oral capsule 10 mg</i> | | SP | SP |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *selective retinoid x receptor agonists*** | | | |
| TARGRETIN ORAL CAPSULE (Bexarotene) 75 MG | SP | SP | SP |
| *topoisomerase i inhibitors*** | | | |
| HYCANTIN ORAL CAPSULE 0.25 MG | SP | | SP |
| HYCANTIN ORAL CAPSULE 1 MG | SP | | RM |
| *urinary tract protective agents*** | | | |
| MESNEX ORAL TABLET 400 MG | SP | | SP |
| *Antiparkinson Agents* | | | |
| *antiparkinson anticholinergics*** | | | |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | | T1 | RM |
| <i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i> | | T1 | RM |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | | T1 | RM |
| *antiparkinson dopaminergics*** | | | |
| <i>amantadine hcl oral capsule 100 mg</i> | | T1 | RM |
| <i>amantadine hcl oral syrup 50 mg/5ml</i> | | T1 | RM |
| <i>bromocriptine mesylate oral capsule 5 mg</i> | | T1 | RM |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> | | T1 | RM |
| *antiparkinson monoamine oxidase inhibitors*** | | | |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | SP | | SP |
| <i>selegiline hcl oral capsule 5 mg</i> | | T1 | RM |
| <i>selegiline hcl oral tablet 5 mg</i> | | T1 | RM |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG | T1 | | PA; RM; QL (2 EA per 1 day) |
| *central/peripheral comt inhibitors*** | | | |
| TASMAR ORAL TABLET (Tolcapone) 100 MG | T1 | T1 | PA; RM |
| *decarboxylase inhibitors*** | | | |
| LODOSYN ORAL TABLET 25 MG | T1 | | RM |
| *levodopa combinations*** | | | |
| <i>carbidopa-levodopa er oral tablet extended release* 25-100 mg, 50-200 mg</i> | | T1 | RM |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | | T1 | RM |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i> | | T1 | RM |
| RYTARY ORAL CAPSULE EXTENDED RELEASE* 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | T1 | | PA; RM |
| STALEVO 100 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 25-100-200 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| STALEVO 125 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 31.25-125-200 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| STALEVO 150 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 37.5-150-200 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| STALEVO 200 ORAL TABLET (Carbidopa-Levodopa-Entacapone) 50-200-200 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| STALEVO 50 ORAL TABLET <i>(Carbidopa-Levodopa-Entacapone) 12.5-50-200 MG</i> | T1 | T1 | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| STALEVO 75 ORAL TABLET <i>(Carbidopa-Levodopa-Entacapone) 18.75-75-200 MG</i> | T1 | T1 | RM; AI (Max #270 Mail Order); QL (8 EA per 1 Day) |
| *nonergoline dopamine receptor agonists*** | | | |
| APOKYN SUBCUTANEOUS* SOLUTION 10 MG/ML | SP | | PA; SP |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR* 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG | T1 | | RM; AI (); QL (1 EA per 1 Day) |
| NEUPRO TRANSDERMAL PATCH 24 HR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR | SP | | SP |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hr* 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i> | | T1 | RM; QL (1 EA per 1 day) |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | | T1 | RM |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* (ROPINIROle HCl ER) 12 MG, 6 MG | T1 | T1 | RM |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 2 MG | T1 | | RM; QL (8 EA per 1 Day) |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG | T1 | | RM; QL (4 EA per 1 Day) |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 8 MG | T1 | | RM; QL (3 EA per 1 Day) |
| <i>ropinirole hcl er oral tablet extended release 24 hr* 2 mg</i> | | T1 | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |
| <i>ropinirole hcl er oral tablet extended release 24 hr* 4 mg</i> | | T1 | RM; AI (Max #540 Mail Order); QL (4 EA per 1 Day) |
| <i>ropinirole hcl er oral tablet extended release 24 hr* 8 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | | T1 | RM |
| *peripheral comt inhibitors*** | | | |
| COMTAN ORAL TABLET (Entacapone) 200 MG | T1 | T1 | RM |
| *Antipsychotics/Antimanic Agents* | | | |
| *antimanic agents*** | | | |
| <i>lithium carbonate er oral tablet extended release* 300 mg, 450 mg</i> | | T1 | RM |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | | T1 | RM |
| <i>lithium carbonate oral tablet 300 mg</i> | | T1 | RM |
| *antipsychotics - misc.*** | | | |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG | T1 | | RM |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG | T1 | | RM; AI (Max #720 Mail Order); QL (8 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG | T1 | | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | T1 | | RM; QL (1 EA per 1 Day); AL (Min 12 Years) |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *benzisoaxazoles*** | | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | T1 | | RM; AI (1 pack retail per 180 days retail or mail); QL (1 EA per 180 Days) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* (Paliperidone ER) 1.5 MG, 6 MG | T1 | T1 | RM; AI (90 tablets per copay); QL (2 EA per 1 Day); AL (Min 12 Years) |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* (Paliperidone ER) 3 MG, 9 MG | T1 | T1 | RM; AI (90 tablets per copay); QL (1 EA per 1 Day); AL (Min 12 Years) |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 1 MG | T1 | | RM |
| <i>risperidone oral solution 1 mg/ml</i> | | T1 | RM |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | | T1 | RM |
| *butyrophenones*** | | | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | | T1 | RM |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | | T1 | RM |
| *dibenzodiazepines*** | | | |
| <i>clozapine oral tablet 100 mg, 25 mg</i> | | T1 | RM; AI (Max #810 Mail Order); QL (9 EA per 1 Day) |
| <i>clozapine oral tablet 200 mg</i> | | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| <i>clozapine oral tablet 50 mg</i> | | T1 | RM; AI (Max #540 per 90days); QL (6 EA per 1 Day) |
| *dibenzo-oxepino pyrroles*** | | | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | T1 | | RM; QL (2 EA per 1 Day) |
| *dibenzothiazepines*** | | | |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i> | | T1 | RM |
| <i>quetiapine fumarate oral tablet 400 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>quetiapine fumarate oral tablet 50 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *dibenzoxazepines*** | | | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *phenothiazines*** | | | |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | | T1 | RM |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | | T1 | RM |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | | T1 | RM |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| <i>prochlorperazine suppository 25 mg</i> | | T1 | RM |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | | T1 | RM |
| *quinolinone derivatives*** | | | |
| ABILIFY ORAL SOLUTION 1 MG/ML | T1 | | RM; AI (Max #2250ml Mail Order); QL (750 ML per 30 Days) |
| ABILIFY ORAL TABLET (ARIPiprazole) 10 MG, 15 MG, 20 MG, 30 MG, 5 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| ABILIFY ORAL TABLET (ARIPiprazole) 2 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| <i>aripiprazole oral solution 1 mg/ml</i> | | T1 | RM; QL (25 ML per 1 day) |
| *thienbenzodiazepines*** | | | |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *thioxanthenes*** | | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | | T1 | RM |
| *Antiretrovirals Adjuvants*** | | | |
| *antiretrovirals adjuvants*** | | | |
| TYBOST ORAL TABLET 150 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *Antiseptics & Disinfectants* | | | |
| *antiseptics & disinfectants*** | | | |
| FORMADON EXTERNAL SOLUTION (Formaldehyde) 10 % | T1 | T1 | RM |
| *iodine antiseptics*** | | | |
| IODOSORB EXTERNAL 0.9 % | T1 | | RM |
| *Antivirals* | | | |
| *antiretroviral combinations*** | | | |
| ATRIPLA ORAL TABLET 600-200-300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|---|
| COMBIVIR ORAL TABLET (<i>Lamivudine-Zidovudine</i>) 150-300 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| COMPLERA ORAL TABLET 200-25-300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| EPZICOM ORAL TABLET 600-300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| EVOTAZ ORAL TABLET 300-150 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | T1 | | RM |
| KALETRA ORAL SOLUTION 400-100 MG/5ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| PREZCOBIX ORAL TABLET 800-150 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day); AL (Min 16 Years) |
| TRIZIVIR ORAL TABLET (<i>Abacavir-Lamivudine-Zidovudine</i>) 300-150-300 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 day) |
| TRUVADA ORAL TABLET 200-300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| *antiretrovirals - ccr5 antagonists (entry inhibitor)*** | | | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - fusion inhibitors*** | | | |
| FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED 90 MG | SP | | PA; SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - integrase inhibitors*** | | | |
| ISENTRESS ORAL PACKET 100 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| ISENTRESS ORAL TABLET 400 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |

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| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|--|
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| TIVICAY ORAL TABLET 50 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VITEKTA ORAL TABLET 150 MG, 85 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - protease inhibitors*** | | | |
| APTIVUS ORAL CAPSULE 250 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| APTIVUS ORAL SOLUTION 100 MG/ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| INVIRASE ORAL CAPSULE 200 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| INVIRASE ORAL TABLET 500 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| LEXIVA ORAL TABLET 700 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| NORVIR ORAL CAPSULE 100 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| NORVIR ORAL SOLUTION 80 MG/ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| NORVIR ORAL TABLET 100 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| PREZISTA ORAL TABLET 400 MG | SP | | SP; AI () |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|--|
| REYATAZ ORAL CAPSULE 300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| REYATAZ ORAL PACKET 50 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - rti-non-nucleoside analogues*** | | | |
| EDURANT ORAL TABLET 25 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| RESCRIPTOR ORAL TABLET 100 MG, 200 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| SUSTIVA ORAL CAPSULE 200 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| SUSTIVA ORAL CAPSULE 50 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (2 EA per 1 Day) |
| SUSTIVA ORAL TABLET 600 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| VIRAMUNE ORAL SUSPENSION (<i>Nevirapine</i>) 50 MG/5ML | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VIRAMUNE ORAL TABLET (<i>Nevirapine</i>) 200 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* (<i>Nevirapine ER</i>) 400 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - rti-nucleoside analogues-purines*** | | | |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE (<i>Didanosine</i>) 125 MG, 200 MG, 250 MG, 400 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| ZIAGEN ORAL SOLUTION 20 MG/ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| ZIAGEN ORAL TABLET (<i>Abacavir Sulfate</i>) 300 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - rti-nucleoside analogues-pyrimidines*** | | | |
| EMTRIVA ORAL CAPSULE 200 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (720 ML per 30 Days) |
| EPIVIR ORAL SOLUTION (<i>Lamivudine</i>) 10 MG/ML | T1 | T1 | RM; AI (Limited to 30 days supply) |
| EPIVIR ORAL TABLET (<i>Lamivudine</i>) 150 MG, 300 MG | T1 | T1 | RM; AI (Limited to 30 days supply) |
| *antiretrovirals - rti-nucleoside analogues-thymidines*** | | | |
| RETROVIR ORAL CAPSULE (<i>Zidovudine</i>) 100 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| RETROVIR ORAL SYRUP (<i>Zidovudine</i>) 50 MG/5ML | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| ZERIT ORAL CAPSULE (<i>Stavudine</i>) 15 MG, 20 MG, 30 MG, 40 MG | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| ZERIT ORAL SOLUTION RECONSTITUTED (<i>Stavudine</i>) 1 MG/ML | T1 | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| <i>zidovudine oral tablet 300 mg</i> | | T1 | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| *antiretrovirals - rti-nucleotide analogues*** | | | |
| VIREAD ORAL POWDER 40 MG/GM | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 day) |
| VIREAD ORAL TABLET 300 MG | T1 | | SP; AI (Limited to In-Network Specialty Pharmacies, 30 day maximum); QL (1 EA per 1 Day) |
| *cmv agents*** | | | |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML | SP | | SP |
| VALCYTE ORAL TABLET (<i>Valganciclovir HCl</i>) 450 MG | SP | SP | SP; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *hepatitis b agents*** | | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | SP | | SP; AI (Max #1800 Mail Order); QL (20 ML per 1 Day); AL (Min 16 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| BARACLUDE ORAL TABLET (<i>Entecavir</i>) 0.5 MG, 1 MG | SP | SP | SP; AI (); QL (1 EA per 1 Day); AL (Min 16 Years) |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | SP | | SP |
| EPIVIR HBV ORAL TABLET (<i>LamiVUDine</i>) 100 MG | SP | SP | SP |
| HEPSERA ORAL TABLET 10 MG | SP | | SP |
| TYZEKA ORAL TABLET 600 MG | SP | | SP; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 16 Years) |
| *hepatitis c agents*** | | | |
| COPEGUS ORAL TABLET 200 MG | SP | | SP |
| DAKLINZA ORAL TABLET 30 MG, 60 MG | SP | | PA; SP; QL (1 EA per 1 day); AL (Min 18 Years) |
| MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG | SP | | RM; QL (2 EA per 1 Day) |
| MODERIBA 800 DOSE PACK ORAL TABLET 400 MG | SP | | RM; QL (2 EA per 1 Day) |
| MODERIBA ORAL TABLET (<i>Ribavirin</i>) 200 MG | SP | SP | RM |
| OLYSIO ORAL CAPSULE 150 MG | SP | | PA; SP |
| PEGASYS PROCLICK SUBCUTANEOUS* SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML | SP | | PA; SP |
| PEGASYS SUBCUTANEOUS* KIT 180 MCG/0.5ML | SP | | PA; SP |
| PEGASYS SUBCUTANEOUS* SOLUTION 180 MCG/0.5ML, 180 MCG/ML | SP | | PA; SP |
| PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML | SP | | PA; SP |
| PEG-INTRON REDIPEN SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML | SP | | PA; SP |
| PEG-INTRON SUBCUTANEOUS* KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML | SP | | PA; SP |
| REBETOL ORAL CAPSULE 200 MG | SP | | SP |
| REBETOL ORAL SOLUTION 40 MG/ML | SP | | SP |
| RIBASPHERE ORAL CAPSULE 200 MG | SP | | SP |
| RIBASPHERE ORAL TABLET 200 MG | SP | | SP |
| RIBASPHERE ORAL TABLET 400 MG, 600 MG | SP | | SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| RIBATAB ORAL 400 & 600 MG | SP | | RM |
| RIBATAB ORAL TABLET 400 MG, 600 MG | SP | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>ribavirin oral capsule 200 mg</i> | | SP | RM |
| SOVALDI ORAL TABLET 400 MG | SP | | PA; SP |
| VICTRELIS ORAL CAPSULE 200 MG | SP | | PA; SP; AI (Not Covered Mail Order); QL (336 EA per 30 Days); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *herpes agents - purine analogues*** | | | |
| <i>acyclovir oral capsule 200 mg</i> | | T1 | RM |
| <i>acyclovir oral suspension 200 mg/5ml</i> | | T1 | RM |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | | T1 | RM |
| SITAVIG BUCCAL TABLET 50 MG | T1 | | PA; RM; AI (Max #15 tablets retail or mail order); AL (Min 16 Years) |
| <i>valacyclovir hcl oral tablet 500 mg</i> | | T1 | RM; QL (2 EA per 1 Day) |
| VALTREX ORAL TABLET (ValACYclovir HCl) 1 GM | T1 | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| VALTREX ORAL TABLET 500 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *herpes agents - thymidine analogues*** | | | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | | T1 | RM |
| *influenza agents*** | | | |
| FLUMADINE ORAL TABLET (Rimantadine HCl) 100 MG | T1 | T1 | RM |
| *neuraminidase inhibitors*** | | | |
| RELENZA DISKHALER INHALATION AEROSOL POWDER, BREATH ACTIVATED 5 MG/BLISTER | T1 | | RM; AI (Max #20 retail or mail); QL (20 EA Max Qty Per Fill Retail) |
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG | T1 | | RM; AI (#10 per copay retail or mail); QL (10 EA per 1 Copay) |
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | T1 | | RM; AI (180 ml per copay retail or mail); QL (180 ML per 1 Copay) |
| *Assorted Classes* | | | |
| *antileptotics*** | | | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | SP | | SP |
| *b-lymphocyte stimulator (blys)-specific inhibitors*** | | | |
| BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 120 MG | SP | | PA; SP |
| BENLYSTA INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG | SP | | SP |
| *chelating agents*** | | | |
| CUPRIMINE ORAL CAPSULE 250 MG | T1 | | RM |
| DEPEN TITRATABS ORAL TABLET 250 MG | T1 | | RM |
| SYPRINE ORAL CAPSULE 250 MG | T1 | | PA; RM |
| *cyclosporine analogs*** | | | |
| <i>cyclosporine modified oral capsule 50 mg</i> | | SP | SP |
| GENGRAF ORAL CAPSULE (CycloSPORINE Modified) 100 MG, 25 MG | SP | SP | SP |
| GENGRAF ORAL SOLUTION (CycloSPORINE Modified) 100 MG/ML | SP | SP | SP |
| NEORAL ORAL CAPSULE (CycloSPORINE Modified) 100 MG, 25 MG | SP | SP | SP |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| NEORAL ORAL SOLUTION (<i>CycloSPORINE Modified</i>) 100 MG/ML | SP | SP | SP |
| SANDIMMUNE INTRAVENOUS* SOLUTION (<i>CycloSPORINE</i>) 50 MG/ML | SP | SP | SP |
| SANDIMMUNE ORAL CAPSULE (<i>CycloSPORINE</i>) 100 MG, 25 MG | SP | SP | SP |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | SP | | SP |
| *enzymes*** | | | |
| XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG | SP | | PA; SP |
| *immunomodulators for myelodysplastic syndromes*** | | | |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | SP | | SP; AI (Max #30 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *inosine monophosphate dehydrogenase inhibitors*** | | | |
| CELLCEPT ORAL CAPSULE (<i>Mycophenolate Mofetil</i>) 250 MG | T1 | T1 | RM |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED (<i>Mycophenolate Mofetil</i>) 200 MG/ML | T1 | T1 | RM |
| CELLCEPT ORAL TABLET (<i>Mycophenolate Mofetil</i>) 500 MG | T1 | T1 | RM |
| MYFORTIC ORAL TABLET DELAYED RELEASE (<i>Mycophenolic Acid</i>) 180 MG | T1 | T1 | RM; AI (); QL (6 EA per 1 Day) |
| MYFORTIC ORAL TABLET DELAYED RELEASE (<i>Mycophenolic Acid</i>) 360 MG | T1 | T1 | RM; AI (); QL (4 EA per 1 Day) |
| *macrolide immunosuppressants*** | | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | SP | | SP |
| HECORIA ORAL CAPSULE (<i>Tacrolimus</i>) 0.5 MG, 1 MG, 5 MG | SP | SP | SP |
| PROGRAF INTRAVENOUS* SOLUTION 5 MG/ML | SP | | SP |
| PROGRAF ORAL CAPSULE (<i>Tacrolimus</i>) 0.5 MG, 1 MG, 5 MG | SP | SP | SP |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | T1 | | RM |
| RAPAMUNE ORAL TABLET (<i>Sirolimus</i>) 0.5 MG, 1 MG, 2 MG | T1 | T1 | RM |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG | SP | | SP |
| *potassium removing resins*** | | | |
| KAYEXALATE ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>) | T1 | T1 | RM |
| KIONEX ORAL POWDER (<i>Sodium Polystyrene Sulfonate</i>) | T1 | T1 | RM |
| KIONEX ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML | T1 | T1 | RM |
| SPS ORAL SUSPENSION (<i>Sodium Polystyrene Sulfonate</i>) 15 GM/60ML | T1 | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *purine analogs*** | | | |
| <i>azathioprine oral tablet 50 mg</i> | | T1 | RM |
| *selective t-cell costimulation blockers*** | | | |
| NULOJIX INTRAVENOUS* SOLUTION RECONSTITUTED 250 MG | SP | | PA; SP |
| *Beta Blockers* | | | |
| *alpha-beta blockers*** | | | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | | T1 | RM |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i> | | T1 | RM |
| *beta blockers cardio-selective*** | | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | | T1 | RM |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>betaxolol hcl oral tablet 10 mg</i> | | T1 | RM; AI (Max #135 Mail Order); QL (1.5 EA per 1 Day) |
| <i>betaxolol hcl oral tablet 20 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| BYSTOLIC ORAL TABLET 10 MG, 20 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years) |
| BYSTOLIC ORAL TABLET 2.5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| BYSTOLIC ORAL TABLET 5 MG | T1 | | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years) |
| <i>metoprolol succinate er oral tablet extended release 24 hr* 100 mg, 200 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| *beta blockers non-selective*** | | | |
| LEVATOL ORAL TABLET 20 MG | T1 | | RM |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | | T1 | RM |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | | T1 | RM |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i> | | T1 | RM |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | | T1 | RM |
| SORINE ORAL TABLET (Sotalol HCl) 120 MG, 160 MG, 240 MG, 80 MG | T1 | T1 | RM |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> | | T1 | RM |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | | T1 | RM |
| *Bile Acid Synthesis Disorder Agents*** | | | |
| *bile acid synthesis disorder agents*** | | | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | SP | | PA; SP |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *Biologicals Misc* | | | |
| *biologicals misc*** | | | |
| ADAGEN INTRAMUSCULAR* SOLUTION 250 UNIT/ML | SP | | PA; SP |
| *Calcium Channel Blockers* | | | |
| *calcium channel blockers*** | | | |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER) 30 MG, 60 MG | T1 | T1 | RM |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Diltiazem HCl ER Coated Beads) 120 MG, 180 MG, 240 MG, 300 MG | T1 | T1 | RM |
| <i>dilt-cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | | T1 | RM |
| <i>diltiazem hcl cd oral capsule extended release 24 hour 360 mg</i> | | T1 | RM |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i> | | T1 | RM |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i> | | T1 | RM |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | | T1 | RM |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | | T1 | RM |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | | T1 | RM |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | | T1 | RM |
| <i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | | T1 | RM |
| <i>felodipine er oral tablet extended release 24 hr* 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | | T1 | RM |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i> | | T1 | RM |
| NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER) 30 MG, 60 MG, 90 MG | T1 | T1 | RM |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HR* (NIFEdipine ER Osmotic Release) 30 MG, 60 MG | T1 | T1 | RM |
| <i>nifedipine er osmotic release oral tablet extended release 24 hr* 90 mg</i> | | T1 | RM |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | | T1 | RM |
| <i>nimodipine oral capsule 30 mg</i> | | T1 | RM; AI (Max #756 Mail Order); QL (8.4 EA per 1 Day) |
| <i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>nisoldipine er oral tablet extended release 24 hr* 30 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Diltiazem HCl ER Beads</i>) 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | T1 | T1 | RM |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | | T1 | RM |
| <i>verapamil hcl er oral tablet extendedrelease* 120 mg, 180 mg, 240 mg</i> | | T1 | RM |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i> | | T1 | RM |
| *Cardiotonics* | | | |
| *cardiac glycosides*** | | | |
| DIGITEK ORAL TABLET (<i>Digoxin</i>) 125 MCG, 250 MCG | T1 | T1 | RM |
| DIGOX ORAL TABLET (<i>Digoxin</i>) 0.125 MG, 0.25 MG | T1 | T1 | RM |
| <i>digoxin oral solution 0.05 mg/ml</i> | | T1 | RM |
| LANOXIN ORAL TABLET 0.0625 MG, 187.5 MCG | T1 | | RM |
| LANOXIN ORAL TABLET (<i>Digoxin</i>) 0.125 MG, 250 MCG | T1 | T1 | RM |
| *Cardiovascular Agents - Misc.* | | | |
| *prostaglandin vasodilators*** | | | |
| FLOLAN INTRAVENOUS* SOLUTION RECONSTITUTED 0.5 MG | SP | | SP |
| FLOLAN INTRAVENOUS* SOLUTION RECONSTITUTED (<i>Epoprostenol Sodium</i>) 1.5 MG | SP | SP | SP |
| ORENITRAM ORAL TABLET EXTENDEDRELEASE* 0.125 MG, 0.25 MG, 1 MG, 2.5 MG | SP | | SP |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | SP | | SP |
| TYVASO INHALATION SOLUTION 0.6 MG/ML | SP | | SP |
| TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML | SP | | SP |
| TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML | SP | | SP |
| VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED 0.5 MG | SP | | SP |
| VELETRI INTRAVENOUS* SOLUTION RECONSTITUTED (<i>Epoprostenol Sodium</i>) 1.5 MG | SP | SP | SP |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML | SP | | SP |
| *pulm hyperten-soluble guanylate cyclase stimulator (sgc)*** | | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | SP | | SP; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years) |
| *pulmonary hypertension - endothelin receptor antagonists*** | | | |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | SP | | PA; SP; QL (1 EA per 1 Day); AL (Min 18 Years) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| OPSUMIT ORAL TABLET 10 MG | SP | | PA; SP |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | SP | | PA; SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *pulmonary hypertension - phosphodiesterase inhibitors*** | | | |
| ADCIRCA ORAL TABLET 20 MG | SP | | SP |
| REVATIO INTRAVENOUS* SOLUTION 10 MG/12.5ML | SP | | ST; SP |
| REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML | SP | | SP |
| REVATIO ORAL TABLET (<i>Sildenafil Citrate</i>) 20 MG | SP | SP | SP; AL (Min 18 Years) |
| *selective cgmp phosphodiesterase type 5 inhibitors*** | | | |
| CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | T1 | | PA; ST; RM; M; QL (24 EA per 84 Days); AL (Min 18 Years) |
| *Cephalosporins* | | | |
| *cephalosporins - 1st generation*** | | | |
| <i>cefadroxil oral capsule 500 mg</i> | | T1 | RM |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | | T1 | RM |
| <i>cefadroxil oral tablet 1 gm</i> | | T1 | RM |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | | T1 | RM |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | | T1 | RM |
| *cephalosporins - 2nd generation*** | | | |
| <i>cefactor er oral tablet extended release 12 hr* 500 mg</i> | | T1 | RM |
| <i>cefactor oral capsule 250 mg, 500 mg</i> | | T1 | RM |
| <i>cefactor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i> | | T1 | RM |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | | T1 | RM |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML | T1 | | RM |
| <i>cefuroxime axetil oral suspension reconstituted 125 mg/5ml</i> | | T1 | RM |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| *cephalosporins - 3rd generation*** | | | |
| CEDAX ORAL CAPSULE (<i>Ceftibuten</i>) 400 MG | T1 | T1 | RM |
| CEDAX ORAL SUSPENSION RECONSTITUTED (<i>Ceftibuten</i>) 180 MG/5ML | T1 | T1 | RM |
| CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML | T1 | | RM |
| <i>cefdinir oral capsule 300 mg</i> | | T1 | RM |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| <i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i> | | T1 | RM |
| <i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i> | | T1 | RM |
| <i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i> | | T1 | RM |
| SUPRAX ORAL SUSPENSION RECONSTITUTED (Cefixime) 100 MG/5ML, 200 MG/5ML | T1 | T1 | RM |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | T1 | | RM |
| SUPRAX ORAL TABLET 400 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG | T1 | | RM |
| *Chemicals* | | | |
| *bulk chemicals - be's*** | | | |
| <i>belladonna tincture</i> | | T1 | RM |
| *bulk chemicals - en*** | | | |
| <i>enalapril maleate powder</i> | | T1 | RM |
| *Contraceptives* | | | |
| *biphasic contraceptives - oral*** | | | |
| AZURETTE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5) | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| BEKYREE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5) | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| KARIVA ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5) | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| KIMIDESS ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5) | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| MIRCETTE ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5) | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| NECON 10/11 (28) ORAL TABLET 35 MCG | \$0 | | RM |
| PIMTREA ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-0.02/0.01 MG (21/5) | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i> | | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| *combination contraceptives - oral*** | | | |
| ALTAVERA ORAL TABLET (Marlissa) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|---|
| APRI ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| AVIANE ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| BALZIVA ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG | T1 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| BLISOVI 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24) | \$0 | \$0 | RM; F; QL (28 EA per 30 days) |
| BREVICON (28) ORAL TABLET 0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| CHATEAL ORAL TABLET (<i>Marlissa</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| CYCLAFEM 1/35 ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| CYRED ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| DASETTA 1/35 ORAL TABLET 1-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| DELYLA ORAL TABLET 0.1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| EMOQUETTE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| FALMINA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|---|
| FEMCON FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| GILDAGIA ORAL TABLET (Briellyn) 0.4-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| GILDESS 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| GILDESS 1/20 ORAL TABLET (Norethindrone Acet-Ethinyl Est) 1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| GILDESS 24 FE ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24) | \$0 | \$0 | RM; F; QL (28 EA per 30 days) |
| GILDESS FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| GILDESS FE 1/20 ORAL TABLET 1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| JULEBER ORAL TABLET (Desogestrel-Ethinyl Estradiol) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| JUNEL FE 24 ORAL TABLET (Norethin Ace-Eth Estrad-FE) 1-20 MG-MCG(24) | \$0 | \$0 | RM; F; QL (28 EA per 30 days) |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| KURVELO ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days) |
| LARIN 1/20 ORAL TABLET (Norethindrone Acet-Ethinyl Est) 1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|---|
| LARIN 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24) | \$0 | \$0 | RM; F; QL (28 EA per 30 days) |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 days) |
| LARIN FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| LESSINA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LEVORA 0.15/30 (28) ORAL TABLET (<i>Marlissa</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LOMEDIA 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG(24) | \$0 | \$0 | RM; F; QL (28 EA per 30 days) |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| LUTERA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| MICROGESTIN 1/20 ORAL TABLET (<i>Norethindrone Acet-Ethinyl Est</i>) 1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| MICROGESTIN 24 FE ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG | \$0 | \$0 | RM; F; QL (28 EA per 30 days) |
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| MODICON (28) ORAL TABLET 0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|---|
| MONO-LINYAH ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| MONONESSA ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NECON 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NORINYL 1+35 (28) ORAL TABLET 1-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NORINYL 1+50 (28) ORAL TABLET 1-50 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NORTREL 1/35 (21) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| NORTREL 1/35 (28) ORAL TABLET (<i>Alyacen 1/35</i>) 1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| OCELLA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| OGESTREL ORAL TABLET 0.5-50 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ORSYTHIA ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ORTHO-CYCLEN (28) ORAL TABLET 0.25-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| OVCON-35 (28) ORAL TABLET 0.4-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| PHILITH ORAL TABLET (<i>Briellyn</i>) 0.4-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| PORTIA-28 ORAL TABLET (<i>Marlissa</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |

Last Revision Date: 1/12/16 To search for a drug use control + f

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|---|
| PREVIFEM ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| RECLIPSEN ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG | T1 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| SOLIA ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; \$0; QL (1.25 EA per 1 day) |
| SPRINTEC 28 ORAL TABLET (<i>Norgestimate-Eth Estradiol</i>) 0.25-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| SRONYX ORAL TABLET (<i>Levonorgestrel-Ethinyl Estrad</i>) 0.1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| SYEDA ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| TARINA FE 1/20 ORAL TABLET (<i>Norethin Ace-Eth Estrad-FE</i>) 1-20 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | \$0 | | RM; AI (Max #112); F; QL (28 EA per 30 Days) |
| WERA ORAL TABLET 0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| YASMIN 28 ORAL TABLET 3-0.03 MG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| YAZ ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.02 MG | \$0 | T1 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZARAH ORAL TABLET (<i>Drospirenone-Ethinyl Estradiol</i>) 3-0.03 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZENCHENT FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZENCHENT ORAL TABLET 0.4-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |
| ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA Max Qty Per Fill Retail) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| *combination contraceptives - transdermal*** | | | |
| ORTHO EVRA TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | T1 | | RM; AI (Max #9 Patches Mail Order); F; QL (3 EA per 30 Days) |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | \$0 | | RM; AI (Max #9 at Mail Order); F; QL (3 EA per 30 days) |
| *combination contraceptives - vaginal*** | | | |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR | \$0 | | RM; AI (Max #3 Mail Order); F; QL (1 EA per 30 Days) |
| *continuous contraceptives - oral*** | | | |
| AMETHYST ORAL TABLET (Levonorgestrel-Ethinyl Estrad) 90-20 MCG | \$0 | \$0 | RM; F; QL (28 EA per 30 Days) |
| *emergency contraceptives*** | | | |
| AFTERA ORAL TABLET 1.5 MG | \$0 | | RM; F; QL (3 EA per 30 days) |
| ELLA ORAL TABLET 30 MG | \$0 | | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days) |
| FALLBACK SOLO ORAL TABLET 1.5 MG | \$0 | | RM; F; QL (3 EA per 30 days) |
| MY WAY ORAL TABLET (Levonorgestrel) 1.5 MG | \$0 | \$0 | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days) |
| NEXT CHOICE ONE DOSE ORAL TABLET (Levonorgestrel) 1.5 MG | \$0 | \$0 | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days) |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG | \$0 | | RM; F; QL (3 EA per 30 days) |
| PLAN B ONE-STEP ORAL TABLET (Levonorgestrel) 1.5 MG | \$0 | \$0 | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days) |
| PLAN B ORAL TABLET (Levonorgestrel) 0.75 MG | \$0 | \$0 | RO; AI (Not covered at Mail Order); F; QL (3 EA per 30 Days) |
| TAKE ACTION ORAL TABLET 1.5 MG | \$0 | | RO; F; QL (3 EA Max Qty Per Fill Retail) |
| *extended-cycle contraceptives - oral*** | | | |
| AMETHIA LO ORAL TABLET (Levonorgest-Eth Estrad 91-Day) 0.1-0.02 & 0.01 MG | \$0 | \$0 | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |
| AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 91 days) |
| CAMRESE LO ORAL TABLET (Levonorgest-Eth Estrad 91-Day) 0.1-0.02 & 0.01 MG | \$0 | \$0 | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |
| CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| INTROVALE ORAL TABLET (Levonorgest-Eth Estrad 91-Day) 0.15-0.03 MG | \$0 | \$0 | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| JOLESSA ORAL TABLET (Levonorgest-Eth Estrad 91-Day) 0.15-0.03 MG | \$0 | \$0 | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| LOSEASONIQUE ORAL TABLET (Levonorgest-Eth Estrad 91-Day) 0.1-0.02 & 0.01 MG | \$0 | \$0 | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| QUARTETTE ORAL TABLET 42-21-21-7 DAYS | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |
| QUASENSE ORAL TABLET (<i>Levonorgest-Eth Estrad 91-Day</i>) 0.15-0.03 MG | \$0 | \$0 | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 days) |
| SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 90 Days) |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (91 EA per 91 days) |
| *four phase contraceptives - oral*** | | | |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| *progestin contraceptives - injectable*** | | | |
| DEPO-PROVERA INTRAMUSCULAR* SUSPENSION (<i>MedroxyPROGESTERone Acetate</i>) 150 MG/ML | \$0 | \$0 | RM; F; QL (1 ML per 90 Days) |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS* SUSPENSION 104 MG/0.65ML | \$0 | | RM; F; QL (0.65 ML per 90 Days) |
| *progestin contraceptives - oral*** | | | |
| CAMILA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| ERRIN ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| HEATHER ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| JENCYCLA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| JOLIVETTE ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| LYZA ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| NORA-BE ORAL TABLET (<i>Norethindrone</i>) 0.35 MG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| NORLYROC ORAL TABLET 0.35 MG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| NOR-QD ORAL TABLET 0.35 MG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| ORTHO MICRONOR ORAL TABLET 0.35 MG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *triphasic contraceptives - oral*** | | | |
| ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| CAZIAN ORAL TABLET 0.1/0.125/0.15 -0.025 MG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| CESIA ORAL TABLET 0.1/0.125/0.15 -0.025 MG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| CYCLAFEM 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| CYCLESSA ORAL TABLET 0.1/0.125/0.15 -0.025 MG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days) |
| DASETTA 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| ENPRESSE-28 ORAL TABLET | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| LEVONEST ORAL TABLET | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| <i>levonorg-eth estrad triphasic oral tablet</i> | | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 days) |
| MYZILRA ORAL TABLET | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| NECON 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| NORTREL 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | \$0 | | RM; AI (Max #112 Mail Order); F; QL (28 EA per 30 Days) |
| ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1-35 MG-MCG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days) |
| PIRMELLA 7/7/7 ORAL TABLET (Alyacen 7/7/7) 0.5/0.75/1-35 MG-MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days) |
| TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG | \$0 | | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| TRI-LINYAH ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| TRINESSA (28) ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | \$0 | | RM; AI (Max #91 Mail Order); F; QL (28 EA per 30 Days) |
| TRI-PREVIFEM ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| TRI-SPRINTEC ORAL TABLET (Norgestim-Eth Estrad Triphasic) 0.18/0.215/0.25 MG-35 MCG | \$0 | \$0 | RM; AI (Max #112 for up to 90 day supply Mail Order); F; QL (28 EA per 30 Days) |
| TRIVORA (28) ORAL TABLET | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG | \$0 | | RM; AI (Max #112 for up to 90days Mail Order); F; QL (28 EA per 30 Days) |
| *Corticosteroids* | | | |
| *glucocorticosteroids*** | | | |
| BAYCADRON ORAL ELIXIR (Dexamethasone) 0.5 MG/5ML | T1 | T1 | RM |
| <i>budesonide er oral capsule extended release 24 hour 3 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>cortisone acetate oral tablet 25 mg</i> | | T1 | RM |
| DELTASONE ORAL TABLET (PredniSONE) 20 MG | T1 | T1 | RM |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML | T1 | | RM |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | | T1 | RM |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | | T1 | RM |
| DEXPAK 6 DAY ORAL TABLET 1.5 MG | T1 | | RM |
| ENTOCORT EC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 3 MG | T1 | | RM; QL (3 EA per 1 Day) |
| FLO-PRED ORAL SUSPENSION 16.7 (15 BASE) MG/5ML | T1 | | RM |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | | T1 | RM |
| MEDROL ORAL TABLET 2 MG | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>methylprednisolone (pak) oral tablet 4 mg</i> | | T1 | RM |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | | T1 | RM |
| MILLIPRED ORAL SOLUTION 10 MG/5ML | T1 | | RM |
| ORAPRED ODT ORAL TABLET DISPERSIBLE (PrednisoLONE Sodium Phosphate) 10 MG, 15 MG, 30 MG | T1 | T1 | RM |
| ORAPRED ORAL SOLUTION (PrednisoLONE Sodium Phosphate) 15 MG/5ML | T1 | T1 | RM |
| <i>prednisolone oral solution 15 mg/5ml</i> | | T1 | RM |
| <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i> | | T1 | RM |
| <i>prednisone (pak) oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML | T1 | | RM |
| <i>prednisone oral solution 5 mg/5ml</i> | | T1 | RM |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i> | | T1 | RM |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG | T1 | | PA; RM |
| VERIPRED 20 ORAL SOLUTION 20 MG/5ML | T1 | | RM |
| *mineralocorticoids*** | | | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | | T1 | RM |
| *Cough/Cold/Allergy* | | | |
| *antitussive - nonnarcotic*** | | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | | T1 | RM |
| *antitussive - opioid*** | | | |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i> | | T1 | RM |
| <i>hydromet oral syrup 5-1.5 mg/5ml</i> | | T1 | RM |
| TUSSIGON ORAL TABLET (Hydrocodone-Homatropine) 5-1.5 MG | T1 | T1 | RM |
| *antitussive-expectorant*** | | | |
| <i>cheratussin ac oral syrup 100-10 mg/5ml</i> | | T1 | RM |
| <i>guaifenesin-codeine oral solution 100-10 mg/5ml</i> | | T1 | RM |
| *decongestant & antihistamine*** | | | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR* 2.5-120 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| PEDIATEX TD ORAL LIQUID† 0.938-10 MG/ML | T1 | | RM |
| <i>promethazine vc oral syrup 6.25-5 mg/5ml</i> | | T1 | RM |
| <i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i> | | T1 | RM |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i> | | T1 | RM |
| *decongestant w/ expectorant*** | | | |
| <i>lusair oral liquid† 7.5-200 mg/5ml</i> | | T1 | RM |
| *expectorants*** | | | |
| <i>guaifenesin oral tablet 200 mg</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *misc. respiratory inhalants*** | | | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 % | T1 | T1 | RM |
| <i>sodium chloride inhalation nebulization solution 0.9 %</i> | | T1 | RM |
| *mucolytics*** | | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | | T1 | RM |
| *non-narc antitussive-antihistamine*** | | | |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i> | | T1 | RM |
| *non-narc antitussive-decongestant-antihistamine*** | | | |
| BROMFED DM ORAL SYRUP 30-2-10 MG/5ML | T1 | | RM |
| <i>tgq 50pse/3brm/30dm oral syrup 50-3-30 mg/5ml</i> | | T1 | RM |
| *opioid antitussive-antihistamine*** | | | |
| <i>hydrocod polst-cpm polst er oral liquid extendedrelease* 10-8 mg/5ml</i> | | T1 | RM |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i> | | T1 | RM |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG | T1 | | RM |
| *opioid antitussive-decongestant-antihistamine*** | | | |
| M-END PE ORAL LIQUID† 3.33-1.33-6.33 MG/5ML | T1 | | RM |
| <i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i> | | T1 | RM |
| ZUTRIPRO ORAL SOLUTION 60-4-5 MG/5ML | T1 | | RM |
| *Cystic Fibrosis Agent - Combinations*** | | | |
| *cystic fibrosis agent - combinations*** | | | |
| ORKAMBI ORAL TABLET 200-125 MG | SP | | PA; SP |
| *Dermatologicals* | | | |
| *acne antibiotics*** | | | |
| ACZONE EXTERNAL 5 % | T1 | | PA; ST; RM |
| CLEOCIN-T EXTERNAL SOLUTION 1 % | T1 | | ST; RM |
| CLINDACIN-P EXTERNAL SWAB (Clindamycin Phosphate) 1 % | T1 | T1 | RM |
| <i>clindamycin phosphate external 1 %</i> | | T1 | RM |
| <i>clindamycin phosphate external foam 1 %</i> | | T1 | RM; AI (Max #150 gm 90ds. 100gm can is 90ds only,); QL (50 GM per 30 Days); AL (Min 12 Years) |
| <i>clindamycin phosphate external lotion 1 %</i> | | T1 | RM |
| <i>clindamycin phosphate external solution 1 %</i> | | T1 | RM |
| <i>ery external pad 2 %</i> | | T1 | RM |
| ERYGEL EXTERNAL (Erythromycin) 2 % | T1 | T1 | RM |
| <i>erythromycin external pad 2 %</i> | | T1 | RM |
| <i>erythromycin external solution 2 %</i> | | T1 | RM |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i> | | T1 | RM |
| <i>sulfacetamide sodium external suspension 10 %</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| *acne combinations*** | | | |
| BENZAMYCIN EXTERNAL (<i>Benzoyl Peroxide-Erythromycin</i>) 5-3 % | T1 | T1 | RM |
| BENZAMYCINPAK EXTERNAL PACKET 5-3 % | T1 | | RM |
| CLARIS CLARIFYING WASH EXTERNAL EMULSION 10-4 % | T1 | | RM |
| <i>clindamycin phos-benzoyl perox external 1-5 %, 1.2-5 %</i> | | T1 | RM |
| PRASCION EXTERNAL EMULSION (<i>Sulfacetamide Sodium-Sulfur</i>) 10-5 % | T1 | T1 | RM |
| <i>sss 10-5 external foam 10-5 %</i> | | T1 | RM; AI (60gm (1can) per copay. Max 2 cans retail or 6 cans Mail); QL (60 GM Max Qty Per Fill Retail) |
| <i>sulfacetamide sodium-sulfur external cream 10-5 %</i> | | T1 | RM |
| <i>sulfacetamide sodium-sulfur external foam 10-5 %</i> | | T1 | RM; AI (60gm (1can) per copay. Max 2 cans retail or 6 cans Mail); QL (60 GM Max Qty Per Fill Retail) |
| <i>sulfacetamide sodium-sulfur external liquid† 9-4 %, 9-4.5 %</i> | | T1 | RM |
| <i>sulfacetamide sodium-sulfur external lotion 10-5 %</i> | | T1 | RM |
| <i>sulfacetamide sodium-sulfur external suspension 10-5 %</i> | | T1 | RM |
| <i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i> | | T1 | RM |
| SULFACLEANSE 8/4 EXTERNAL SUSPENSION (<i>Sulfacetamide Sodium-Sulfur</i>) 8-4 % | T1 | T1 | RM |
| VELTIN EXTERNAL 1.2-0.025 % | T1 | | PA; ST; RM |
| ZIANA EXTERNAL 1.2-0.025 % | T1 | | PA; RM |
| *acne products*** | | | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG | T1 | | RM |
| <i>adapalene external 0.1 %</i> | | T1 | RM |
| <i>adapalene external cream 0.1 %</i> | | T1 | RM |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | T1 | | RM |
| AVITA EXTERNAL CREAM (<i>Tretinoin</i>) 0.025 % | T1 | T1 | RM |
| BENZEFOAMULTRA EXTERNAL FOAM (<i>Benzoyl Peroxide Short Contact</i>) 9.8 % | T1 | T1 | RM |
| BENZEPRO SHORT CONTACT EXTERNAL FOAM (<i>Benzoyl Peroxide Short Contact</i>) 9.8 % | T1 | T1 | RM |
| <i>bpo external 4 %</i> | | T1 | RM |
| <i>bpo foaming cloths external 3 %, 6 %</i> | | T1 | RM |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | T1 | | RM |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | T1 | | RM |
| RETIN-A MICRO EXTERNAL (<i>Tretinoin Microsphere</i>) 0.04 % | T1 | T1 | RM; AI (#50gm per copay retail or mail); QL (50 GM per 1 Copay) |

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| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|--|
| RETIN-A MICRO EXTERNAL (<i>Tretinoin Microsphere</i>) 0.1 % | T1 | T1 | RM; AI (); QL (1.7 GM per 1 day) |
| RETIN-A MICRO PUMP EXTERNAL (<i>Tretinoin Microsphere</i>) 0.04 % | T1 | T1 | RM; AI (#50gm per copay retail or mail); QL (50 GM per 1 Copay) |
| RETIN-A MICRO PUMP EXTERNAL 0.1 % | T1 | | ST; RM; AI (); QL (1.7 GM per 1 day) |
| <i>tretinoin external 0.01 %, 0.025 %</i> | | T1 | RM |
| <i>tretinoin external cream 0.05 %, 0.1 %</i> | | T1 | RM |
| <i>tretinoin microsphere pump external 0.04 %</i> | | T1 | RM; AI (#50gm per copay retail or mail); QL (50 GM per 1 Copay) |
| <i>tretinoin microsphere pump external 0.1 %</i> | | T1 | RM; AI (); QL (1.7 GM per 1 day) |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | T1 | | RM |
| *agents for external genital and perianal warts*** | | | |
| VEREGEN EXTERNAL OINTMENT 15 % | T1 | | RM; AI (#15 gm per copay retail or mail); QL (15 GM per 1 Copay) |
| *antibiotics - topical*** | | | |
| ALTABAX EXTERNAL OINTMENT 1 % | T1 | | RM; AI (1 tube per copay max 2 retail or 6 mail); QL (30 GM per 1 Copay) |
| BACTROBAN EXTERNAL CREAM (<i>Mupirocin Calcium</i>) 2 % | T1 | T1 | RM |
| <i>gentamicin sulfate external cream 0.1 %</i> | | T1 | RM |
| <i>gentamicin sulfate external ointment 0.1 %</i> | | T1 | RM |
| <i>mupirocin external ointment 2 %</i> | | T1 | RM |
| *antifungals - topical combinations*** | | | |
| ALA-QUIN EXTERNAL CREAM 3-0.5 % | T1 | | RM |
| ALCORTIN A EXTERNAL 1-2-1 % | T1 | | RM |
| ALOQUIN EXTERNAL 1.25-1 % | T1 | | RM |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | | T1 | RM |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | | T1 | RM |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i> | | T1 | RM |
| LOTRISONE EXTERNAL CREAM 1-0.05 % | T1 | | ST; RM |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | | T1 | RM |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | | T1 | RM |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 % | T1 | | RM; AI (50gm per copay retail or mail); QL (50 GM per 1 Copay) |
| *antifungals - topical*** | | | |
| CICLODAN CREAM EXTERNAL KIT 0.77 % | T1 | | RM |
| CICLODAN EXTERNAL CREAM (<i>Ciclopirox Olamine</i>) 0.77 % | T1 | T1 | RM |
| <i>ciclopirox external 0.77 %</i> | | T1 | RM |
| <i>ciclopirox external solution 8 %</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>ciclopirox olamine external suspension 0.77 %</i> | | T1 | RM |
| LOPROX EXTERNAL SHAMPOO (Ciclopirox) 1 % | T1 | T1 | RM |
| MENTAX EXTERNAL CREAM 1 % | T1 | | RM |
| <i>naftifine hcl external cream 1 %</i> | | T1 | RM |
| NAFTIN EXTERNAL 1 % | T1 | | RM |
| NYAMYC EXTERNAL POWDER (Pedi-Dri) 100000 UNIT/GM | T1 | T1 | RM |
| <i>nystatin external cream 100000 unit/gm</i> | | T1 | RM |
| <i>nystatin external ointment 100000 unit/gm</i> | | T1 | RM |
| <i>nystatin external powder 100000 unit/gm</i> | | T1 | RM |
| NYSTOP EXTERNAL POWDER (Pedi-Dri) 100000 UNIT/GM | T1 | T1 | RM |
| PEDIADERM AF COMPLETE EXTERNAL KIT 100000 UNIT/GM | T1 | | RM |
| PENLAC EXTERNAL SOLUTION 8 % | T1 | | PA; RM |
| *anti-inflammatory agents - topical*** | | | |
| <i>diclofenac sodium transdermal solution 1.5 %</i> | | T1 | RM; QL (5 ML per 1 day) |
| FLECTOR TRANSDERMAL PATCH 1.3 % | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years) |
| <i>ketorolac tromethamine external 2 %</i> | | T1 | RM |
| PENNSAID TRANSDERMAL SOLUTION 1.5 % | T1 | | RM; AI (); QL (5 ML per 1 day) |
| PENNSAID TRANSDERMAL SOLUTION 2 % | T1 | | RM; AI (#112 grams per copay retail or mail. Max #336); QL (112 GM per 1 Copay) |
| VOLTAREN TRANSDERMAL 1 % | T1 | | RM; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay) |
| *antineoplastic alkylating agents - topical*** | | | |
| VALCHLOR EXTERNAL 0.016 % | SP | | SP; AI (Max #360gm); QL (60 GM per 1 Copay); AL (Min 18 Years) |
| *antineoplastic antimetabolites - topical*** | | | |
| CARAC EXTERNAL CREAM 0.5 % | SP | | RM; AI (Max #90 Mail Order); QL (1 GM per 1 Day) |
| EFUDEX EXTERNAL CREAM (Fluorouracil) 5 % | SP | SP | SP |
| FLUOROPLEX EXTERNAL CREAM 1 % | SP | | RM |
| <i>fluorouracil external cream 0.5 %</i> | | T1 | RM; QL (1 GM per 1 day) |
| <i>fluorouracil external solution 2 %, 5 %</i> | | T1 | RM |
| TOLAK EXTERNAL CREAM 4 % | T1 | | RM |
| *antineoplastic or premalignant lesions - topical misc.*** | | | |
| PICATO EXTERNAL 0.015 %, 0.05 % | T1 | | RM |
| *antineoplastic or premalignant lesions - topical nsaid's*** | | | |
| SOLARAZE TRANSDERMAL (Diclofenac Sodium) 3 % | T1 | T1 | RM; AI (Max #100 Gm Tube Mail Order); QL (100 GM per 30 Days) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *antineoplastic retinoids - topical*** | | | |
| PANRETIN EXTERNAL 0.1 % | T1 | | RM |
| *antipruritics - topical*** | | | |
| PRUDOXIN EXTERNAL CREAM 5 % | T1 | | RM |
| ZONALON EXTERNAL CREAM 5 % | T1 | | RM |
| *antipsoriatics - systemic*** | | | |
| 8-MOP ORAL CAPSULE 10 MG | T1 | | RM |
| <i>methoxsalen rapid oral capsule 10 mg</i> | | T1 | RM |
| SORIATANE ORAL CAPSULE (<i>Acitretin</i>) 10 MG, 17.5 MG, 25 MG | T1 | T1 | RM |
| *antipsoriatics*** | | | |
| <i>calcipotriene external solution 0.005 %</i> | | T1 | RM |
| CALCITRENE EXTERNAL OINTMENT (<i>Calcipotriene</i>) 0.005 % | T1 | T1 | RM |
| DOVONEX EXTERNAL CREAM (<i>Calcipotriene</i>) 0.005 % | T1 | T1 | RM |
| DRITHO-CREME HP EXTERNAL CREAM 1 % | T1 | | RM |
| TAZORAC EXTERNAL 0.05 %, 0.1 % | T1 | | RM |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % | T1 | | RM |
| VECTICAL EXTERNAL OINTMENT (<i>Calcitriol</i>) 3 MCG/GM | T1 | T1 | RM; AI (Max #300 Mail Order); QL (100 GM per 30 Days) |
| *antiseborrheic combinations*** | | | |
| <i>selenium sulfide external shampoo 2.25 %</i> | | T1 | RM |
| <i>selenium sulf-pyrithione-urea external shampoo 2.25 %</i> | | T1 | RM |
| *antiseborrheic products*** | | | |
| OVACE PLUS WASH EXTERNAL (<i>Sulfacetamide Sodium</i>) 10 % | T1 | T1 | RM |
| <i>selenium sulfide external lotion 2.5 %</i> | | T1 | RM |
| <i>sodium sulfacetamide external shampoo 10 %</i> | | T1 | RM |
| <i>sulfacetamide sodium external liquid† 10 %</i> | | T1 | RM |
| *antiviral topical combinations*** | | | |
| XERESE EXTERNAL CREAM 5-1 % | T1 | | RM |
| *antivirals - topical*** | | | |
| DENAVIR EXTERNAL CREAM 1 % | T1 | | RM |
| ZOVIRAX EXTERNAL CREAM 5 % | T1 | | RM |
| ZOVIRAX EXTERNAL OINTMENT (<i>Acyclovir</i>) 5 % | T1 | T1 | RM |
| *burn products*** | | | |
| SSD EXTERNAL CREAM (<i>Silver Sulfadiazine</i>) 1 % | T1 | T1 | RM |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM | T1 | | RM |
| THERMAZENE EXTERNAL CREAM (<i>Silver Sulfadiazine</i>) 1 % | T1 | T1 | RM |
| *cauterizing agents*** | | | |
| <i>silver nitrate external ointment 10 %</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|-------------------------------|
| TRI-CHLOR EXTERNAL LIQUID† 80 % | T1 | | RM |
| *corticosteroids - topical*** | | | |
| <i>alclometasone dipropionate external cream 0.05 %</i> | | T1 | RM |
| <i>alclometasone dipropionate external ointment 0.05 %</i> | | T1 | RM |
| <i>amcinonide external cream 0.1 %</i> | | T1 | RM |
| <i>amcinonide external lotion 0.1 %</i> | | T1 | RM |
| <i>amcinonide external ointment 0.1 %</i> | | T1 | RM |
| <i>betamethasone dipropionate aug external 0.05 %</i> | | T1 | RM |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | | T1 | RM |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | | T1 | RM |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> | | T1 | RM |
| <i>betamethasone dipropionate external cream 0.05 %</i> | | T1 | RM |
| <i>betamethasone dipropionate external lotion 0.05 %</i> | | T1 | RM |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | | T1 | RM |
| <i>betamethasone valerate external cream 0.1 %</i> | | T1 | RM |
| <i>betamethasone valerate external lotion 0.1 %</i> | | T1 | RM |
| <i>betamethasone valerate external ointment 0.1 %</i> | | T1 | RM |
| <i>clobetasol propionate e external cream 0.05 %</i> | | T1 | RM |
| <i>clobetasol propionate external 0.05 %</i> | | T1 | RM |
| <i>clobetasol propionate external cream 0.05 %</i> | | T1 | RM |
| <i>clobetasol propionate external liquid† 0.05 %</i> | | T1 | RM |
| <i>clobetasol propionate external solution 0.05 %</i> | | T1 | RM |
| CLOBEX EXTERNAL SHAMPOO (Clobetasol Propionate) 0.05 % | T1 | T1 | RM |
| CORDRAN EXTERNAL LOTION 0.05 % | T1 | | RM |
| DESONATE EXTERNAL 0.05 % | T1 | | RM |
| <i>desonide external cream 0.05 %</i> | | T1 | RM |
| <i>desonide external lotion 0.05 %</i> | | T1 | RM |
| <i>desonide external ointment 0.05 %</i> | | T1 | RM |
| <i>desoximetasone external 0.05 %</i> | | T1 | RM |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i> | | T1 | RM |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i> | | T1 | RM |
| <i>fluocinolone acetonide body external oil 0.01 %</i> | | T1 | RM |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | | T1 | RM |
| <i>fluocinolone acetonide external ointment 0.025 %</i> | | T1 | RM |
| <i>fluocinolone acetonide external solution 0.01 %</i> | | T1 | RM |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i> | | T1 | RM |
| <i>fluocinonide external 0.05 %</i> | | T1 | RM |
| <i>fluocinonide external cream 0.05 %</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|---|
| <i>fluocinonide external ointment 0.05 %</i> | | T1 | RM |
| <i>fluocinonide external solution 0.05 %</i> | | T1 | RM |
| <i>fluocinonide-e external cream 0.05 %</i> | | T1 | RM |
| <i>fluticasone propionate external cream 0.05 %</i> | | T1 | RM |
| <i>fluticasone propionate external lotion 0.05 %</i> | | T1 | RM |
| <i>fluticasone propionate external ointment 0.005 %</i> | | T1 | RM |
| <i>halobetasol propionate external cream 0.05 %</i> | | T1 | RM |
| <i>halobetasol propionate external ointment 0.05 %</i> | | T1 | RM |
| HALOG EXTERNAL OINTMENT 0.1 % | T1 | | RM |
| <i>hydrocortisone butyrate external cream 0.1 %</i> | | T1 | RM |
| <i>hydrocortisone butyrate external ointment 0.1 %</i> | | T1 | RM |
| <i>hydrocortisone butyrate external solution 0.1 %</i> | | T1 | RM |
| <i>hydrocortisone external cream 2.5 %</i> | | T1 | RM |
| <i>hydrocortisone external lotion 2.5 %</i> | | T1 | RM |
| <i>hydrocortisone external ointment 2.5 %</i> | | T1 | RM |
| <i>hydrocortisone valerate external cream 0.2 %</i> | | T1 | RM |
| <i>hydrocortisone valerate external ointment 0.2 %</i> | | T1 | RM |
| KENALOG EXTERNAL AEROSOL, SOLUTION <i>(Triamcinolone Acetonide) 0.147 MG/GM</i> | T1 | T1 | RM |
| LUXIQ EXTERNAL FOAM <i>(Betamethasone Valerate)</i> 0.12 % | T1 | T1 | RM |
| <i>mometasone furoate external cream 0.1 %</i> | | T1 | RM |
| <i>mometasone furoate external ointment 0.1 %</i> | | T1 | RM |
| <i>mometasone furoate external solution 0.1 %</i> | | T1 | RM |
| OLUX EXTERNAL FOAM <i>(Clobetasol Propionate)</i> 0.05 % | T1 | T1 | RM |
| OLUX-E EXTERNAL FOAM <i>(Clobetasol Propionate Emulsion)</i> 0.05 % | T1 | T1 | RM; AI (100gm per copay retail or mail); QL (100 GM per 1 Copay); AL (Min 12 Years) |
| <i>prednicarbate external cream 0.1 %</i> | | T1 | RM |
| TEMOVATE EXTERNAL OINTMENT <i>(Clobetasol Propionate)</i> 0.05 % | T1 | T1 | RM |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i> | | T1 | RM |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | | T1 | RM |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> | | T1 | RM |
| TRIANEX EXTERNAL OINTMENT 0.05 % | T1 | | RM |
| *depigmenting agents*** | | | |
| ACLARO EXTERNAL EMULSION 4 % | T1 | | RM |
| *emollient/keratolytic agents*** | | | |
| CARB-O-PHILIC/40 EXTERNAL CREAM <i>(Urea)</i> 40 % | T1 | T1 | RM |
| CEROVEL EXTERNAL LOTION <i>(Urea)</i> 40 % | T1 | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| KERAFOAM 42 EXTERNAL FOAM 42 % | T1 | | RM |
| REA LO 40 EXTERNAL CREAM (Urea) 40 % | T1 | T1 | RM |
| REMEVEN EXTERNAL CREAM (Urea) 50 % | T1 | T1 | RM |
| U-KERA E EXTERNAL CREAM (Urea) 40 % | T1 | T1 | RM |
| UMECTA EXTERNAL EMULSION 40 % | T1 | | RM |
| URAMAXIN EXTERNAL LOTION (Urea) 45 % | T1 | T1 | RM |
| urea external suspension 40 % | | T1 | RM |
| urea nail film external suspension 40 % | | T1 | RM |
| urea-c40 external lotion 40 % | | T1 | RM |
| X-VIATE EXTERNAL CREAM (Urea) 40 % | T1 | T1 | RM |
| X-VIATE EXTERNAL LOTION (Urea) 40 % | T1 | T1 | RM |
| *enzymes - topical*** | | | |
| REVINA EXTERNAL OINTMENT | T1 | | RM |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | T1 | | RM |
| VASOLEX EXTERNAL OINTMENT | T1 | | RM |
| *imidazole-related antifungals - topical*** | | | |
| clotrimazole external solution 1 % | | T1 | RM |
| econazole nitrate external cream 1 % | | T1 | RM |
| ERTACZO EXTERNAL CREAM 2 % | T1 | | ST; RM |
| EXELDERM EXTERNAL CREAM 1 % | T1 | | RM |
| EXELDERM EXTERNAL SOLUTION 1 % | T1 | | RM |
| JUBLIA EXTERNAL SOLUTION 10 % | T1 | | PA; RM; QL (0.27 ML per 1 day); AL (Min 18 Years) |
| ketoconazole external cream 2 % | | T1 | RM |
| KETODAN EXTERNAL FOAM 2 % | T1 | | RM |
| LUZU EXTERNAL CREAM 1 % | T1 | | PA; RO; QL (2 GM per 1 day); AL (Min 18 Years) |
| NIZORAL EXTERNAL SHAMPOO (Ketoconazole) 2 % | T1 | T1 | RM |
| OXISTAT EXTERNAL CREAM 1 % | T1 | | RM |
| OXISTAT EXTERNAL LOTION 1 % | T1 | | RM |
| *immunomodulators imidazoquinolinamines - topical*** | | | |
| ALDARA EXTERNAL CREAM (Imiquimod) 5 % | T1 | T1 | RM |
| ZYCLARA EXTERNAL CREAM 3.75 % | T1 | | RM |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % | T1 | | RM |
| *keratolytic/antimitotic agents*** | | | |
| CONDYLOX EXTERNAL 0.5 % | T1 | | RM |
| podofilox external solution 0.5 % | | T1 | RM |
| SALACYN EXTERNAL CREAM (Salicylic Acid) 6 % | T1 | T1 | RM |
| salicylic acid external foam 6 % | | T1 | RM |
| salicylic acid external liquid† 26 % | | T1 | RM |
| salicylic acid external lotion 6 % | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| <i>salicylic acid external shampoo 6 %</i> | | T1 | RM |
| <i>salicylic acid wart remover external liquid† 27.5 %</i> | | T1 | RM |
| *local anesthetics - topical*** | | | |
| GLYDO EXTERNAL (Lidocaine HCl) 2 % | T1 | T1 | RM |
| <i>lidocaine external ointment 5 %</i> | | T1 | RM |
| <i>lidocaine hcl external cream 3 %</i> | | T1 | RM |
| LIDODERM EXTERNAL PATCH (Lidocaine) 5 % | T1 | T1 | RM |
| <i>lidopin external cream 3 %</i> | | T1 | RM |
| XYLOCAINE EXTERNAL SOLUTION (Lidocaine HCl) 4 % | T1 | T1 | RM |
| *macrolide immunosuppressants - topical*** | | | |
| ELIDEL EXTERNAL CREAM 1 % | T1 | | RM; AL (Min 2 Years) |
| PROTOPIC EXTERNAL OINTMENT (Tacrolimus) 0.03 %, 0.1 % | T1 | T1 | RM; AI (Max #180gm Mail Order); QL (60 GM per 30 days); AL (Min 2 Years) |
| *photodynamic therapy agents - topical*** | | | |
| METVIXIA EXTERNAL CREAM 16.8 % | T1 | | RM |
| *rosacea agents*** | | | |
| <i>doxycycline oral capsule delayed release 40 mg</i> | | T1 | PA; RM; QL (1 EA per 1 day); AL (Min 9 Years) |
| FINACEA EXTERNAL 15 % | T1 | | RM |
| METROGEL EXTERNAL (MetroNIDAZOLE) 1 % | T1 | T1 | RM; AI (Max #180 Mail Order); QL (60 GM per 30 Days); AL (Min 16 Years) |
| <i>metronidazole external cream 0.75 %</i> | | T1 | RM |
| <i>metronidazole external lotion 0.75 %</i> | | T1 | RM |
| NORITATE EXTERNAL CREAM 1 % | T1 | | RM |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG | T1 | | PA; RM; AI (); QL (1 EA per 1 Day); AL (Min 9 Years) |
| ROSADAN EXTERNAL (MetroNIDAZOLE) 0.75 % | T1 | T1 | RM |
| *scabicides & pediculicides*** | | | |
| ACTICIN EXTERNAL CREAM (Permethrin) 5 % | T1 | T1 | RM |
| EURAX EXTERNAL CREAM 10 % | T1 | | RM |
| EURAX EXTERNAL LOTION 10 % | T1 | | RM |
| <i>lindane external lotion 1 %</i> | | T1 | RM |
| <i>lindane external shampoo 1 %</i> | | T1 | RM |
| <i>malathion external lotion 0.5 %</i> | | T1 | RM; AI (Max #59ml Retail or Mail Order); QL (59 ML per 30 Days) |
| NATROBA EXTERNAL SUSPENSION (Spinosad) 0.9 % | T1 | T1 | RM |
| <i>permethrin external lotion 1 %</i> | | T1 | RM |
| SKLICE EXTERNAL LOTION 0.5 % | T1 | | RM; AI (Not covered at Mail Order); QL (117 GM per 30 Days) |
| ULESFIA EXTERNAL LOTION 5 % | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| *steroid-local anesthetic combinations*** | | | |
| CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML | T1 | | RM |
| EPIFOAM EXTERNAL FOAM 1-1 % | T1 | | RM |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i> | | T1 | RM |
| PRAMOSONE E EXTERNAL CREAM 1-2.5 % | T1 | | RM |
| PRAMOSONE EXTERNAL LOTION 1-2.5 % | T1 | | RM |
| **tar products*** | | | |
| SCYTERA EXTERNAL FOAM 2 % | T1 | | RM |
| *topical anesthetic combinations*** | | | |
| ITCH-X EXTERNAL SOLUTION 1-10 % | T1 | | RM |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | | T1 | RM |
| SYNERA EXTERNAL PATCH 70-70 MG | T1 | | RM; AI (Max #3 Boxes Mail Order); QL (1 EA per 30 Days); AL (Min 3 Years) |
| *topical selective retinoid x receptor agonists*** | | | |
| TARGRETIN EXTERNAL 1 % | SP | | SP; AI (); QL (120 GM per 30 Days) |
| *topical steroid combinations*** | | | |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i> | | T1 | RM; QL (400 GM per 30 days) |
| CARMOL-HC EXTERNAL CREAM 1-10 % | T1 | | RM |
| CORTALO EXTERNAL 2 % | T1 | | RM |
| <i>hydrocortisone acetate-aloe external 2 %</i> | | T1 | RM; AI (Max #129gm Mail Order); QL (43 GM Max Qty Per Fill Retail) |
| TACLONEX EXTERNAL OINTMENT 0.005-0.064 % | T1 | | RM; AI (); QL (400 GM per 30 Days); AL (Min 16 Years) |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % | T1 | | RM; AI (#60gm per copay retail or mail); QL (60 GM per 1 Copay); AL (Min 18 Years) |
| U-CORT EXTERNAL CREAM 1-10 % | T1 | | RM |
| *Diagnostic Products* | | | |
| *diagnostic drugs*** | | | |
| THYROGEN INTRAMUSCULAR* SOLUTION RECONSTITUTED 1.1 MG | SP | | SP |
| *diagnostic tests*** | | | |
| CHEMSTRIP K IN VITRO STRIP | T1 | | RM; AI (Max #300 90 day supply); QL (3.34 EA per 1 Day) |
| FASTTAKE TEST IN VITRO STRIP | T1 | | RM; AI (); QL (10 EA per 1 day) |
| KETOCARE IN VITRO STRIP | T1 | | RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| KETOSTIX IN VITRO STRIP | T1 | | RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| ONETOUCH TEST IN VITRO STRIP | T1 | | RM; AI (); QL (10 EA per 1 day) |
| ONETOUCH ULTRA BLUE IN VITRO STRIP | T1 | | RM; AI (); QL (10 EA per 1 day) |
| ONETOUCH VERIO IN VITRO STRIP | T1 | | RM; AI (); QL (10 EA per 1 day) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| RELION KETONE IN VITRO STRIP | T1 | | RM; AI (Max #300 Mail Order); QL (100 EA per 30 Days) |
| SURESTEP PRO TEST IN VITRO STRIP | T1 | | RM; AI (); QL (10 EA per 1 day) |
| SURESTEP TEST IN VITRO STRIP | T1 | | RM; AI (); QL (10 EA per 1 day) |
| *Digestive Aids* | | | |
| *digestive enzymes*** | | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT | T1 | | RM |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT | T1 | | RM |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT | T1 | | RM |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | SP | | SP |
| ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES 13800 UNIT, 20700 UNIT, 23000 UNIT | T1 | | RM |
| VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT | T1 | | RM |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT | T1 | | RM |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>Pancrelipase (Lip-Prot-Amyl)</i>) 5000 UNIT | T1 | T1 | RM |
| *Diuretics* | | | |
| *carbonic anhydrase inhibitors*** | | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | | T1 | RM |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | | T1 | RM |
| KEVEYIS ORAL TABLET 50 MG | SP | | PA; SP; QL (4 EA per 1 day); AL (Min 18 Years) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | | T1 | RM |
| NEPTAZANE ORAL TABLET 25 MG, 50 MG | T1 | | PA; ST; RM |
| *diuretic combinations*** | | | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | T1 | | RM |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | | T1 | RM |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | | T1 | RM |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | | T1 | RM |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | | T1 | RM |
| *loop diuretics*** | | | |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | | T1 | RM |
| EDECIN ORAL TABLET 25 MG | T1 | | RM |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | | T1 | RM |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | | T1 | RM |
| <i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *potassium sparing diuretics*** | | | |
| <i>amiloride hcl oral tablet 5 mg</i> | | T1 | RM |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | T1 | | RM |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| *thiazides and thiazide-like diuretics*** | | | |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | | T1 | RM |
| DIURIL ORAL SUSPENSION 250 MG/5ML | T1 | | RM |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | | T1 | RM |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | | T1 | RM |
| <i>methyclothiazide oral tablet 5 mg</i> | | T1 | RM |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| *Endocrine And Metabolic Agents - Misc.* | | | |
| *bisphosphonates*** | | | |
| ACTONEL ORAL TABLET (<i>Risedronate Sodium</i>) 150 MG | T1 | T1 | RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days) |
| ACTONEL ORAL TABLET 30 MG, 5 MG | T1 | | ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| ACTONEL ORAL TABLET 35 MG | T1 | | ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days) |
| <i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i> | | T1 | RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days) |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG | T1 | | PA; ST; RM; AI (Max #12 Mail Order); QL (4 EA per 30 Days) |
| <i>etidronate disodium oral tablet 200 mg, 400 mg</i> | | T1 | RM |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT | T1 | | PA; ST; RM; AI (Max #12 Mail Order); QL (1 EA per 7 Days); AL (Min 18 Years) |
| <i>ibandronate sodium oral tablet 150 mg</i> | | T1 | RM; AI (Max #3 Mail Order); QL (1 EA per 30 Days) |
| <i>pamidronate disodium intravenous* solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i> | | SP | SP |
| <i>pamidronate disodium intravenous* solution reconstituted 30 mg, 90 mg</i> | | SP | SP |
| RECLAST INTRAVENOUS* SOLUTION (<i>Zoledronic Acid</i>) 5 MG/100ML | SP | SP | PA; SP |
| <i>risedronate sodium oral tablet 30 mg, 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day) |
| <i>risedronate sodium oral tablet 35 mg</i> | | T1 | RM; AI (Max #12 Mail Order); QL (4 EA per 30 days) |
| <i>risedronate sodium oral tablet delayed release 35 mg</i> | | T1 | RM; AI (Max #12 Mail Order); QL (4 EA per 30 days) |
| SKELID ORAL TABLET 200 MG | T1 | | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| zoledronic acid intravenous* solution reconstituted 4 mg | | SP | PA; SP |
| ZOMETA INTRAVENOUS* CONCENTRATE (Zoledronic Acid) 4 MG/5ML | SP | SP | PA; SP |
| ZOMETA INTRAVENOUS* SOLUTION (Zoledronic Acid) 4 MG/100ML | SP | SP | PA; SP |
| *calcimimetic agents*** | | | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG | SP | | SP; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| SENSIPAR ORAL TABLET 90 MG | SP | | SP; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| *calcitonins*** | | | |
| FORTICAL NASAL SOLUTION (Calcitonin (Salmon)) 200 UNIT/ACT | T1 | T1 | RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days) |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | T1 | | RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days) |
| MIACALCIN NASAL SOLUTION (Calcitonin (Salmon)) 200 UNIT/ACT | T1 | T1 | RM; AI (Max #11.1ml Mail Order); QL (3.7 ML per 30 Days) |
| *carnitine replenisher - agents*** | | | |
| CARNITOR ORAL SOLUTION (LevOCARNitine) 1 GM/10ML | T1 | T1 | PA; ST; RM |
| CARNITOR ORAL TABLET (LevOCARNitine) 330 MG | T1 | T1 | PA; ST; RM |
| CARNITOR SF ORAL SOLUTION (LevOCARNitine) 1 GM/10ML | T1 | T1 | PA; ST; RM |
| *corticotropin*** | | | |
| ACTHAR HP INJECTION 80 UNIT/ML | SP | | PA; SP |
| *dopamine receptor agonists*** | | | |
| <i>cabergoline oral tablet 0.5 mg</i> | | T1 | RM |
| *fabry disease - agents*** | | | |
| FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG, 5 MG | SP | | PA; SP |
| *gaa deficiency treatment - agents*** | | | |
| LUMIZYME INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG | SP | | SP |
| MYOZYME INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG | SP | | SP |
| *growth hormone receptor antagonists*** | | | |
| SOMAVERT SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG | SP | | PA; SP |
| *growth hormones*** | | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS* SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | SP | | PA; ST; SP |
| GENOTROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 12 MG, 5 MG | SP | | PA; ST; SP |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG | SP | | PA; ST; SP |
| NORDITROPIN FLEXPPO SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | SP | | PA; ST; SP |
| NORDITROPIN NORDIFLEX PEN SUBCUTANEOUS* SOLUTION 30 MG/3ML | SP | | PA; ST; SP |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS* SOLUTION 10 MG/2ML | SP | | PA; ST; SP |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS* SOLUTION 20 MG/2ML | SP | | PA; ST; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS* SOLUTION 5 MG/2ML | SP | | PA; ST; SP |
| NUTROPIN AQ PEN SUBCUTANEOUS* SOLUTION 10 MG/2ML, 20 MG/2ML | SP | | PA; ST; SP |
| NUTROPIN AQ SUBCUTANEOUS* SOLUTION 10 MG/2ML | SP | | PA; SP |
| OMNITROPE SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 5 MG/1.5ML | SP | | PA; ST; SP |
| OMNITROPE SUBCUTANEOUS* SOLUTION RECONSTITUTED 5.8 MG | SP | | PA; ST; SP |
| SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED 8.8 MG | SP | | PA; SP |
| SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG | SP | | PA; SP |
| SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | SP | | PA; SP |
| TEV-TROPIN SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG | SP | | PA; ST; SP |
| ZOMACTON SUBCUTANEOUS* SOLUTION RECONSTITUTED 10 MG, 5 MG | SP | | PA; ST; SP |
| ZORBIVE SUBCUTANEOUS* SOLUTION RECONSTITUTED 8.8 MG | SP | | PA; SP |
| *hereditary tyrosinemia type 1 (ht-1) treatment - agents*** | | | |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | SP | | SP |
| *homocystinuria treatment - agents*** | | | |
| CYSTADANE ORAL POWDER | SP | | SP |
| *hyperammonemia treatment - agents*** | | | |
| CARBAGLU ORAL TABLET 200 MG | T1 | | RM |
| *hyperparathyroid treatment - vitamin d analogs*** | | | |
| HECTOROL ORAL CAPSULE 0.5 MCG, 1 MCG, 2.5 MCG | SP | | SP |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> | | T1 | RM; QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>paricalcitol oral capsule 4 mcg</i> | | T1 | RM; QL (0.4 EA per 1 day); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| ROCALTROL ORAL CAPSULE (<i>Calcitriol</i>) 0.25 MCG, 0.5 MCG | T1 | T1 | RM |
| ROCALTROL ORAL SOLUTION (<i>Calcitriol</i>) 1 MCG/ML | T1 | T1 | RM |
| ZEMPLAR INTRAVENOUS* SOLUTION 2 MCG/ML | SP | | SP |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | T1 | | RM; AI (); QL (1 EA per 1 Day); AL (Min 18 Years) |
| ZEMPLAR ORAL CAPSULE 4 MCG | T1 | | RM; AI (); QL (0.4 EA per 1 day); AL (Min 18 Years) |
| *insulin-like growth factors (somatomedins)*** | | | |
| INCRELEX SUBCUTANEOUS* SOLUTION 40 MG/4ML | SP | | PA; SP |
| *Ihrh/gnrh agonist analog pituitary suppressants*** | | | |
| SUPPRELIN LA SUBCUTANEOUS* KIT 50 MG | SP | | PA; SP |
| SYNAREL NASAL SOLUTION 2 MG/ML | SP | | SP |
| *mucopolysaccharidosis i (mps i) - agents*** | | | |
| ALDURAZYME INTRAVENOUS* SOLUTION 2.9 MG/5ML | SP | | PA; SP |
| *mucopolysaccharidosis ii (mps ii) - agents*** | | | |
| ELAPRASE INTRAVENOUS* SOLUTION 6 MG/3ML | SP | | PA; SP |
| *mucopolysaccharidosis vi (mps vi) - agents*** | | | |
| NAGLAZYME INTRAVENOUS* SOLUTION 1 MG/ML | SP | | SP |
| *parathyroid hormone and derivatives*** | | | |
| FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML | SP | | PA; SP |
| *phenylketonuria treatment - agents*** | | | |
| KUVAN ORAL PACKET 100 MG, 500 MG | SP | | PA; SP |
| KUVAN ORAL TABLET SOLUBLE 100 MG | SP | | PA; SP |
| *rank ligand (rankl) inhibitors*** | | | |
| PROLIA SUBCUTANEOUS* SOLUTION 60 MG/ML | SP | | PA; SP |
| XGEVA SUBCUTANEOUS* SOLUTION 120 MG/1.7ML | SP | | PA; SP |
| *selective estrogen receptor modulators (serms)*** | | | |
| EVISTA ORAL TABLET 60 MG | T1 | | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| <i>raloxifene hcl oral tablet 60 mg</i> | | \$0 | RM; F; QL (1 EA per 1 day) |
| *selective vasopressin v2-receptor antagonists*** | | | |
| SAMSCA ORAL TABLET 15 MG, 30 MG | SP | | PA; SP |
| *somatostatic agents*** | | | |
| <i>octreotide acetate injection solution 1000 mcg/5ml</i> | | SP | PA; SP |
| SANDOSTATIN INJECTION SOLUTION (<i>Octreotide Acetate</i>) 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML | SP | SP | PA; SP |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR* KIT 10 MG, 20 MG, 30 MG | SP | | PA; SP |
| SIGNIFOR SUBCUTANEOUS* SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | SP | | PA; SP |
| SOMATULINE DEPOT SUBCUTANEOUS* SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML | SP | | PA; SP |
| *urea cycle disorder - agents*** | | | |
| BUPHENYL ORAL POWDER (<i>Sodium Phenylbutyrate</i>) 3 GM/TSP | SP | SP | SP |
| BUPHENYL ORAL TABLET 500 MG | SP | | SP |
| RAVICTI ORAL LIQUID† 1.1 GM/ML | SP | | PA; SP |
| *vasopressin*** | | | |
| DDAVP INJECTION SOLUTION (<i>Desmopressin Acetate</i>) 4 MCG/ML | T1 | T1 | RM |
| DDAVP NASAL SOLUTION (<i>Desmopressin Acetate Spray</i>) 0.01 % | T1 | T1 | RM |
| DDAVP ORAL TABLET (<i>Desmopressin Acetate</i>) 0.1 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| DDAVP ORAL TABLET (<i>Desmopressin Acetate</i>) 0.2 MG | T1 | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| DDAVP RHINAL TUBE NASAL SOLUTION (<i>Desmopressin Ace Rhinal Tube</i>) 0.01 % | T1 | T1 | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day) |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | | T1 | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day) |
| STIMATE NASAL SOLUTION 1.5 MG/ML | T1 | | RM |
| *Estrogens* | | | |
| *estrogen & androgen*** | | | |
| COVARYX HS ORAL TABLET (<i>Est Estrogens-Methyltest HS</i>) 0.625-1.25 MG | T1 | T1 | RM |
| COVARYX ORAL TABLET (<i>Est Estrogens-Methyltest</i>) 1.25-2.5 MG | T1 | T1 | RM |
| <i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i> | | T1 | RM |
| *estrogen & progestin*** | | | |
| COMBIPATCH TRANSDERMAL PATCH BIWEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY | T1 | | RM; F |
| <i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i> | | T1 | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years) |
| MIMVEY LO ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 0.5-0.1 MG | T1 | T1 | RM; F |
| MIMVEY ORAL TABLET (<i>Estradiol-Norethindrone Acet</i>) 1-0.5 MG | T1 | T1 | RM; AI (Max #84 Mail Order); F; QL (28 EA per 30 Days) |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | | T1 | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 day); AL (Min 18 Years) |
| PREMPHASE ORAL TABLET 0.625-5 MG | T1 | | RM; 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 | T1 | | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day) |
| PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG | T1 | | RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day) |
| *estrogens*** | | | |
| ALORA TRANSDERMAL PATCH BIWEEKLY (Estradiol) 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | T1 | T1 | RM; AI (); QL (2 EA per 1 Week) |
| DEPO-ESTRADIOL INTRAMUSCULAR* OIL 5 MG/ML | T1 | | RM |
| ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 1.25 MG | T1 | | RM; F; AL (Min 18 Years) |
| ENJUVIA ORAL TABLET 0.9 MG | T1 | | RM; AI (Max #90 Mail Order); F; QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | | T1 | RM |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | | T1 | RM; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail) |
| <i>estradiol valerate intramuscular* oil 20 mg/ml, 40 mg/ml</i> | | T1 | RM |
| <i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i> | | T1 | RM |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | T1 | | RM |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR | T1 | | RM; AI (Max #12 Mail Order); F; QL (4 EA Max Qty Per Fill Retail) |
| MINIVELLE TRANSDERMAL PATCH BIWEEKLY 0.025 MG/24HR | T1 | | RM; QL (2 EA per 1 Week) |
| MINIVELLE TRANSDERMAL PATCH BIWEEKLY (Estradiol) 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | T1 | T1 | RM; AI (); QL (2 EA per 1 Week) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | T1 | | RM |
| VIVELLE-DOT TRANSDERMAL PATCH BIWEEKLY (Estradiol) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR | T1 | T1 | RM; AI (); QL (2 EA per 1 Week) |
| VIVELLE-DOT TRANSDERMAL PATCH BIWEEKLY 0.1 MG/24HR | T1 | | RM; AI (Max #24 Patches Mail Order); QL (2 EA per 1 week) |
| *Fluoroquinolones* | | | |
| **fluoroquinolones*** | | | |
| AVELOX ABC PACK ORAL TABLET (Moxifloxacin HCl) 400 MG | T1 | T1 | RM |
| AVELOX ORAL TABLET (Moxifloxacin HCl) 400 MG | T1 | T1 | RM |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) | T1 | | RM |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hr* 1000 mg, 500 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| FACTIVE ORAL TABLET 320 MG | T1 | | RM |
| <i>levofloxacin oral solution 25 mg/ml</i> | | T1 | RM |
| <i>levofloxacin oral tablet 250 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>levofloxacin oral tablet 500 mg, 750 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| NOROXIN ORAL TABLET 400 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>ofloxacin oral tablet 200 mg, 300 mg, 400 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *Gastrointestinal Agents - Misc.* | | | |
| *gallstone solubilizing agents*** | | | |
| CHENODAL ORAL TABLET 250 MG | T1 | | RM |
| <i>ursodiol oral capsule 300 mg</i> | | T1 | RM |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| *gastrointestinal antiallergy agents*** | | | |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> | | T1 | RM |
| *gastrointestinal chloride channel activators*** | | | |
| AMITIZA ORAL CAPSULE 24 MCG | T1 | | RM; AI (#2 per Copay Retail or Mail); QL (2 EA per 1 Copay); AL (Min 16 Years) |
| AMITIZA ORAL CAPSULE 8 MCG | T1 | | RM; AI (#2 per Copay Retail or Mail); F; QL (2 EA per 1 Copay); AL (Min 18 Years) |
| *gastrointestinal stimulants*** | | | |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | | T1 | RM |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | | T1 | RM |
| METZOLV ODT ORAL TABLET DISPERSIBLE (Metoclopramide HCl) 5 MG | T1 | T1 | RM |
| *glucagon-like peptide-2 (glp-2) analogs*** | | | |
| GATTEX SUBCUTANEOUS* KIT 5 MG | SP | | PA; SP |
| *ibs agent - guanylate cyclase-c (gc-c) agonists*** | | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG | T1 | | RM |
| *ibs agent - selective 5-ht3 receptor antagonists*** | | | |
| LOTRONEX ORAL TABLET 0.5 MG | T1 | | RM; F |
| LOTRONEX ORAL TABLET 1 MG | T1 | | RM; AI (Max #180 Mail Order); F; QL (2 EA per 1 Day); AL (Min 12 Years) |
| *inflammatory bowel agents*** | | | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM | T1 | | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG | T1 | | RM |
| <i>balsalazide disodium oral capsule 750 mg</i> | | T1 | RM |
| CANASA SUPPOSITORY 1000 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| DIPENTUM ORAL CAPSULE 250 MG | T1 | | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| GIAZO ORAL TABLET 1.1 GM | T1 | | RM |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM | T1 | | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day); AL (Min 18 Years) |
| <i>mesalamine enema 4 gm</i> | | T1 | RM |
| <i>mesalamine-cleanser kit 4 gm</i> | | T1 | RM |
| PENTASA ORAL CAPSULE EXTENDED RELEASE* 250 MG, 500 MG | T1 | | RM |
| SFROWASA ENEMA 4 GM/60ML | T1 | | RM |
| SULFAZINE EC ORAL TABLET DELAYED RELEASE (<i>SulfaSALazine</i>) 500 MG | T1 | T1 | RM |
| SULFAZINE ORAL TABLET (<i>SulfaSALazine</i>) 500 MG | T1 | T1 | RM |
| *intestinal acidifiers*** | | | |
| <i>enulose oral solution 10 gm/15ml</i> | | T1 | RM |
| <i>generlac oral solution 10 gm/15ml</i> | | T1 | RM |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i> | | T1 | RM |
| *peripheral opioid receptor antagonists*** | | | |
| MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG | T1 | | RM |
| RELISTOR SUBCUTANEOUS* KIT 12 MG/0.6ML | SP | | PA; SP |
| RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | SP | | PA; SP |
| *phosphate binder agents*** | | | |
| <i>calcium acetate oral capsule 667 mg</i> | | T1 | RM |
| ELIPHOS ORAL TABLET 667 MG | T1 | | RM |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG | SP | | SP; AI (); QL (3 EA per 1 Day); AL (Min 16 Years) |
| FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG | SP | | SP; QL (3 EA per 1 Day); AL (Min 16 Years) |
| RENAGEL ORAL TABLET 400 MG | T1 | | RM; AI (Max #3150 Mail order); QL (35 EA per 1 day) |
| RENAGEL ORAL TABLET 800 MG | T1 | | RM; AI (Max #1800 Mail Order); QL (20 EA per 1 day) |
| RENVELA ORAL PACKET 0.8 GM | T1 | | RM; AI (Max #1350 Mail Order); QL (15 EA per 1 Day) |
| RENVELA ORAL PACKET 2.4 GM | T1 | | RM; AI (Max #450 Mail Order); QL (5 EA per 1 Day) |
| RENVELA ORAL TABLET (<i>Sevelamer Carbonate</i>) 800 MG | T1 | T1 | RM; AI (Max #1350 Mail Order); QL (15 EA per 1 day) |
| **tumor necrosis factor alpha blockers*** | | | |
| CIMZIA PREFILLED SUBCUTANEOUS* KIT 2 X 200 MG/ML | SP | | PA; RM |
| CIMZIA STARTER KIT SUBCUTANEOUS* KIT 6 X 200 MG/ML | SP | | PA; SP |
| CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG | SP | | PA; SP |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| REMICADE INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG | SP | | PA; SP |
| *Genitourinary Agents - Miscellaneous* | | | |
| *5-alpha reductase inhibitors*** | | | |
| AVODART ORAL CAPSULE (<i>Dutasteride</i>) 0.5 MG | T1 | T1 | RM; AI (Max #90 Mail Order); M; QL (1 EA per 1 Day) |
| <i>finasteride oral tablet 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); M; QL (1 EA per 1 Day) |
| *alpha 1-adrenoceptor antagonists*** | | | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG | T1 | | RM |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG | T1 | | RM |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> | | T1 | RM |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR* (<i>Alfuzosin HCl ER</i>) 10 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *citrates*** | | | |
| <i>cytra k crystals oral packet 3300-1002 mg</i> | | T1 | RM |
| <i>cytra-2 oral solution 500-334 mg/5ml</i> | | T1 | RM |
| <i>cytra-k oral solution 1100-334 mg/5ml</i> | | T1 | RM |
| UROCIT-K 10 ORAL TABLET EXTENDEDRELEASE* (<i>Potassium Citrate ER</i>) 10 MEQ (1080 MG) | T1 | T1 | RM |
| UROCIT-K 15 ORAL TABLET EXTENDEDRELEASE* (<i>Potassium Citrate ER</i>) 15 MEQ (1620 MG) | T1 | T1 | RM |
| UROCIT-K 5 ORAL TABLET EXTENDEDRELEASE* (<i>Potassium Citrate ER</i>) 5 MEQ (540 MG) | T1 | T1 | RM |
| *cystinosis agents*** | | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | SP | | SP |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG | SP | | SP |
| *genitourinary irrigants*** | | | |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION (<i>Sodium Chloride</i>) 0.9 % | T1 | T1 | RM |
| CURITY STERILE SALINE IRRIGATION SOLUTION (<i>Sodium Chloride</i>) 0.9 % | T1 | T1 | RM |
| RENACIDIN IRRIGATION SOLUTION | T1 | | RM |
| *interstitial cystitis agents*** | | | |
| ELMIRON ORAL CAPSULE 100 MG | SP | | SP |
| *prostatic hypertrophy agent combinations*** | | | |
| JALYN ORAL CAPSULE (<i>Dutasteride-Tamsulosin HCl</i>) 0.5-0.4 MG | T1 | T1 | RM; M |
| *urinary analgesics*** | | | |
| PHENAZO ORAL TABLET (<i>Phenazopyridine HCl</i>) 200 MG | T1 | T1 | RM |
| <i>phenazopyridine hcl oral tablet 100 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *Gout Agents* | | | |
| *gout agent combinations*** | | | |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | | T1 | RM |
| *gout agents*** | | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | | T1 | RM |
| COLCRYS ORAL TABLET (Colchicine) 0.6 MG | T1 | T1 | RM |
| KRYSTEXXA INTRAVENOUS* SOLUTION 8 MG/ML | SP | | PA; SP |
| ULORIC ORAL TABLET 40 MG, 80 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *uricosurics*** | | | |
| <i>probenecid oral tablet 500 mg</i> | | T1 | RM |
| *Hematological Agents - Misc.* | | | |
| *antihemophilic products*** | | | |
| ADVATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | SP | | PA; SP |
| <i>adynovate intravenous* solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i> | | SP | PA; SP |
| ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| ALPHANINE SD INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | SP | | PA; SP |
| ALPROLIX INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT | SP | | PA; SP |
| BEBULIN INTRAVENOUS* SOLUTION RECONSTITUTED 200-1200 UNIT | SP | | PA; SP |
| BENEFIX INTRAVENOUS* SOLUTION RECONSTITUTED (Rixubis) 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | SP | SP | PA; SP |
| COAGADEX INTRAVENOUS* SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT | SP | | PA; SP |
| CORIFACT INTRAVENOUS* KIT 1000-1600 UNIT | SP | | PA; SP |
| ELOCTATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT | SP | | PA; SP |
| FEIBA INTRAVENOUS* SOLUTION RECONSTITUTED | SP | | PA; SP |
| FEIBA NF INTRAVENOUS* SOLUTION RECONSTITUTED | SP | | PA; SP |
| HELIXATE FS INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | SP | | PA; SP |
| HEMOPIL M INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1501-2000 UNIT, 1700 UNIT, 220-400 UNIT, 250 UNIT, 401-800 UNIT, 500 UNIT, 801-1500 UNIT | SP | | PA; SP |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| HUMATE-P INTRAVENOUS* SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | SP | | PA; SP |
| IXINITY INTRAVENOUS* SOLUTION RECONSTITUTED (<i>Rixubis</i>) 1000 UNIT, 500 UNIT | SP | SP | PA; SP |
| IXINITY INTRAVENOUS* SOLUTION RECONSTITUTED 1500 UNIT | SP | | PA; SP |
| KCENTRA INTRAVENOUS* KIT 1000 UNIT, 500 UNIT | SP | | PA; SP |
| KOATE-DVI INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| KOGENATE FS BIO-SET INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | SP | | PA; SP |
| KOGENATE FS INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | SP | | PA; SP |
| MONOCLATE-P INTRAVENOUS* KIT 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| MONONINE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| NOVOEIGHT INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | SP | | PA; SP |
| NOVOSEVEN RT INTRAVENOUS* SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG | SP | | PA; SP |
| NUWIQ INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| NUWIQ INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| <i>obizur intravenous* solution reconstituted 500 unit</i> | | SP | PA; SP |
| PROFILNINE INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | SP | | PA; SP |
| PROFILNINE SD INTRAVENOUS* SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | SP | | PA; SP |
| RECOMBINATE INTRAVENOUS* SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT | SP | | PA; SP |
| RIASTAP INTRAVENOUS* SOLUTION RECONSTITUTED | SP | | PA; SP |
| TRETEN INTRAVENOUS* SOLUTION RECONSTITUTED 2000-3125 UNIT | SP | | PA; SP |
| WILATE INTRAVENOUS* SOLUTION RECONSTITUTED 1000-1000 UNIT, 500-500 UNIT | SP | | PA; SP |
| XYNTHA INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | SP | | PA; SP |
| XYNTHA SOLOFUSE INTRAVENOUS* KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | SP | | PA; SP |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *bradykinin b2 receptor antagonists*** | | | |
| FIRAZYR SUBCUTANEOUS* SOLUTION 30 MG/3ML | SP | | PA; SP |
| *c1 inhibitors*** | | | |
| BERINERT INTRAVENOUS* KIT 500 UNIT | SP | | PA; RM |
| CINRYZE INTRAVENOUS* SOLUTION RECONSTITUTED 500 UNIT | SP | | PA; SP |
| RUCONEST INTRAVENOUS* SOLUTION RECONSTITUTED 2100 UNIT | SP | | PA; SP |
| *complement inhibitors*** | | | |
| SOLIRIS INTRAVENOUS* SOLUTION 10 MG/ML | SP | | PA; SP |
| *cyclopentyltriazolopyrimidine (cftp) derivatives*** | | | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | T1 | | RM |
| *hematorheologic agents*** | | | |
| <i>pentoxifylline er oral tablet extendedrelease* 400 mg</i> | | T1 | RM |
| *phosphodiesterase iii inhibitors*** | | | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *plasma kallikrein inhibitors*** | | | |
| KALBITOR SUBCUTANEOUS* SOLUTION 10 MG/ML | SP | | PA; SP |
| *platelet aggregation inhibitor combinations*** | | | |
| AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>Aspirin-Dipyridamole ER</i>) 25-200 MG | T1 | T1 | RM |
| *platelet aggregation inhibitors*** | | | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | | T1 | RM |
| *quinazoline agents*** | | | |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i> | | T1 | RM |
| *thienopyridine derivatives*** | | | |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| EFFIENT ORAL TABLET 10 MG, 5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (35 EA Max Qty Per Fill Retail); AL (Min 16 Years) |
| <i>ticlopidine hcl oral tablet 250 mg</i> | | T1 | RM |
| *Hematopoietic Agents* | | | |
| *agents for gaucher disease*** | | | |
| CERDELGA ORAL CAPSULE 84 MG | SP | | PA; SP |
| CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT | SP | | PA; SP |
| ELELYSO INTRAVENOUS* SOLUTION RECONSTITUTED 200 UNIT | SP | | PA; SP |
| VPRIV INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT | SP | | SP |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---------------------------------------|
| ZAVESCA ORAL CAPSULE 100 MG | SP | | PA; SP |
| *cobalamins*** | | | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | | T1 | RM |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML | T1 | | PA; RM; AI (Max 2.3ml retail or mail) |
| *cxcr4 receptor antagonist*** | | | |
| MOZOBIL SUBCUTANEOUS* SOLUTION 24 MG/1.2ML | SP | | RM |
| *cytotoxic agents*** | | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | SP | | SP |
| *erythropoietins*** | | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | SP | | PA; SP |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | SP | | PA; SP |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | SP | | PA; SP |
| *folic acid/folates*** | | | |
| <i>folic acid oral tablet 1 mg</i> | | \$0 | RM; QL (2 EA per 1 Day) |
| *granulocyte colony-stimulating factors (g-csf)*** | | | |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | SP | | PA; SP |
| *granulocyte/macrophage colony-stimulating factor(gm-csf)*** | | | |
| LEUKINE INTRAVENOUS* SOLUTION RECONSTITUTED 250 MCG | SP | | SP |
| *interleukins*** | | | |
| NEUMEGA SUBCUTANEOUS* SOLUTION RECONSTITUTED 5 MG | SP | | PA; SP |
| *iron w/ folic acid*** | | | |
| FOLIVANE-F ORAL CAPSULE 125-1 MG | T1 | | RM |
| INTEGRA F ORAL CAPSULE 125-1 MG | T1 | | RM |
| *iron*** | | | |
| <i>fer-iron oral solution 75 (15 fe) mg/ml</i> | | \$0 | RM; AL (Max 1 Years) |
| FERRLECIT INTRAVENOUS* SOLUTION (Na Ferric Gluc Cplx in Sucrose) 12.5 MG/ML | SP | SP | SP |
| <i>ferrous sulfate oral liquid† 220 (44 fe) mg/5ml</i> | | \$0 | RM; AL (Max 1 Years) |
| <i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i> | | \$0 | RM; AL (Max 1 Years) |
| <i>iron supplement childrens oral solution 75 (15 fe) mg/ml</i> | | \$0 | RM; AL (Max 1 Years) |
| SPATONE PUR-ABSORB IRON ORAL LIQUID† 5 MG/20ML | \$0 | | RM; AL (Max 1 Years) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *thrombopoietin (tpo) receptor agonists*** | | | |
| NPLATE SUBCUTANEOUS* SOLUTION RECONSTITUTED 250 MCG, 500 MCG | SP | | SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | SP | | SP |
| *Hemostatics* | | | |
| *hemostatics - systemic*** | | | |
| AMICAR ORAL SYRUP 25 % | T1 | | RM |
| AMICAR ORAL TABLET 1000 MG, 500 MG | T1 | | RM |
| LYSTEDA ORAL TABLET 650 MG | T1 | | RM; F |
| <i>tranexamic acid oral tablet 650 mg</i> | | T1 | RM |
| *Hepatitis C Agent - Combinations*** | | | |
| *hepatitis c agent - combinations*** | | | |
| HARVONI ORAL TABLET 90-400 MG | SP | | PA; SP; QL (1 EA per 1 day) |
| TECHNIVIE ORAL TABLET 12.5-75-50 MG | SP | | PA; SP; QL (1.9 EA per 1 day); AL (Min 18 Years) |
| VIEKIRA PAK ORAL 12.5-75-50 &250 MG | SP | | PA; SP |
| *Hypnotics* | | | |
| *barbiturate hypnotics*** | | | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | | T1 | RM |
| SECONAL ORAL CAPSULE 100 MG | T1 | | RO; AI (Retail Only. #15 per copay. Max #30); QL (15 EA per 1 Copay) |
| *benzodiazepine hypnotics*** | | | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | | T1 | RM; QL (1 EA per 1 Day) |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i> | | T1 | RM; QL (1 EA per 1 Day) |
| <i>midazolam hcl oral syrup 2 mg/ml</i> | | T1 | RM |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | | T1 | RM; QL (1 EA per 1 Day) |
| <i>temazepam oral capsule 22.5 mg, 7.5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>triazolam oral tablet 0.125 mg</i> | | T1 | RM; QL (1 EA per 1 Day) |
| <i>triazolam oral tablet 0.25 mg</i> | | T1 | RM; QL (2 EA per 1 Day) |
| *hypnotics - tricyclic agents*** | | | |
| SILENOR ORAL TABLET 3 MG, 6 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 13 Years) |
| *non-benzodiazepine - gaba-receptor modulators*** | | | |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 18 Years) |
| <i>zaleplon oral capsule 10 mg</i> | | T1 | RM; AI (#15 per copay. Max #60 retail or #180 Mail); QL (15 EA per 1 Copay) |
| <i>zaleplon oral capsule 5 mg</i> | | T1 | RM; AI (#15 per copay. Max #90 Retail or #270 Mail); QL (15 EA per 1 Copay) |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>zolpidem tartrate er oral tablet extendedrelease* 12.5 mg, 6.25 mg</i> | | T1 | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| *selective melatonin receptor agonists*** | | | |
| HETLIOZ ORAL CAPSULE 20 MG | SP | | PA; SP; QL (1 EA per 1 day); AL (Min 18 Years) |
| ROZEREM ORAL TABLET 8 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *Laxatives* | | | |
| *bowel evacuant combinations*** | | | |
| COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 227.1 GM, 240 GM | T1 | | RM |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/Electrolytes) 240 GM | \$0 | \$0 | RM; \$0 |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/Electrolytes) 236 GM | \$0 | \$0 | RM; \$0 |
| GAVILYTE-H ORAL KIT 5-210 MG-GM | \$0 | | RM; \$0 |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM | \$0 | \$0 | RM; \$0 |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM | T1 | | RM |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM | T1 | | RM |
| NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM | T1 | | RM |
| PCP 100 COMBINATION KIT | \$0 | | RM; \$0 |
| PEG-PREP ORAL KIT 5-210 MG-GM | \$0 | | RM; \$0 |
| PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM | T1 | | RM |
| SUPREP BOWEL PREP ORAL SOLUTION | T1 | | RM |
| TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCl-Na Bicarb-NaCl) 420 GM | \$0 | \$0 | RM; \$0 |
| *laxatives - miscellaneous*** | | | |
| <i>constulose oral solution 10 gm/15ml</i> | | T1 | RM |
| <i>gentlelax oral powder</i> | | T1 | RM |
| KRISTALOSE ORAL PACKET 10 GM, 20 GM | T1 | | RM |
| <i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i> | | T1 | RM |
| <i>polyethylene glycol 3350 oral packet</i> | | T1 | RM; AI (RX only. OTC's excluded.) |
| <i>polyethylene glycol 3350 oral powder</i> | | T1 | RM; AI (RX only. OTC's excluded.) |
| *saline laxative mixtures*** | | | |
| OSMOPREP ORAL TABLET 1.102-0.398 GM | T1 | | RM; QL (1.34 EA per 1 day) |
| *Leptin Analogues*** | | | |
| *leptin analogues*** | | | |
| MYALEPT SUBCUTANEOUS* SOLUTION RECONSTITUTED 11.3 MG | SP | | PA; SP |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *Macrolides* | | | |
| *azithromycin*** | | | |
| azithromycin oral packet 1 gm | | T1 | RM |
| azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml | | T1 | RM |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | | T1 | RM |
| *clarithromycin*** | | | |
| clarithromycin er oral tablet extended release 24 hr* 500 mg | | T1 | RM |
| clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml | | T1 | RM |
| clarithromycin oral tablet 250 mg, 500 mg | | T1 | RM |
| *erythromycins*** | | | |
| E.E.S. 400 ORAL TABLET (Erythromycin Ethylsuccinate) 400 MG | T1 | T1 | RM |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | T1 | | RM |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | T1 | | RM |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML | T1 | | RM |
| ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG | T1 | | RM |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | T1 | | RM |
| erythromycin base oral capsule delayed release particles 250 mg | | T1 | RM |
| erythromycin base oral tablet 250 mg, 500 mg | | T1 | RM |
| *fidaxomicin*** | | | |
| DIFICID ORAL TABLET 200 MG | T1 | | PA; RO; AI (#20 per copay. Not covered at Mail Order); QL (20 EA Max Qty Per Fill Retail) |
| *Medical Devices* | | | |
| *applicators,cotton balls,etc*** | | | |
| alcohol swabs pad | | T1 | RM |
| *cervical caps*** | | | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | \$0 | | RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail) |
| PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM, 25 MM, 28 MM, 31 MM | \$0 | | RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail) |
| PRENTIF FITTING SET VAGINAL | \$0 | | RM; AI (Max #9 at Mail Order); F; QL (3 EA Max Qty Per Fill Retail) |
| *condoms - female*** | | | |
| FC FEMALE CONDOM | \$0 | | RM; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days) |
| FC2 FEMALE CONDOM | \$0 | | RM; AI (Max #36 Mail Order); F; QL (12 EA per 30 Days) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--------------------------|
| *diaphragms*** | | | |
| CAYA VAGINAL DIAPHRAGM | \$0 | | RM |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | \$0 | | RM; F |
| ORTHO DIAPHRAGM COIL VAGINAL KIT 100 MM, 105 MM, 50 MM | \$0 | | RM; F |
| ORTHO DIAPHRAGM FLAT VAGINAL KIT 55 MM, 60 MM, 65 MM, 70 MM, 75 MM, 80 MM, 85 MM, 90 MM, 95 MM | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % | \$0 | | RM; F |
| *glucose monitoring test supplies*** | | | |
| <i>1st choice lancets super thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>1st choice lancets thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>1st choice lancets ultra thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>1st tier unilet comfortouch</i> | | T1 | RM; QL (10 EA per 1 day) |
| ACCU-CHEK FASTCLIX LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ACCU-CHEK MULTICLIX LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ACCU-CHEK SAFE-T PRO LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ACCU-CHEK SOFT TOUCH LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ACCU-CHEK SOFTCLIX LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>acti-lance 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>acti-lance lite lancets 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>acti-lance special lancets 17g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>acti-lance universal 23g</i> | | T1 | RM; QL (10 EA per 1 day) |
| ADVOCATE LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ADVOCATE SAFETY LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>af lancets super thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| AGAMATRIX ULTRA-THIN LANCETS (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>assure comfort lancets 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>assure comfort lancets 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| ASSURE HAEMOLANCE PLUS HIGH (Lancets) | T1 | T1 | RM; QL (10 EA per 1 day) |

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| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|-------------------------------|
| ASSURE HAEMOLANCE PLUS LOW (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ASSURE HAEMOLANCE PLUS MICRO (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ASSURE HAEMOLANCE PLUS NORMAL (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ASSURE HAEMOLANCE PLUS PED (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ASSURE LANCE LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ASSURE LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| AT LAST LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>aurora lancet super thin 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>aurora lancet thin 23g</i> | | T1 | RM; QL (10 EA per 1 day) |
| BAYER MICROLET LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| BD LANCET ULTRAFINE 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| BD LANCET ULTRAFINE 33G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| BD MICROTAINER LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| BD ULTRA-FINE LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>bullseye mini safety lancets</i> | | T1 | RM; QL (10 EA per 1 day) |
| BULLSEYE SAFETY LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>careone lancet thin 23g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>careone lancet ultra thin 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| CLEANLET LANCETS 28G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| CLEVER CHEK LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| COAGUCHEK LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>comfort assured lancets 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>comfort assured lancets 33g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>comfort lancets</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs lancets 21g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs lancets micro thin 33g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs lancets original</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs lancets thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs lancets thin 26g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs lancets ultra thin 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>cvs ultra thin lancets</i> | | T1 | RM; QL (10 EA per 1 day) |
| DIASTAR EASY TEST II LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| DIASTAR EASY TEST LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| DROPLET LANCETS ULTRA THIN 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>drug mart lancets thin 26g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>drug mart lancets ultra thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| DRUG MART ON-THE-GO LANCET 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| DRUG MART UNILET LANCETS 28G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| DRUG MART UNILET LANCETS 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>duane reade lancet altern site</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>duane reade lancet super thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>duane reade lancet ultra thin</i> | | T1 | RM; QL (10 EA per 1 day) |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--------------------------|
| <i>easy comfort lancets</i> | | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 21G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 23G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 26G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 28G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 28G/TWIST (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 30G/TWIST (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 32G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH SAFETY LANCETS 21G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH SAFETY LANCETS 23G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH SAFETY LANCETS 26G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TOUCH SAFETY LANCETS 28G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASY TWIST & CAP LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASYTEST II LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EASYTEST LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EMBRACE LANCETS ULTRA THIN 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>eql color lancets 21g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>eql color lancets micro 33g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>eql super thin lancets 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>eql thin lancets 26g</i> | | T1 | RM; QL (10 EA per 1 day) |
| E-Z JECT LANCET MICRO-THIN 33G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| E-Z JECT LANCET SUPER THIN 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| E-Z JECT LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| E-Z JECT LANCETS 21G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| E-Z JECT LANCETS THIN 26G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EZ SMART BLOOD GLUCOSE LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EZ-LETS LANCETS 21G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EZ-LETS LANCETS 23G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EZ-LETS LANCETS 26G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EZ-LETS LANCETS 28G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| EZ-LETS LANCETS 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| FINE 30 (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| FINGERSTIX LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 Day) |
| FORA LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>freds pharmacy unilet lanc 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>freds pharmacy unilet lanc 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| FREESTYLE LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| FREESTYLE UNISTICK II LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |

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

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

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

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

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

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| ULTICARE THIN LANCETS 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ULTILET BASIC LANCETS 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ULTILET CLASSIC LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ULTILET LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ULTILET SAFETY LANCETS 23G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>ultra thin lancets 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>ultra thin lancets 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| ULTRA-THIN II AUTO LANCET (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| ULTRA-THIN II LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET COMFORTOUCH LANCET (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET EXCELITE (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET EXCELITE II (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET G.P. LANCET (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET G.P. SUPERLITE LANCET (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET GP 28 ULTRA THIN (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET LANCET (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNILET SUPERLITE LANCET (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNISTIK 3 GENTLE (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNIVERSAL 1 LANCETS THIN 26G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| UNIVERSAL 1 LANCETS ULTRA THIN (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>value plus lancet standard 21g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>value plus lancets super thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>value plus lancets thin 26g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>valumark lancet super thin 30g</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>valumark lancet ultra thin 28g</i> | | T1 | RM; QL (10 EA per 1 day) |
| VIDA MIA UNILET LANCETS 28G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| VIDA MIA UNILET LANCETS 30G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| VITALET PRO LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| VITALET PRO PLUS LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| W&F LANCETS 26G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| W&F LANCETS COLORED 21G (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>walgreens adv travel lancets</i> | | T1 | RM; QL (10 EA per 1 day) |
| WALGREENS LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| <i>walgreens lancets micro thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| <i>walgreens lancets super thin</i> | | T1 | RM; QL (10 EA per 1 day) |
| WALGREENS THIN LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>) | T1 | T1 | RM; QL (10 EA per 1 day) |
| *needles & syringes*** | | | |
| <i>insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | | T1 | RM; AI (\$0 cost share if insulin vial purchased first, otherwise Co-Ins applies) |

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|---|
| <i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i> | | T1 | RM; AI (\$0 cost share if insulin vial purchased first, otherwise Co-Ins applies) |
| <i>pen needles 1/2" 29g x 12mm</i> | | T1 | RM |
| <i>pen needles 29g x 12mm , 31g x 6 mm</i> | | T1 | RM |
| <i>pen needles 3/16" 31g x 5 mm</i> | | T1 | RM |
| <i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i> | | T1 | RM |
| *respiratory therapy supplies*** | | | |
| VORTEX HOLDING CHAMBER/MASK DEVICE | T1 | | RM |
| *spacer/aerosol-holding chambers & supplies*** | | | |
| AEROCHAMBER MINI CHAMBER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER MV (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER PLUS FLO-VU (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER PLUS FLO-VU LARGE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER PLUS FLO-VU MEDIUM (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER PLUS FLO-VU SMALL (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER PLUS FLO-VU W/MASK (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER PLUS FLOW VU (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER W/FLOWSIGNAL (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER Z-STAT PLUS (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER Z-STAT PLUS CHAMBR (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER Z-STAT PLUS/LARGE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| AEROCHAMBER Z-STAT PLUS/SMALL (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| ARIAL CHAMBER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE COLL SPACER ADULT (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE COLL SPACER CHILD (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE COLL SPACER INFANT (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|-------------------------------|
| BREATHERITE RIGID SPACER/MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE SPACER NEONATE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE SPACER SMALL CHILD (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE/LARGE MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE/MEDIUM MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| BREATHERITE/SMALL MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| EASIVENT (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| EASIVENT MASK LARGE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| EASIVENT MASK MEDIUM (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| EASIVENT MASK SMALL (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| E-Z SPACER DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| E-Z SPACER THE BODY GUARDS PK DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| INSPIREASE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| LITFAIRE DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| MICROCHAMBER (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| MICROSPACER (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| NESSI SPACER WITH MASK LARGE DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| NESSI SPACER WITH MASK SM/MED DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| NESSI SPACER WITH MOUTHPIECE DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER ADVANTAGE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER ADVANTAGE-LG MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER ADVANTAGE-MED MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER ADVANTAGE-SM MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER DIAMOND (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER DIAMOND DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER DIAMOND-LG MASK DEVICE (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER DIAMOND-MD MASK (Valved Holding Chamber) | T1 | T1 | RM; QL (2 EA per 1 Year) |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| OPTICHAMBER DIAMOND-SM MASK (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER FACE MASK-LARGE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER FACE MASK-MEDIUM (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTICHAMBER FACE MASK-SMALL (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTIHALER (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| OPTIHALER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| POCKET CHAMBER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| POCKET SPACER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| RITEFLO DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| VORTEX VALVED HOLDING CHAMBER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| WATCHHALER DEVICE (<i>Valved Holding Chamber</i>) | T1 | T1 | RM; QL (2 EA per 1 Year) |
| *Migraine Products* | | | |
| *ergot combinations*** | | | |
| CAFERGOT ORAL TABLET 1-100 MG | T1 | | RM |
| MIGERGOT SUPPOSITORY 2-100 MG | T1 | | RM |
| *migraine combinations*** | | | |
| <i>isometheptene-apap-dichloral oral capsule 65-325-100 mg</i> | | T1 | RM |
| <i>migragesic ida oral capsule 325-65-100 mg</i> | | T1 | RM |
| *migraine products*** | | | |
| D.H.E. 45 INJECTION SOLUTION (<i>Dihydroergotamine Mesylate</i>) 1 MG/ML | T1 | T1 | RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay) |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> | | T1 | RM; QL (8 ML per 1 Copay) |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG | T1 | | RM; AI (Max #60 Mail Order); QL (20 EA per 1 Copay) |
| MIGRANAL NASAL SOLUTION 4 MG/ML | T1 | | RM; AI (8ml per copay retail or mail); QL (8 ML per 1 Copay) |
| *selective serotonin agonist-nsaid combinations*** | | | |
| TREXIMET ORAL TABLET 85-500 MG | T1 | | PA; RM |
| *selective serotonin agonists 5-ht(1)*** | | | |
| AXERT ORAL TABLET 12.5 MG, 6.25 MG | T1 | | PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| FROVA ORAL TABLET 2.5 MG | T1 | | PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>Rizatriptan Benzoate</i>) 10 MG, 5 MG | T1 | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay); AL (Min 16 Years) |
| RELPAX ORAL TABLET 20 MG, 40 MG | T1 | | PA; ST; RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i> | | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i> | | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| <i>sumatriptan succinate refill subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i> | | T1 | RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day) |
| <i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml</i> | | T1 | RM; AI (#9 vials per copay, max #27 for 30 days or #81 for 90 days or #4 cartridges per copay, max #12 30 days or #36 90days); QL (0.4 ML per 1 day) |
| ZOMIG NASAL SOLUTION 2.5 MG, 5 MG | T1 | | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| ZOMIG ORAL TABLET (ZOLMitriptan) 2.5 MG, 5 MG | T1 | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| ZOMIG ZMT ORAL TABLET DISPERSIBLE (ZOLMitriptan) 2.5 MG, 5 MG | T1 | T1 | RM; AI (#9 per copay, max #27 for 30 days or #81 for 90 days); QL (9 EA per 1 Copay) |
| *Minerals & Electrolytes* | | | |
| *fluoride combinations*** | | | |
| FLUOR-A-DAY ORAL TABLET CHEWABLE 0.25 (F)-236.79 MG, 0.5 (F)-236.79 MG, 1 (F)-236.79 MG | \$0 | | RM; AL (Max 6 Years) |
| *fluoride*** | | | |
| EPIFLUR ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG | \$0 | \$0 | RM; AL (Max 6 Years) |
| FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML | \$0 | | RM; AL (Max 6 Years) |
| FLUOR-A-DAY ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP | \$0 | \$0 | RM; AL (Max 6 Years) |
| FLURA-DROPS ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP | \$0 | \$0 | RM; AL (Max 6 Years) |
| FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP | \$0 | | RM; AL (Max 6 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| KARIDIUM ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP | \$0 | \$0 | RM; AL (Max 6 Years) |
| LOZI-FLUR MOUTH/THROAT LOZENGE 2.2 (1 F) MG | \$0 | | RM; AL (Max 6 Years) |
| LUDENT ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG | \$0 | \$0 | RM; AL (Max 6 Years) |
| LURIDE ORAL SOLUTION (Sodium Fluoride) 1.1 (0.5 F) MG/ML | \$0 | \$0 | RM; AL (Max 6 Years) |
| LURIDE ORAL TABLET CHEWABLE (Fluoritab) 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG | \$0 | \$0 | RM; AL (Max 6 Years) |
| NAFRINSE DROPS ORAL SOLUTION (Fluoritab) 0.275 (0.125 F) MG/DROP | \$0 | \$0 | RM; AL (Max 6 Years) |
| NAFRINSE ORAL TABLET CHEWABLE (Fluoritab) 2.2 (1 F) MG | \$0 | \$0 | RM; AL (Max 6 Years) |
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i> | | \$0 | RM; AL (Max 6 Years) |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i> | | \$0 | RM; AL (Max 6 Years) |
| *iodine products*** | | | |
| SSKI ORAL SOLUTION 1 GM/ML | T1 | | RM |
| *phosphate*** | | | |
| <i>av-phos 250 neutral oral tablet 155-852-130 mg</i> | | T1 | RM |
| K-PHOS ORAL TABLET 500 MG | T1 | | RM |
| PHOSPHA 250 NEUTRAL ORAL TABLET (Virt-Phos 250 Neutral) 155-852-130 MG | T1 | T1 | RM |
| *potassium combinations*** | | | |
| EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ | T1 | | RM |
| *potassium*** | | | |
| EFFER-K ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ | T1 | T1 | RM |
| KLOR-CON 10 ORAL TABLET EXTENDEDRELEASE* (Potassium Chloride ER) 10 MEQ | T1 | T1 | RM |
| KLOR-CON M10 ORAL TABLET EXTENDEDRELEASE* (Potassium Chloride Crys ER) 10 MEQ | T1 | T1 | RM |
| KLOR-CON M15 ORAL TABLET EXTENDEDRELEASE* 15 MEQ | T1 | | RM |
| KLOR-CON M20 ORAL TABLET EXTENDEDRELEASE* (Potassium Chloride Crys ER) 20 MEQ | T1 | T1 | RM |
| KLOR-CON ORAL PACKET (Potassium Chloride) 20 MEQ | T1 | T1 | RM |
| KLOR-CON ORAL PACKET 25 MEQ | T1 | | RM |
| KLOR-CON ORAL TABLET EXTENDEDRELEASE* (Potassium Chloride ER) 8 MEQ | T1 | T1 | RM |
| KLOR-CON/EF ORAL TABLET EFFERVESCENT (K-Effervescent) 25 MEQ | T1 | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| K-PRIME ORAL TABLET EFFERVESCENT <i>(K-Effervescent) 25 MEQ</i> | T1 | T1 | RM |
| K-TAB ORAL TABLET EXTENDEDRELEASE* <i>(Potassium Chloride ER) 8 MEQ</i> | T1 | T1 | RM |
| K-TABS ORAL TABLET EXTENDEDRELEASE* <i>(Potassium Chloride ER) 10 MEQ</i> | T1 | T1 | RM |
| <i>k-vescent oral packet 20 meq</i> | | T1 | RM |
| <i>k-vescent oral tablet effervescent 25 meq</i> | | T1 | RM |
| <i>potassium bicarbonate oral tablet effervescent 25 meq</i> | | T1 | RM |
| <i>potassium chloride er oral capsule extended release*</i> <i>10 meq, 8 meq</i> | | T1 | RM |
| <i>potassium chloride oral solution 20 meq/15ml (10%)</i> | | T1 | RM |
| *Mouth/Throat/Dental Agents* | | | |
| *anesthetics topical oral - combinations*** | | | |
| FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION | T1 | | RM |
| *anesthetics topical oral*** | | | |
| <i>lidocaine viscous mouth/throat solution 2 %</i> | | T1 | RM |
| *anti-infectives - throat*** | | | |
| <i>clotrimazole mouth/throat lozenge 10 mg</i> | | T1 | RM |
| <i>clotrimazole mouth/throat troche 10 mg</i> | | T1 | RM |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | | T1 | RM |
| *antiseptics - mouth/throat*** | | | |
| PERIOGARD MOUTH/THROAT SOLUTION <i>(Chlorhexidine Gluconate) 0.12 %</i> | T1 | T1 | RM |
| *dental products - combinations*** | | | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % | \$0 | | RM; AL (Max 6 Years) |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % | \$0 | | RM |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % | \$0 | | RM |
| *dry mouth agents and artificial saliva*** | | | |
| NEUTRASAL MOUTH/THROAT PACKET | T1 | | RM |
| *fluoride dental products*** | | | |
| ACT ANTICAVITY FLUORIDE RINSE MOUTH/THROAT SOLUTION <i>(RA Anticavity Fluoride Rinse) 0.05 %</i> | \$0 | \$0 | RM; AL (Max 6 Years) |
| ACT RESTORING FLUORIDE RINSE MOUTH/THROAT SOLUTION <i>(RA Anticavity Fluoride Rinse) 0.05 %</i> | \$0 | \$0 | RM; AL (Max 6 Years) |
| ACT TOTAL CARE MOUTH/THROAT SOLUTION <i>(RA Anticavity Fluoride Rinse) 0.05 %</i> | \$0 | \$0 | RM; AL (Max 6 Years) |
| CAVAREST DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| CAVIRINSE MOUTH/THROAT SOLUTION <i>(Neutral Sodium Fluoride) 0.2 %</i> | \$0 | \$0 | RM; AL (Max 6 Years) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| CLINPRO 5000 DENTAL PASTE 1.1 % | \$0 | | RM; AL (Max 6 Years) |
| CONTROLRX DENTAL CREAM (SF 5000 Plus) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| CONTROLRX DENTAL PASTE 1.1 % | \$0 | | RM; AL (Max 6 Years) |
| DENTA 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| DENTAGEL DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| FLUORIDEX DAILY DEFENSE DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| FLUORIDEX ENHANCED WHITENING DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| FLUORIGARD MOUTH/THROAT SOLUTION (RA Anticavity Fluoride Rinse) 0.05 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| KARIGEL DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| KARIGEL-N DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 % | \$0 | | RM; AL (Max 6 Years) |
| NEUTRAGARD ADVANCED DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| PHOS-FLUR DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| PREVIDENT 5000 BOOSTER DENTAL PASTE 1.1 % | \$0 | | RM; AL (Max 6 Years) |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % | \$0 | | RM; AL (Max 6 Years) |
| PREVIDENT 5000 PLUS DENTAL CREAM (SF 5000 Plus) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| PREVIDENT DENTAL (SF) 1.1 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| PREVIDENT MOUTH/THROAT SOLUTION (Neutral Sodium Fluoride) 0.2 % | \$0 | \$0 | RM; AL (Max 6 Years) |
| sm anticavity fluoride rinse mouth/throat solution 0.05 % | | \$0 | RM; AL (Max 6 Years) |
| THERA-FLUR-N DENTAL 1.1 % | \$0 | | RM |
| *periodontal anti-infectives*** | | | |
| ARESTIN DENTAL 1 MG | T1 | | PA; RM |
| *saliva stimulants*** | | | |
| cevimeline hcl oral capsule 30 mg | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| pilocarpine hcl oral tablet 5 mg, 7.5 mg | | T1 | RM |
| *steroids - mouth/throat*** | | | |
| ORALONE MOUTH/THROAT PASTE (Triamcinolone Acetonide) 0.1 % | T1 | T1 | RM |
| *Multivitamins* | | | |
| *ped mv w/ fluoride*** | | | |
| multi-vit/fluoride oral solution 0.25 mg/ml | | \$0 | RM; AL (Max 6 Years) |
| multi-vitamin/fluoride oral solution 0.25 mg/ml | | \$0 | RM; AL (Max 6 Years) |
| *prenatal mv & min w/fe-fa*** | | | |
| c-nate dha oral capsule 28-1-200 mg | | T1 | RM; F |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|------------------------|
| <i>completenate oral tablet chewable 29-1 mg</i> | | T1 | RM; F |
| CO-NATAL FA ORAL TABLET (Prenatabs FA) | T1 | T1 | RM; F |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG | T1 | | RM; F |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG | T1 | | RM; F |
| ELITE-OB ORAL TABLET 50-1.25 MG | T1 | | RM; F |
| FOLIVANE-OB ORAL CAPSULE 130-92.4-1 MG | T1 | | RM; F |
| INATAL ADVANCE ORAL TABLET (Vinate Ultra) | T1 | T1 | RM; F |
| INATAL GT ORAL TABLET (Vinate Ultra) | T1 | T1 | RM; F |
| INATAL ULTRA ORAL TABLET (Vinate Ultra) | T1 | T1 | RM; F |
| M-VIT ORAL TABLET (Prenatal Plus/Iron) | T1 | T1 | RM; F |
| MYNATAL ADVANCE ORAL TABLET (Vinate Ultra) | T1 | T1 | RM; F |
| MYNATAL ORAL TABLET (Vinate Ultra) 90-1 MG | T1 | T1 | RM; F |
| NATELLE ONE ORAL CAPSULE (Calcium PNV) 28-1-250 MG | T1 | T1 | RM; F |
| NIVA-PLUS ORAL TABLET (Prenatal Plus/Iron) 27-1 MG | T1 | T1 | RM; F |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG | T1 | | RM; F |
| OB COMPLETE ORAL TABLET 50-1.25 MG | T1 | | RM; F |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG | T1 | | RM; F |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG | T1 | | RM; F |
| OB-NATAL ONE ORAL CAPSULE (UltimateCare ONE NF) 20-7-1 MG | T1 | T1 | RM; F |
| O-CAL FA ORAL TABLET (Prenatal Plus/Iron) 27-1 MG | T1 | T1 | RM; F |
| <i>pnv fe fum/docusatelfolic acid oral tablet 29-1 mg</i> | | T1 | RM; F |
| <i>pnv folic acid + iron oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>pnv tabs 29-1 oral tablet 29-1 mg</i> | | T1 | RM; F |
| PREFERA OB + DHA ORAL (HemeNatal OB + DHA) 28-6-1 & 203 MG | T1 | T1 | RM; F |
| PREFERA OB ORAL TABLET (HemeNatal OB) 28-6-1 MG | T1 | T1 | RM; F |
| PRENATABS RX ORAL TABLET (Vol-Tab Rx) 29-1 MG | T1 | T1 | RM; F |
| <i>prenatal 19 oral tablet , 29-1 mg</i> | | T1 | RM; F |
| <i>prenatal 19 oral tablet chewable , 29-1 mg</i> | | T1 | RM; F |
| PRENATAL AD ORAL TABLET (Vinate Ultra) | T1 | T1 | RM; F |
| <i>prenatal formula oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>prenatal low iron oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>prenatal oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>prenatal plus iron oral tablet 29-1 mg</i> | | T1 | RM; F |
| <i>prenatal plus oral tablet 27-1 mg</i> | | T1 | RM; F |

| Drug Name | Brand | Generic | Additional Information |
|---|--------------|----------------|-------------------------------|
| PRENATAL/FOLIC ACID ORAL TABLET (<i>Prenatal Plus/Iron</i>) | T1 | T1 | RM; F |
| PRENATE ELITE ORAL TABLET 26-0.6-0.4 MG | T1 | | RM; F |
| PRENATE ESSENTIAL ORAL CAPSULE 29-0.6-0.4-340 MG | T1 | | RM; F |
| <i>preplus oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>pretab oral tablet 29-1 mg</i> | | T1 | RM; F |
| <i>se-natal 19 oral tablet 29-1 mg</i> | | T1 | RM; F |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i> | | T1 | RM; F |
| TARON-C DHA ORAL CAPSULE 53.5-38-1 MG | T1 | | RM; F |
| THERANATAL CORE NUTRITION ORAL TABLET (<i>Prenatal Plus/Iron</i>) 27-1 MG | T1 | T1 | RM; F |
| <i>thrivite rx oral tablet 29-1 mg</i> | | T1 | RM; F |
| <i>triadvance oral tablet 90-1 mg</i> | | T1 | RM; F |
| TRICARE ORAL TABLET (<i>Prenatal Plus/Iron</i>) | T1 | T1 | RM; F |
| TRICARE PRENATAL DHA ONE ORAL CAPSULE (<i>TL-Care DHA</i>) 27-1-500 MG | T1 | T1 | RM; F |
| <i>trinatal gt oral tablet 90-1 mg</i> | | T1 | RM; F |
| <i>trinatal ultra oral tablet 90-1 mg</i> | | T1 | RM; F |
| <i>ultra tabs oral tablet</i> | | T1 | RM; F |
| VINATE DHA ORAL CAPSULE 27-1.53 MG | T1 | | RM; F |
| VINATE GT ORAL TABLET (<i>Vinate Ultra</i>) 90-1 MG | T1 | T1 | RM; F |
| VINATE M ORAL TABLET 27-1 MG | T1 | | RM; F |
| <i>virt-pn oral tablet 27-0.6-0.4 mg</i> | | T1 | RM; F |
| VIVA DHA ORAL CAPSULE (<i>Reinate DHA</i>) 28-1-200 MG | T1 | T1 | RM; F |
| <i>vol-plus oral tablet 27-1 mg</i> | | T1 | RM; F |
| <i>vp-heme ob + dha oral 28-6-1 & 203 mg</i> | | T1 | RM; F |
| <i>vp-heme ob oral tablet 28-6-1 mg</i> | | T1 | RM; F |
| ZATEAN-PN ORAL TABLET (<i>PNV-Select</i>) 27-0.6-0.4 MG | T1 | T1 | RM; F |
| *prenatal mv & min w/fe-fa-ca-omega 3 fish oil*** | | | |
| <i>complete natal dha oral 29-1-200 & 250 mg</i> | | T1 | RM; F |
| PR NATAL 400 EC ORAL 29-1-200 & 400 MG (DR) | T1 | | RM; F |
| PR NATAL 400 ORAL 29-1-200 & 400 MG | T1 | | RM; F |
| TRIVEEN-DUO DHA ORAL 29-1-200 & 400 MG | T1 | | RM; F |
| *prenatal mv & min w/fe-fa-dha*** | | | |
| CITRANATAL 90 DHA ORAL (<i>Prenaissance 90 DHA</i>) 90-1 & 300 MG | T1 | T1 | RM; F |
| CITRANATAL ASSURE ORAL (<i>Prenaissance Promise</i>) 35-1 & 300 MG | T1 | T1 | RM; F |
| CITRANATAL DHA ORAL (<i>PNV OB+DHA</i>) 27-1 & 250 MG | T1 | T1 | RM; F |
| <i>extra-virt plus dha oral capsule 29-1.25-350 mg</i> | | T1 | RM; F |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| FOCALGIN 90 DHA ORAL (<i>Prenaisance 90 DHA</i>) 90-1 & 300 MG | T1 | T1 | RM; F |
| FOCALGIN CA ORAL (<i>Prenaisance Promise</i>) 35-1 & 300 MG | T1 | T1 | RM; F |
| <i>folcal dha oral capsule 27-1.25-300 mg</i> | | T1 | RM; F |
| FOLIVANE-EC CALCIUM DHA NF ORAL 27-1 & 250 MG | T1 | | RM; F |
| FOLIVANE-PRX DHA NF ORAL CAPSULE 30-1.24-265 MG | T1 | | RM; F |
| GESTICARE DHA ORAL 27-1 & 250 MG | T1 | | RM; F |
| MACNATAL CN DHA ORAL CAPSULE (<i>Prenaisance Plus</i>) 28-1-250 MG | T1 | T1 | RM; F |
| NATALVIRT 90 DHA ORAL (<i>Prenaisance 90 DHA</i>) 90-1 & 300 MG | T1 | T1 | RM; F |
| NATALVIRT CA ORAL (<i>Prenaisance Promise</i>) 35-1 & 300 MG | T1 | T1 | RM; F |
| NEXA PLUS ORAL CAPSULE (<i>TL-Select DHA</i>) 29-1.25-350 MG | T1 | T1 | RM; F |
| PREFERAOB ONE ORAL CAPSULE (<i>VP-HEME One</i>) 22-6-1-200 MG | T1 | T1 | RM; F |
| <i>prenaissance dha oral 27-1 & 250 mg</i> | | T1 | RM; F |
| <i>prenaissance oral capsule 29-1.25-325 mg</i> | | T1 | RM; F |
| PRENATE DHA ORAL CAPSULE 28-0.6-0.4-300 MG | T1 | | RM; F |
| PRENATE MINI ORAL CAPSULE 29-0.6-0.4-350 MG | T1 | | RM; F |
| <i>rulavite dha oral capsule 27-0.6-0.4-300 mg</i> | | T1 | RM; F |
| SELECT-OB+DHA ORAL (<i>Choice-OB+DHA</i>) 29-1 & 250 MG | T1 | T1 | RM; F |
| TARON-PREX ORAL CAPSULE 30-1.2-265 MG | T1 | | RM; F |
| <i>tl-select oral capsule 29-1.25-325 mg</i> | | T1 | RM; F |
| TRIVEEN-TEN ORAL TABLET 15-0.5-50 MG | T1 | | RM; F |
| VEMAVITE-PRX 2 ORAL CAPSULE (<i>PNV-DHA+Docusate</i>) 27-1.25-300 MG | T1 | T1 | RM; F |
| <i>virt-pn dha oral capsule 27-0.6-0.4-300 mg</i> | | T1 | RM; F |
| <i>virt-select oral capsule 29-1.25-325 mg</i> | | T1 | RM; F |
| VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (<i>Prena1/Quatrefolic</i>) 30-0.6-0.4-200 MG | T1 | T1 | RM; F |
| VITAMEDMD PLUS RX/QUATREFOLIC ORAL (<i>Prena1 Plus/Quatrefolic</i>) 30-0.6-0.4 & 300 MG | T1 | T1 | RM; F |
| ZATEAN-PN DHA ORAL CAPSULE (<i>PNV-DHA</i>) 27-0.6-0.4-300 MG | T1 | T1 | RM; F |
| *prenatal vitamins*** | | | |
| VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (<i>Prena1/Quatrefolic</i>) 0.6-0.4 MG | T1 | T1 | RM; F |
| *Musculoskeletal Therapy Agents* | | | |
| *central muscle relaxants*** | | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> | | T1 | RM |
| <i>chlorzoxazone oral tablet 500 mg</i> | | T1 | RM |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i> | | T1 | RM |
| <i>metaxalone oral tablet 800 mg</i> | | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | | T1 | RM |
| <i>orphenadrine citrate er oral tablet extended release 12 hr* 100 mg</i> | | T1 | RM |
| <i>tizanidine hcl oral capsule 2 mg</i> | | T1 | RM; AI (Max #1620 Mail Order); QL (18 EA per 1 Day) |
| <i>tizanidine hcl oral capsule 4 mg</i> | | T1 | RM; AI (Max #810 Mail Order); QL (9 EA per 1 Day) |
| <i>tizanidine hcl oral capsule 6 mg</i> | | T1 | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i> | | T1 | RM |
| *direct muscle relaxants*** | | | |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| *muscle relaxant combinations*** | | | |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i> | | T1 | RM |
| *Nasal Agents - Systemic And Topical* | | | |
| *nasal antibiotics*** | | | |
| BACTROBAN NASAL NASAL OINTMENT 2 % | T1 | | RM |
| *nasal anticholinergics*** | | | |
| <i>ipratropium bromide nasal solution 0.03 %</i> | | T1 | RM; AI (Max #90ml Mail Order); QL (1 ML per 1 Day) |
| <i>ipratropium bromide nasal solution 0.06 %</i> | | T1 | RM; AI (Max #45ml Mail Order); QL (0.5 ML per 1 Day) |
| *nasal antihistamines*** | | | |
| <i>azelastine hcl nasal solution 0.1 %</i> | | T1 | RM; AI (); QL (1.1 ML per 1 day) |
| <i>azelastine hcl nasal solution 0.15 %</i> | | T1 | RM |
| PATANASE NASAL SOLUTION (Olopatadine HCl) 0.6 % | T1 | T1 | RM; QL (1.02 GM per 1 day); AL (Min 6 Years) |
| *nasal steroids*** | | | |
| BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY | T1 | | RM; AI (Max #75gm Mail Order); QL (25 GM per 30 days) |
| <i>budesonide nasal suspension 32 mcg/act</i> | | T1 | RM; QL (0.6 GM per 1 day) |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | | T1 | RM; AI (Max #75ml (3 inhalers) Mail Order); QL (25 ML per 30 Days) |
| ZETONNA NASAL AEROSOL, SOLUTION 37 MCG/ACT | T1 | | RM; AI (Max #18.3GM Mail Order); QL (6.1 GM Max Qty Per Fill Retail); AL (Min 12 Years) |
| *topical decongestants*** | | | |
| TYZINE NASAL SOLUTION 0.05 % | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *Neuromuscular Agents* | | | |
| *benzathiazoles*** | | | |
| RILUTEK ORAL TABLET 50 MG | SP | | PA; SP |
| *neuromuscular blocking agent - neurotoxins*** | | | |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT | SP | | PA; SP |
| DYSPORT INTRAMUSCULAR* SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT | SP | | PA; SP |
| MYOBLOC INTRAMUSCULAR* SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML | SP | | PA; SP |
| XEOMIN INTRAMUSCULAR* SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT | SP | | PA; SP |
| *Ophthalmic Agents* | | | |
| *artificial tear inserts*** | | | |
| LACRISERT OPHTHALMIC INSERT 5 MG | T1 | | RM |
| *artificial tears and lubricants*** | | | |
| THERATEARS OPHTHALMIC 1 % | T1 | | RM |
| *beta-blockers - ophthalmic combinations*** | | | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | T1 | | RM; AI (Max #15ml Mail Order); QL (5 ML per 30 Days) |
| COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML | T1 | | PA; ST; RM |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i> | | T1 | RM |
| *beta-blockers - ophthalmic*** | | | |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | T1 | | RM |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | T1 | | RM |
| <i>carteolol hcl ophthalmic solution 1 %</i> | | T1 | RM |
| ISTALOL OPHTHALMIC SOLUTION 0.5 % | T1 | | RM |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | | T1 | RM |
| <i>metipranolol ophthalmic solution 0.3 %</i> | | T1 | RM |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | | T1 | RM |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | | T1 | RM |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % | T1 | | RM |
| *cycloplegic mydriatics*** | | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | | T1 | RM |
| <i>atropine-care ophthalmic solution 1 %</i> | | T1 | RM |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 % | T1 | | RM |
| <i>cyclopentolate hcl ophthalmic solution 1 %</i> | | T1 | RM |
| HOMATROPAIRE OPHTHALMIC SOLUTION 5 % | T1 | | RM |
| MYDRIACYL OPHTHALMIC SOLUTION (Tropicamide) 1 % | T1 | T1 | RM |
| <i>tropicamide ophthalmic solution 0.5 %</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *miotics - cholinesterase inhibitors*** | | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % | T1 | | RM |
| *miotics - direct acting*** | | | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i> | | T1 | RM |
| *ophthalmic antiallergic*** | | | |
| ALOCRILOPHTHALMIC SOLUTION 2 % | T1 | | RM |
| ALOMIDOPHTHALMIC SOLUTION 0.1 % | T1 | | RM |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | | T1 | RM; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % | T1 | | RM |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | | T1 | RM |
| ELESTAT OPHTHALMIC SOLUTION (Epinastine HCl) 0.05 % | T1 | T1 | RM |
| EMADINE OPHTHALMIC SOLUTION 0.05 % | T1 | | PA; ST; RM |
| LASTACAFTOPHTHALMIC SOLUTION 0.25 % | T1 | | PA; ST; RM; AI (Max #9ml Mail Order); QL (3 ML per 30 Days); AL (Min 2 Years) |
| OPTIVAR OPHTHALMIC SOLUTION 0.05 % | T1 | | PA; ST; RM; AI (Max #12 Mail Order); QL (6 ML Max Qty Per Fill Retail) |
| PATADAY OPHTHALMIC SOLUTION 0.2 % | T1 | | PA; ST; RM |
| PATANOL OPHTHALMIC SOLUTION 0.1 % | T1 | | PA; ST; RM; AI (Max #8 bottles (40ml)Mail Order); QL (15 ML per 30 Days) |
| *ophthalmic antibiotics*** | | | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | | T1 | RM |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | T1 | | RM |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % | T1 | | RM |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | | T1 | RM |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i> | | T1 | RM |
| GENTAK OPHTHALMIC OINTMENT (Gentamicin Sulfate) 0.3 % | T1 | T1 | RM |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | | T1 | RM |
| MOXEZA OPHTHALMIC SOLUTION 0.5 % | T1 | | RM |
| <i>ofloxacin ophthalmic solution 0.3 %</i> | | T1 | RM |
| <i>romycin ophthalmic ointment 5 mg/gm</i> | | T1 | RM |
| TOBREX OPHTHALMIC OINTMENT 0.3 % | T1 | | RM |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % | T1 | | RM |
| ZYMAXID OPHTHALMIC SOLUTION (Gatifloxacin) 0.5 % | T1 | T1 | RM |
| *ophthalmic antifungal*** | | | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *ophthalmic anti-infective combinations*** | | | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | | T1 | RM |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.25</i> | | T1 | RM |
| NEO-POLYICIN OPHTHALMIC OINTMENT (Neomycin-Bacitracin Zn-Polymyx) 3.5-400-10000 | T1 | T1 | RM |
| POLYICIN OPHTHALMIC OINTMENT (AK-Poly-Bac) 500-10000 UNIT/GM | T1 | T1 | RM |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | | T1 | RM |
| *ophthalmic antivirals*** | | | |
| <i>trifluridine ophthalmic solution 1 %</i> | | T1 | RM |
| ZIRGAN OPHTHALMIC 0.15 % | T1 | | RM |
| *ophthalmic carbonic anhydrase inhibitors*** | | | |
| AZOPT OPHTHALMIC SUSPENSION 1 % | T1 | | RM; AI (Max #30ml Mail Order); QL (10 ML per 30 Days) |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | | T1 | RM |
| *ophthalmic decongestants*** | | | |
| ALTAFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 % | T1 | T1 | RM |
| NEOFRIN OPHTHALMIC SOLUTION (Phenylephrine HCl) 10 %, 2.5 % | T1 | T1 | RM |
| *ophthalmic immunomodulators*** | | | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| *ophthalmic local anesthetics*** | | | |
| ALCAINE OPHTHALMIC SOLUTION (Parcaine) 0.5 % | T1 | T1 | RM |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i> | | T1 | RM |
| TETCAINE OPHTHALMIC SOLUTION (Tetracaine HCl) 0.5 % | T1 | T1 | RM |
| *ophthalmic nonsteroidal anti-inflammatory agents*** | | | |
| <i>bromfenac sodium ophthalmic solution 0.09 %</i> | | T1 | RM; AI (Max #15ml Mail Order); QL (5 ML Max Qty Per Fill Retail); AL (Min 18 Years) |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i> | | T1 | RM |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i> | | T1 | RM |
| <i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i> | | T1 | RM |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % | T1 | | RM; AI (Max 12ml per year retail or mail); QL (12 ML per 360 Days); AL (Min 10 Years) |
| *ophthalmic photodynamic therapy agents*** | | | |
| VISUDYNE INTRAVENOUS* SOLUTION RECONSTITUTED 15 MG | SP | | PA; SP |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *ophthalmic selective alpha adrenergic agonists*** | | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | T1 | | RM |
| ALPHAGAN P OPHTHALMIC SOLUTION (Brimonidine Tartrate) 0.15 % | T1 | T1 | RM |
| apraclonidine hcl ophthalmic solution 0.5 % | | T1 | RM |
| brimonidine tartrate ophthalmic solution 0.2 % | | T1 | RM |
| *ophthalmic steroid combinations*** | | | |
| bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 % | | T1 | RM |
| BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % | T1 | | RM |
| BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % | T1 | | RM |
| neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1 | | T1 | RM |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | | T1 | RM |
| neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1 | | T1 | RM |
| poly-dex ophthalmic ointment 3.5-10000-0.1 | | T1 | RM |
| PRED-G OPHTHALMIC SUSPENSION 0.3-1 % | T1 | | RM |
| PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % | T1 | | RM |
| sulfacetamide-prednisolone ophthalmic solution 10-0.23 % | | T1 | RM |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | T1 | | RM |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | T1 | | RM |
| tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 % | | T1 | RM |
| *ophthalmic steroids*** | | | |
| ALREX OPHTHALMIC SUSPENSION 0.2 % | T1 | | RM |
| dexamethasone sodium phosphate ophthalmic solution 0.1 % | | T1 | RM |
| DUREZOL OPHTHALMIC EMULSION 0.05 % | T1 | | RM |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | T1 | | RM |
| FML FORTE OPHTHALMIC SUSPENSION 0.25 % | T1 | | RM |
| FML LIQUIFILM OPHTHALMIC SUSPENSION (Fluorometholone) 0.1 % | T1 | T1 | RM |
| FML OPHTHALMIC OINTMENT 0.1 % | T1 | | RM |
| LOTEMAX OPHTHALMIC 0.5 % | T1 | | RM; AI (Max #4 bottles per Year Retail or Mail); QL (4 EA per 1 Year) |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | T1 | | RM |
| LOTEMAX OPHTHALMIC SUSPENSION 0.5 % | T1 | | RM |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % | T1 | | RM |
| OMNIPRED OPHTHALMIC SUSPENSION (PrednisoLONE Acetate) 1 % | T1 | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| PRED FORTE OPHTHALMIC SUSPENSION (PrednisolONE Acetate) 1 % | T1 | T1 | RM |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % | T1 | | RM |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i> | | T1 | RM |
| VEXOL OPHTHALMIC SUSPENSION 1 % | T1 | | RM |
| *ophthalmic sulfonamides*** | | | |
| BLEPH-10 OPHTHALMIC SOLUTION (Sulfacetamide Sodium) 10 % | T1 | T1 | RM |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | | T1 | RM |
| *ophthalmics - cystinosis agents** | | | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | T1 | | PA; RM |
| *prostaglandins - ophthalmic*** | | | |
| <i>latanoprost ophthalmic solution 0.005 %</i> | | T1 | RM; AI (Max #15ml Mail Order); QL (5 ML per 25 Days) |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | T1 | | RM; AI (Max #15ml Mail Order); QL (5 ML per 30 Days) |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % | T1 | | RM; AI (Max #5ml Mail Order); AL (Min 18 Years) |
| *vascular endothelial growth factor (vegf) antagonists*** | | | |
| EYLEA INTRAOCULAR SOLUTION 2 MG/0.05ML | SP | | PA; SP |
| LUCENTIS INTRAOCULAR SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML | SP | | PA; SP |
| MACUGEN INTRAOCULAR SOLUTION 0.3 MG | SP | | PA; SP |
| *Otic Agents* | | | |
| *otic agents - miscellaneous*** | | | |
| <i>acetic acid otic solution 2 %</i> | | T1 | RM |
| <i>acetic acid-aluminum acetate otic solution 2 %</i> | | T1 | RM |
| *otic anti-infectives*** | | | |
| <i>ciprofloxacin hcl otic solution 0.2 %</i> | | T1 | RM |
| <i>ofloxacin otic solution 0.3 %</i> | | T1 | RM |
| *otic steroid-anti-infective combinations*** | | | |
| CIPRO HC OTIC SUSPENSION 0.2-1 % | T1 | | RM |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 % | T1 | | RM; AI (Max #22.5 Mail Order); QL (7.5 ML per 30 Days) |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML | T1 | | RM |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> | | T1 | RM |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | | T1 | RM |
| *otic steroids*** | | | |
| ACETASOL HC OTIC SOLUTION (Hydrocortisone-Acetic Acid) 2-1 % | T1 | T1 | RM |
| DERMOTIC OTIC OIL (Fluocinolone Acetonide) 0.01 % | T1 | T1 | RM; AI (Max #120 Mail Order); QL (40 ML per 30 Days) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| *Oxaborole-Related Antifungals - Topical*** | | | |
| *oxaborole-related antifungals - topical*** | | | |
| KERYDIN EXTERNAL SOLUTION 5 % | T1 | | PA; RM |
| *Oxytocics* | | | |
| *oxytocics*** | | | |
| <i>methylergonovine maleate oral tablet 0.2 mg</i> | | T1 | RM |
| *Passive Immunizing Agents - Combinations*** | | | |
| *passive immunizing agents - combinations*** | | | |
| HYQVIA SUBCUTANEOUS* KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | SP | | PA; SP |
| *Passive Immunizing Agents* | | | |
| *antiviral monoclonal antibodies*** | | | |
| SYNAGIS INTRAMUSCULAR* SOLUTION 100 MG/ML, 50 MG/0.5ML | SP | | PA; SP |
| *immune serums*** | | | |
| BIVIGAM INTRAVENOUS* SOLUTION 10 GM/100ML, 5 GM/50ML | SP | | PA; SP |
| CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 12 GM, 6 GM | SP | | PA; SP |
| CYTOGAM INTRAVENOUS* INJECTABLE 50 MG/ML | SP | | SP |
| FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 0.5 GM/10ML, 20 GM/200ML | SP | | PA; ST; SP |
| FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML | SP | | PA; SP |
| GAMASTAN S/D INTRAMUSCULAR* INJECTABLE | SP | | PA; SP |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML | SP | | PA; SP |
| GAMMAGARD S/D LESS IGA INTRAVENOUS* SOLUTION RECONSTITUTED 10 GM, 5 GM | SP | | PA; SP |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML | SP | | PA; SP |
| GAMMAPLEX INTRAVENOUS* SOLUTION 10 GM/200ML | SP | | PA; ST; SP |
| GAMMAPLEX INTRAVENOUS* SOLUTION 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML | SP | | PA; SP |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | SP | | PA; SP |
| HIZENTRA SUBCUTANEOUS* SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | SP | | PA; SP |
| HYPERRHO S/D INTRAMUSCULAR* 1500 UNIT, 250 UNIT | SP | | SP |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR* 250 UNIT | SP | | SP |
| OCTAGAM INTRAVENOUS* SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML | SP | | PA; SP |
| PRIVIGEN INTRAVENOUS* SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | SP | | PA; SP |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR* 1500 UNIT | SP | | SP |
| RHOPHYLAC INJECTION 1500 UNIT/2ML | SP | | SP |
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML | SP | | SP |
| *Pcsk9 Inhibitors*** | | | |
| *pcsk9 inhibitors*** | | | |
| PRALUENT SUBCUTANEOUS* 150 MG/ML, 75 MG/ML | SP | | PA; SP |
| REPATHA SUBCUTANEOUS* 140 MG/ML | SP | | PA; SP |
| REPATHA SURECLICK SUBCUTANEOUS* 140 MG/ML | SP | | PA; SP |
| *Penicillins* | | | |
| *aminopenicillins*** | | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | | T1 | RM |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | | T1 | RM |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | | T1 | RM |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | | T1 | RM |
| <i>ampicillin oral capsule 250 mg, 500 mg</i> | | T1 | RM |
| <i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | | T1 | RM |
| MOXATAG ORAL TABLET EXTENDED RELEASE 24 HR* (Amoxicillin ER) 775 MG | T1 | T1 | RM |
| *natural penicillins*** | | | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | | T1 | RM |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| *penicillin combinations*** | | | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hr* 1000-62.5 mg</i> | | T1 | RM |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | | T1 | RM |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | | T1 | RM |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | T1 | | RM |
| *penicillinase-resistant penicillins*** | | | |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | | T1 | RM |
| *Phosphodiesterase 4 (Pde4) Inhibitors*** | | | |
| *phosphodiesterase 4 (pde4) inhibitors*** | | | |
| OTEZLA ORAL 10 & 20 & 30 MG | SP | | PA; SP; QL (1 EA per 1 Year); AL (Min 18 Years) |
| OTEZLA ORAL TABLET 30 MG | SP | | PA; SP; QL (2 EA per 1 day); AL (Min 18 Years) |
| *Poly (Adp-Ribose) Polymerase (Parp) Inhibitors** | | | |
| *poly (adp-ribose) polymerase (parp) inhibitors** | | | |
| LYNPARZA ORAL CAPSULE 50 MG | T1 | | RM |
| *Progestins* | | | |
| *progestins*** | | | |
| MAKENA INTRAMUSCULAR* OIL 250 MG/ML | SP | | PA; SP |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| MEGACE ES ORAL SUSPENSION (Megestrol Acetate) 625 MG/5ML | T1 | T1 | RM; AI (Max #450ml Mail Order); QL (150 ML per 30 Days) |
| <i>norethindrone acetate oral tablet 5 mg</i> | | T1 | RM; F |
| <i>progesterone intramuscular* oil 50 mg/ml</i> | | T1 | RM; F |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | | T1 | RM; F |
| *Protease-Activated Receptor-1 (Par-1) Antagonists*** | | | |
| *protease-activated receptor-1 (par-1) antagonists*** | | | |
| ZONTIVITY ORAL TABLET 2.08 MG | T1 | | RM; QL (1 EA per 1 day); AL (Min 16 Years) |
| *Psychotherapeutic And Neurological Agents - Misc.* | | | |
| *alcohol deterrents*** | | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | | T1 | RM; QL (6 EA per 1 day) |
| ANTABUSE ORAL TABLET 250 MG, 500 MG | T1 | | PA; ST; RM |
| CAMPRAL ORAL TABLET DELAYED RELEASE 333 MG | T1 | | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | | T1 | RM |
| *anti-cataplectic agents*** | | | |
| XYREM ORAL SOLUTION 500 MG/ML | SP | | PA; SP; QL (18 ML per 1 day); AL (Min 28 Years and Max 65 Years) |
| *cholinomimetics - ache inhibitors*** | | | |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |

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| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| <i>donepezil hcl oral tablet 23 mg</i> | | T1 | RM |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i> | | T1 | RM |
| EXELON ORAL CAPSULE (Rivastigmine Tartrate) 1.5 MG, 3 MG, 4.5 MG, 6 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| EXELON ORAL SOLUTION 2 MG/ML | T1 | | RM |
| EXELON TRANSDERMAL PATCH 24 HR (Rivastigmine) 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>galantamine hydrobromide oral tablet 4 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (Galantamine Hydrobromide ER) 16 MG, 24 MG, 8 MG | T1 | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| RAZADYNE ORAL SOLUTION (Galantamine Hydrobromide) 4 MG/ML | T1 | T1 | RM |
| RAZADYNE ORAL TABLET 12 MG, 8 MG | T1 | | RM; AI (Max #180 Mail Order) |
| RAZADYNE ORAL TABLET 4 MG | T1 | | RM; AI (Max #270 Mail Order) |
| *fibromyalgia agent - snris*** | | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | T1 | | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 16 Years) |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | T1 | | RM; AI (Max #1 Titration Pack retail or mail); QL (1 EA per 1 Lifetime); AL (Min 16 Years) |
| *movement disorder drug therapy*** | | | |
| XENAZINE ORAL TABLET (Tetrabenazine) 12.5 MG, 25 MG | SP | SP | PA; SP |
| *ms agents - pyrimidine synthesis inhibitors*** | | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | SP | | PA; SP |
| *multiple sclerosis agents - interferons*** | | | |
| AVONEX INTRAMUSCULAR* KIT 30 MCG | SP | | PA; SP |
| EXTAVIA SUBCUTANEOUS* KIT 0.3 MG | SP | | PA; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS* 63 & 94 MCG/0.5ML | SP | | PA; SP |
| PLEGRIDY SUBCUTANEOUS* 125 MCG/0.5ML | SP | | PA; SP |
| *multiple sclerosis agents - monoclonal antibodies*** | | | |
| TYSABRI INTRAVENOUS* CONCENTRATE 300 MG/15ML | SP | | PA; SP |
| *multiple sclerosis agents - nrf2 pathway activators*** | | | |
| TECFIDERA ORAL 120 & 240 MG | SP | | SP |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG | SP | | SP |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| *multiple sclerosis agents - potassium channel blockers*** | | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR* 10 MG | SP | | PA; SP; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 18 Years) |
| *multiple sclerosis agents*** | | | |
| COPAXONE SUBCUTANEOUS* 20 MG/ML, 40 MG/ML | SP | | PA; SP |
| GLATOPA SUBCUTANEOUS* 20 MG/ML | SP | | PA; SP |
| *n-methyl-d-aspartate (nmda) receptor antagonists*** | | | |
| NAMENDA ORAL SOLUTION (<i>Memantine HCl</i>) 10 MG/5ML | T1 | T1 | RM; AI (Max #1080 Mail Order); QL (360 ML per 30 Days); AL (Min 12 Years) |
| NAMENDA ORAL TABLET (<i>Memantine HCl</i>) 10 MG | T1 | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day); AL (Min 12 Years) |
| NAMENDA ORAL TABLET (<i>Memantine HCl</i>) 5 MG | T1 | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 12 Years) |
| NAMENDA TITRATION PAK ORAL TABLET 5 (28)-10 (21) MG | T1 | | RM |
| NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG | T1 | | RM |
| NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 & 28 MG | T1 | | RM |
| *phenothiazines & tricyclic agents*** | | | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i> | | T1 | RM |
| *postherpetic neuralgia (phn) agents*** | | | |
| GRALISE ORAL TABLET 300 MG, 600 MG | T1 | | PA; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day); AL (Min 18 Years) |
| GRALISE STARTER ORAL 300 & 600 MG | T1 | | PA; RM; QL (1 EA per 1 Lifetime); AL (Min 18 Years) |
| *premenstrual dysphoric disorder (pmdd) agents - ssris*** | | | |
| <i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i> | | T1 | RM |
| *pseudobulbar affect agent combinations*** | | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | SP | | PA; SP |
| *psychotherapeutic and neurological agents - misc.*** | | | |
| <i>ergoloid mesylates oral tablet 1 mg</i> | | T1 | PA; RM |
| ORAP ORAL TABLET (<i>Pimozide</i>) 1 MG, 2 MG | T1 | T1 | RM |
| *restless leg syndrome (rls) agents*** | | | |
| HORIZANT ORAL TABLET EXTENDEDRELEASE* 300 MG, 600 MG | T1 | | PA; RM; QL (2 EA per 1 day); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *smoking deterrents*** | | | |
| BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HR* (BuPROPion HCl ER (Smoking Det)) 150 MG | \$0 | \$0 | RM; QL (2 EA per 1 Day); AL (Min 18 Years) |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG | \$0 | | RM; QL (2 EA per 1 Day); AL (Min 18 Years) |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | \$0 | | RM; QL (2 EA per 1 Day); AL (Min 18 Years) |
| CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 | \$0 | | RM; AL (Min 18 Years) |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>cvs nicotine transdermal patch 24 hr 14 mg/24hr, 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>cvs nts step 1 transdermal patch 24 hr 21 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eq nicotine mouth/throat gum 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eq nicotine mouth/throat lozenge 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eq nicotine step 3 transdermal patch 24 hr 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eq nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eql nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>eql nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>hm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>hm nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| KLS QUIT2 MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| KLS QUIT4 MOUTH/THROAT GUM (Nicotine Polacrilex) 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| NICODERM CQ TRANSDERMAL PATCH 24 HR (Nicotine) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR | \$0 | \$0 | RM; AL (Min 18 Years) |
| NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG, 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| NICORETTE MINI MOUTH/THROAT LOZENGE (Nicotine Polacrilex) 2 MG, 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|--|
| NICORETTE MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 2 MG, 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| NICORETTE MOUTH/THROAT LOZENGE (<i>Nicotine Polacrilex</i>) 2 MG, 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| NICORETTE STARTER KIT MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 2 MG, 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| <i>nicotine step 1 transdermal patch 24 hr 21 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>nicotine step 2 transdermal patch 24 hr 14 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>nicotine step 3 transdermal patch 24 hr 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| NICOTROL INHALATION INHALER 10 MG | \$0 | | RM; AL (Min 18 Years) |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | \$0 | | RM; QL (4 ML per 1 Day); AL (Min 18 Years) |
| <i>px stop smoking aid mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>px stop smoking aid mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>ra nicotine mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>ra nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>ra nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sm nicotine mouth/throat gum 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sm nicotine mouth/throat lozenge 2 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sm nicotine transdermal patch 24 hr 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sw nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>sw nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>tgt nicotine mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>tgt nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>tgt nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>tgt nicotine step one transdermal patch 24 hr 21 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>tgt nicotine step three transdermal patch 24 hr 7 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| <i>tgt nicotine step two transdermal patch 24 hr 14 mg/24hr</i> | | \$0 | RM; AL (Min 18 Years) |
| THRIVE MOUTH/THROAT GUM (<i>Nicotine Polacrilex</i>) 2 MG, 4 MG | \$0 | \$0 | RM; AL (Min 18 Years) |
| ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR* (<i>BuPROPion HCl ER (Smoking Det)</i>) 150 MG | \$0 | \$0 | RM; QL (2 EA per 1 Day); AL (Min 18 Years) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *sphingosine 1-phosphate (s1p) receptor modulators*** | | | |
| GILENYA ORAL CAPSULE 0.5 MG | SP | | PA; SP |
| **thienbenzodiazepines & ssris*** | | | |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| *vasomotor symptom agents - ssris*** | | | |
| BRISDELLE ORAL CAPSULE 7.5 MG | T1 | | PA; RM |
| *Pulmonary Fibrosis Agents - Kinase Inhibitors*** | | | |
| *pulmonary fibrosis agents - kinase inhibitors*** | | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | SP | | PA; SP; QL (2 EA per 1 day) |
| *Pulmonary Fibrosis Agents*** | | | |
| *pulmonary fibrosis agents*** | | | |
| ESBRIET ORAL CAPSULE 267 MG | SP | | PA; SP; QL (9 EA per 1 day) |
| *Respiratory Agents - Misc.* | | | |
| *alpha-proteinase inhibitor (human)*** | | | |
| ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG, 400 MG, 500 MG, 800 MG | SP | | SP |
| GLASSIA INTRAVENOUS* SOLUTION 1000 MG/50ML | SP | | PA; ST; SP |
| PROLASTIN-C INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG | SP | | SP |
| ZEMAIRA INTRAVENOUS* SOLUTION RECONSTITUTED 1000 MG | SP | | SP |
| *cftr potentiators*** | | | |
| KALYDECO ORAL PACKET 50 MG, 75 MG | SP | | PA; SP |
| KALYDECO ORAL TABLET 150 MG | SP | | PA; SP; QL (2 EA per 1 Day); AL (Min 6 Years) |
| *hydrolytic enzymes*** | | | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | SP | | SP; AI (Max #540ml Mail Order); QL (180 ML per 30 Days) |
| *respiratory agents - misc.*** | | | |
| INFASURF INHALATION SUSPENSION 35-0.9 MG/ML-% | T1 | | RM |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** | | | |
| *sodium-glucose co-transporter 2 inhibitor-biguanide comb*** | | | |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG | T1 | | RM |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HR* 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG | T1 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| *Sulfonamides* | | | |
| *sulfonamides*** | | | |
| <i>sulfadiazine oral tablet 500 mg</i> | | T1 | RM |
| *Tetracyclines* | | | |
| *tetracyclines*** | | | |
| ACTICLATE ORAL TABLET 150 MG, 75 MG | T1 | | PA; ST; RM; QL (2 EA per 1 day) |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i> | | T1 | RM |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | | T1 | RM |
| <i>doxycycline hyclate oral tablet 100 mg</i> | | T1 | RM |
| <i>doxycycline hyclate oral tablet 20 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>doxycycline hyclate oral tablet delayed release 100 mg</i> | | T1 | RM; QL (2 EA per 1 Day) |
| <i>doxycycline hyclate oral tablet delayed release 150 mg, 75 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>doxycycline monohydrate oral capsule 150 mg</i> | | T1 | RM |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | | T1 | RM |
| <i>doxycycline monohydrate oral tablet 100 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| <i>doxycycline monohydrate oral tablet 150 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i> | | T1 | RM; AI (Max #360 Mail Order); QL (4 EA per 1 Day) |
| MINOCIN ORAL CAPSULE (Minocycline HCl) 100 MG, 75 MG | T1 | T1 | RM |
| <i>minocycline hcl er oral tablet extended release 24 hr* 135 mg, 45 mg, 90 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 12 Years) |
| <i>minocycline hcl oral capsule 50 mg</i> | | T1 | RM |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i> | | T1 | RM |
| MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG, 50 MG, 75 MG | T1 | T1 | RM |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | | T1 | RM |
| VIBRAMYCIN ORAL SYRUP 50 MG/5ML | T1 | | RM |
| *Thyroid Agents* | | | |
| *antithyroid agents*** | | | |
| <i>propylthiouracil oral tablet 50 mg</i> | | T1 | RM |
| TAPAZOLE ORAL TABLET (Methimazole) 10 MG, 5 MG | T1 | T1 | RM |
| *thyroid hormones*** | | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG | T1 | | RM |
| ARMOUR THYROID ORAL TABLET (NP Thyroid) 30 MG, 60 MG, 90 MG | T1 | T1 | RM |
| CYTOMEL ORAL TABLET (Liothyronine Sodium) 25 MCG, 5 MCG, 50 MCG | T1 | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|------------------------|
| LEVO-T ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | T1 | RM |
| LEVOXYL ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | T1 | RM |
| NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | T1 | | RM |
| SYNTHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | T1 | RM |
| THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG) | T1 | | RM |
| THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG) | T1 | | RM |
| THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG) | T1 | | RM |
| THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG) | T1 | | RM |
| THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG) | T1 | | RM |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | | RM |
| UNITHROID DIRECT ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | T1 | RM |
| UNITHROID ORAL TABLET (<i>Levothyroxine Sodium</i>) 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | T1 | RM |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | T1 | | RM |
| WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG | T1 | | RM |
| *Toxoids* | | | |
| **toxoid combinations*** | | | |
| ADACEL INTRAMUSCULAR* SUSPENSION 5-2-15.5 LF-MCG/0.5 | \$0 | | RM |
| BOOSTRIX INTRAMUSCULAR* SUSPENSION 5-2.5-18.5 | \$0 | | RM |
| <i>diphtheria-tetanus toxoids dt intramuscular* suspension 25-5 lfu/0.5ml</i> | | \$0 | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| INFANRIX INTRAMUSCULAR* SUSPENSION 25-58-10 | \$0 | | RM |
| KINRIX INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| PEDIARIX INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| QUADRACEL INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| <i>tetanus-diphtheria toxoids td intramuscular* suspension 2-2 lf/0.5ml</i> | | \$0 | RM |
| *Ulcer Drugs* | | | |
| *anticholinergic combinations*** | | | |
| <i>belladonna alkaloids-opium suppository 16.2-60 mg</i> | | T1 | RM |
| <i>belladonna-opium suppository 16.2-30 mg</i> | | T1 | RM |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> | | T1 | RM |
| DONNATAL ORAL ELIXIR 16.2 MG/5ML | T1 | | RM |
| DONNATAL ORAL TABLET 16.2 MG | T1 | | RM |
| *antispasmodics*** | | | |
| BENTYL INTRAMUSCULAR* SOLUTION 10 MG/ML | T1 | | RM |
| BENTYL ORAL CAPSULE (Dicyclomine HCl) 10 MG | T1 | T1 | RM |
| BENTYL ORAL TABLET (Dicyclomine HCl) 20 MG | T1 | T1 | RM |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | | T1 | RM |
| *belladonna alkaloids*** | | | |
| <i>ed-spaz oral tablet dispersible 0.125 mg</i> | | T1 | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| HYOMAX-SL SUBLINGUAL TABLET SUBLINGUAL (Hyoscyamine Sulfate) 0.125 MG | T1 | T1 | RM |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hr* 0.375 mg</i> | | T1 | RM |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i> | | T1 | RM |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i> | | T1 | RM |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> | | T1 | RM |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i> | | T1 | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <i>hyosyne oral solution 0.125 mg/ml</i> | | T1 | RM |
| <i>oscimin oral tablet 0.125 mg</i> | | T1 | RM |
| <i>oscimin oral tablet dispersible 0.125 mg</i> | | T1 | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| <i>oscimin sr oral tablet extended release 12 hr* 0.375 mg</i> | | T1 | RM |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i> | | T1 | RM |
| *h-2 antagonists*** | | | |
| <i>cimetidine hcl oral solution 300 mg/5ml</i> | | T1 | RM |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | | T1 | RM |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i> | | T1 | RM |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|---|
| <i>nizatidine oral capsule 150 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>nizatidine oral capsule 300 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>nizatidine oral solution 15 mg/ml</i> | | T1 | RM |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i> | | T1 | RM |
| <i>ranitidine hcl oral syrup 15 mg/ml, 75 mg/5ml</i> | | T1 | RM |
| <i>ranitidine hcl oral tablet 300 mg</i> | | T1 | RM |
| *misc. anti-ulcer*** | | | |
| CARAFATE ORAL SUSPENSION 1 GM/10ML | T1 | | RM |
| <i>sucralfate oral tablet 1 gm</i> | | T1 | RM |
| *proton pump inhibitor-antacid combinations*** | | | |
| ZEGERID ORAL CAPSULE (Omeprazole-Sodium Bicarbonate) 40-1100 MG | T1 | T1 | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *proton pump inhibitors*** | | | |
| ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG | T1 | | PA; ST; RM |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day) |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 day) |
| <i>esomeprazole strontium oral capsule delayed release 49.3 mg</i> | | T1 | PA; RM; AI (Max #90 Mail Order); QL (1 EA per 1 day); AL (Min 16 Years) |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML | T1 | | RM |
| FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML | T1 | | RM |
| <i>lansoprazole oral capsule delayed release 15 mg</i> | | T1 | RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| <i>lansoprazole oral capsule delayed release 30 mg</i> | | T1 | RM |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG | T1 | | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG | T1 | | PA; ST; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| NEXIUM ORAL PACKET 2.5 MG, 5 MG | T1 | | PA; ST; RM; QL (2 EA per 1 day) |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | | T1 | RM |
| OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML | T1 | | RM |
| <i>pantoprazole sodium oral tablet delayed release 20 mg</i> | | T1 | RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>pantoprazole sodium oral tablet delayed release 40 mg</i> | | T1 | RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG | T1 | | PA; RM; AI (Max #180 Mail Order); QL (2 EA per 1 Day) |
| PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG | T1 | | PA; RM |
| PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 15 MG | T1 | | PA; RM; AI (Covered at L3 without PA age 1 and under/); QL (1 EA per 1 Day) |
| PREVACID SOLUTAB ORAL TABLET DISPERSIBLE 30 MG | T1 | | PA; RM; AI (Covered at L3 without PA age 1 and under/) |
| PRILOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG | T1 | | PA; RM |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG | T1 | | PA; RM; AI (Max #270 Mail Order); QL (3 EA per 1 Day) |
| PROTONIX ORAL TABLET DELAYED RELEASE 40 MG | T1 | | PA; RM; AI (Max #540 Mail Order); QL (6 EA per 1 Day) |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> | | T1 | RM |
| *quaternary anticholinergics*** | | | |
| CANTIL ORAL TABLET 25 MG | T1 | | RM |
| <i>methscopolamine bromide oral tablet 2.5 mg</i> | | T1 | RM; AI (Max #1080 Mail Order); QL (12 EA per 1 Day) |
| PAMINE FORTE ORAL TABLET (Methscopolamine Bromide) 5 MG | T1 | T1 | RM |
| <i>propantheline bromide oral tablet 15 mg</i> | | T1 | RM |
| ROBINUL ORAL TABLET (Glycopyrrolate) 1 MG | T1 | T1 | RM |
| ROBINUL-FORTE ORAL TABLET (Glycopyrrolate) 2 MG | T1 | T1 | RM |
| *ulcer anti-infective w/ bismuth combinations*** | | | |
| HELIDAC ORAL | T1 | | RM; AI (Max #1 box (#224) retail or 90 days); QL (1 EA per 30 Days) |
| *ulcer anti-infective w/ proton pump inhibitors*** | | | |
| OMECLAMOX-PAK ORAL 500-500-20 MG | T1 | | RM |
| *ulcer drugs - prostaglandins*** | | | |
| CYTOTEC ORAL TABLET (Misoprostol) 100 MCG | T1 | T1 | RM |
| <i>misoprostol oral tablet 200 mcg</i> | | T1 | RM |
| *Urinary Anti-Infectives* | | | |
| *methenamine combos*** | | | |
| UROQID #2 ORAL TABLET 500-500 MG | T1 | | RM |
| *urinary anti-infectives*** | | | |
| <i>methenamine hippurate oral tablet 1 gm</i> | | T1 | RM |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i> | | T1 | RM |
| MONUROL ORAL PACKET 3 GM | T1 | | RM |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> | | T1 | RM |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i> | | T1 | RM |

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| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>nitrofurantoin oral suspension 25 mg/5ml</i> | | T1 | RM |
| *urinary antiseptic-antispasmodic &/or analgesics*** | | | |
| AZUPHEN MB ORAL CAPSULE (<i>Uticap</i>) 120 MG | T1 | T1 | RM |
| PHOSPHASAL ORAL TABLET (<i>Urin DS</i>) 81.6 MG | T1 | T1 | RM |
| <i>ur n-c oral tablet 81.6 mg</i> | | T1 | RM |
| URELLE ORAL TABLET 81 MG | T1 | | RM |
| UROGESIC-BLUE ORAL TABLET 81.6 MG | T1 | | PA; ST; RM |
| USTELL ORAL CAPSULE (<i>Uticap</i>) 120 MG | T1 | T1 | RM |
| UTIRA-C ORAL TABLET (<i>Urin DS</i>) 81.6 MG | T1 | T1 | RM |
| UTRONA-C ORAL TABLET (<i>Urin DS</i>) 81.6 MG | T1 | T1 | RM |
| *Urinary Antispasmodics* | | | |
| *beta-3 adrenergic agonists*** | | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG, 50 MG | T1 | | RM |
| *urinary antispasmodic - antimuscarinics (antichol)***(new) | | | |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>Tolterodine Tartrate ER</i>) 2 MG, 4 MG | T1 | T1 | RM |
| DETROL ORAL TABLET (<i>Tolterodine Tartrate</i>) 1 MG, 2 MG | T1 | T1 | RM |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HR* (<i>Oxybutynin Chloride ER</i>) 15 MG | T1 | T1 | RM |
| ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR* 15 MG, 7.5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| GELNIQUE TRANSDERMAL 10 %, 3 (28) % (MG/ACT) | T1 | | PA; ST; RM |
| <i>oxybutynin chloride er oral tablet extended release 24 hr* 10 mg, 5 mg</i> | | T1 | RM |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i> | | T1 | RM |
| <i>oxybutynin chloride oral tablet 5 mg</i> | | T1 | RM |
| OXYTROL TRANSDERMAL PATCH BIWEEKLY 3.9 MG/24HR | T1 | | PA; ST; RM; AI (Max #24 Patches Mail Order); QL (8 EA per 30 Days) |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR* 4 MG, 8 MG | T1 | | PA; ST; RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | | T1 | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| <i>tropium chloride oral tablet 20 mg</i> | | T1 | RM |
| VESICARE ORAL TABLET 10 MG, 5 MG | T1 | | RM; AI (Max #90 Mail Order); QL (1 EA per 1 Day); AL (Min 18 Years) |
| *urinary antispasmodics - cholinergic agonists*** (new) | | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i> | | T1 | RM |

| Drug Name | Brand | Generic | Additional Information |
|---|-------|---------|--|
| *urinary antispasmodics - direct muscle relaxants*** (new) | | | |
| <i>flavoxate hcl oral tablet 100 mg</i> | | T1 | RM |
| *urinary antispasmodics*** | | | |
| <i>sanctura xr oral capsule extended release 24 hour 60 mg</i> | | \$0 | RM; QL (1 EA per 1 day); AL (Min 18 Years) |
| *Vaccines* | | | |
| *bacterial vaccines*** | | | |
| MENACTRA INTRAMUSCULAR* INJECTABLE | \$0 | | RM |
| MENOMUNE SUBCUTANEOUS* INJECTABLE | \$0 | | RM |
| MENVEO INTRAMUSCULAR* SOLUTION RECONSTITUTED | \$0 | | RM |
| PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML | \$0 | | RM |
| PREVNAR 13 INTRAMUSCULAR* SUSPENSION | \$0 | | RM; QL (0.5 ML per 1 Lifetime) |
| TRUMENBA INTRAMUSCULAR* | \$0 | | RO; AL (Max 26 Years) |
| *viral vaccine combinations*** | | | |
| M-M-R II SUBCUTANEOUS* INJECTABLE | \$0 | | RM |
| TWINRIX INTRAMUSCULAR* SUSPENSION 720-20 | \$0 | | RM |
| *viral vaccines*** | | | |
| AFLURIA INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| CERVARIX INTRAMUSCULAR* SUSPENSION | \$0 | | RO; F; AL (Max 27 Years) |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML | \$0 | | RM |
| FLUARIX INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLUARIX QUADRIVALENT INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLUBLOK INTRAMUSCULAR* SOLUTION | \$0 | | RM |
| FLUCELVAX INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLULAVAL INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| FLUMIST NASAL LIQUID† | \$0 | | RM |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | \$0 | | RM |
| FLUVIRIN INTRAMUSCULAR* SUSPENSION | \$0 | | RM |
| FLUVIRIN PRESERVATIVE FREE INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLUZONE HIGH-DOSE INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLUZONE INTRADERMAL* 9 MCG/STRAIN | \$0 | | RM |
| FLUZONE INTRAMUSCULAR* SUSPENSION | \$0 | | RM |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|--|
| FLUZONE PEDIATRIC PF INTRAMUSCULAR* 0.25 ML | \$0 | | RM |
| FLUZONE PRESERVATIVE FREE INTRAMUSCULAR* 0.5 ML | \$0 | | RM |
| FLUZONE PRESERVATIVE FREE INTRAMUSCULAR* SUSPENSION | \$0 | | RO |
| FLUZONE QUADRIVALENT INTRADERMAL* 9 MCG/STRAIN | \$0 | | RO |
| FLUZONE QUADRIVALENT INTRAMUSCULAR* 0.25 ML, 0.5 ML | \$0 | | RM |
| FLUZONE QUADRIVALENT INTRAMUSCULAR* SUSPENSION , 0.5 ML | \$0 | | RO |
| GARDASIL 9 INTRAMUSCULAR* | \$0 | | RO; AL (Max 27 Years) |
| GARDASIL 9 INTRAMUSCULAR* SUSPENSION | \$0 | | RO; AL (Max 27 Years) |
| GARDASIL INTRAMUSCULAR* SUSPENSION | \$0 | | RO; AL (Max 27 Years) |
| HAVRIX INTRAMUSCULAR* SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | \$0 | | RM |
| IXIARO INTRAMUSCULAR* SUSPENSION | T1 | | PA; ST; RM |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | \$0 | | RM |
| VAQTA INTRAMUSCULAR* SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | \$0 | | RM |
| VARIVAX SUBCUTANEOUS* INJECTABLE 1350 PFU/0.5ML | \$0 | | RM |
| ZOSTAVAX SUBCUTANEOUS* SOLUTION RECONSTITUTED 19400 UNT/0.65ML | \$0 | | RO; AL (Min 50 Years) |
| *Vaginal Products* | | | |
| *imidazole-related antifungals*** | | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | T1 | | RM; F |
| TERAZOL 3 VAGINAL CREAM (<i>Terconazole</i>) 0.8 % | T1 | T1 | RM; F |
| TERAZOL 3 VAGINAL SUPPOSITORY 80 MG | T1 | | RM; F |
| TERAZOL 7 VAGINAL CREAM (<i>Terconazole</i>) 0.4 % | T1 | T1 | RM; F |
| ZAZOLE VAGINAL CREAM (<i>Terconazole</i>) 0.4 %, 0.8 % | T1 | T1 | RM; F |
| ZAZOLE VAGINAL SUPPOSITORY 80 MG | T1 | | RM; F |
| *miscellaneous vaginal combinations*** | | | |
| RELAGARD VAGINAL 0.9-0.025 % | T1 | | RM; F |
| *spermicides*** | | | |
| ENCARE VAGINAL SUPPOSITORY 100 MG | \$0 | | RM; AI (Max #12 Retail or #36 Mail Order); F |
| OPTIONS CONCEPTROL VAGINAL 4 % | \$0 | | RM; AI (Max #12 Retail or #36 Mail Order); F |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL 3 % | \$0 | | RM; AI (Max #12 Retail or #36 Mail Order); F |
| SHUR-SEAL CONTRACEPTIVE VAGINAL 2 % | \$0 | | RM; AI (Max #12 Retail or #36 Mail Order); F |

| Drug Name | Brand | Generic | Additional Information |
|--|-------|---------|---|
| <i>today sponge vaginal 1000 mg</i> | | \$0 | RM; F; QL (12 EA Max Qty Per Fill Retail) |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % | \$0 | | RM; AI (Max #12 Retail or #36 Mail Order); F |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % | \$0 | | RM; AI (Max #12 Retail or #36 Mail Order); F |
| *vaginal anti-infectives*** | | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | T1 | | RM; AI (Max 3 mail or retail); F; QL (3 EA per 30 Days) |
| <i>clindamycin phosphate vaginal cream 2 %</i> | | T1 | RM; AI (40gm per 7 days retail or mail); F; QL (40 GM per 7 Days) |
| VANAZOLE VAGINAL (MetroNIDAZOLE) 0.75 % | T1 | T1 | RM; AI (Max #210gm Mail Order); F; QL (70 GM per 30 Days) |
| *vaginal estrogens*** | | | |
| ESTRACE VAGINAL CREAM 0.1 MG/GM | T1 | | RM; F |
| FEMRING VAGINAL RING 0.05 MG/24HR | T1 | | RM; AI (Max #1 retail or Mailorder); F; QL (1 EA per 90 Days) |
| FEMRING VAGINAL RING 0.1 MG/24HR | T1 | | RM; AI (Max #1 Retail or Mailorder); F; QL (1 EA per 90 Days) |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | T1 | | RM; F |
| VAGIFEM VAGINAL TABLET 10 MCG | T1 | | RM; F |
| *vaginal progestins*** | | | |
| CRINONE VAGINAL 4 %, 8 % | SP | | PA; SP; F |
| ENDOMETRIN VAGINAL INSERT 100 MG | T1 | | PA; RM; F |
| *Vasopressors* | | | |
| *anaphylaxis therapy agents*** | | | |
| EPIPEN 2-PAK INJECTION 0.3 MG/0.3ML | T1 | | RM; QL (2 EA per 1 Copay) |
| EPIPEN JR 2-PAK INJECTION 0.15 MG/0.3ML | T1 | | RM; QL (2 EA per 1 Copay) |
| *vasopressors*** | | | |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | | T1 | RM |
| *Vitamins* | | | |
| *paba*** | | | |
| POTABA ORAL CAPSULE 500 MG | T1 | | RM |
| POTABA ORAL TABLET 500 MG | T1 | | RM |
| *vitamin d*** | | | |
| <i>cvs childrens vitamin d oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>cvs vit d 5000 high-potency oral capsule 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>cvs vitamin d oral capsule 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>cvs vitamin d3 oral capsule 1000 unit, 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 1000 oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 1000 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 1000 oral tablet chewable 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 10000 oral capsule 10000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 2000 oral tablet 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |

Last Revision Date: 1/12/16 To search for a drug use control + f

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|-------------------------------|
| <i>d 400 oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 5000 oral capsule 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d 5000 oral tablet 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d-1000 extra strength oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d-1000 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d-2000 maximum strength oral tablet 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d2000 ultra strength oral capsule 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3 adult oral tablet chewable 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3 high potency oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3 kids oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3 maximum strength oral capsule 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3 super strength oral capsule 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3-1000 oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d3-1000 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| D3-50 ORAL CAPSULE (Vitamin D3) 50000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>d-400 oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d-5000 maximum strength oral capsule 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>d-5000 oral tablet 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| DECARA ORAL CAPSULE 25000 UNIT | \$0 | | RM; AL (Min 65 Years) |
| DECARA ORAL CAPSULE (Vitamin D3) 50000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>delta d3 oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE (D-3-5) 5000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| DIALYVITE VITAMIN D3 MAX ORAL TABLET 50000 UNIT | \$0 | | RM; AL (Min 65 Years) |
| DRISDOL ORAL CAPSULE (Ergocalciferol) 50000 UNIT | T1 | T1 | RM |
| <i>eql vitamin d gummies child oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>eql vitamin d3 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>eql vitamin d-3 oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>gnp vitamin d maximum strength oral tablet 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>gnp vitamin d oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>gnp vitamin d oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>gnp vitamin d super strength oral tablet 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>gnp vitamin d3 extra strength oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE (D 400) 400 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>hm vitamin d oral tablet 1000 unit, 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>hm vitamin d3 oral capsule 2000 unit, 4000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>kp vitamin d oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>kp vitamin d oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |

| Drug Name | Brand | Generic | Additional Information |
|--|--------------|----------------|-------------------------------|
| MAXIMUM D3 ORAL CAPSULE (Vitamin D3) 10000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| OPTIMAL-D ORAL CAPSULE (Vitamin D3) 50000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>pa vitamin d-3 gummy oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>pa vitamin d-3 oral capsule 2000 unit, 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>pa vitamin d-3 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (Vitamin D3) 1000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>ra vitamin d-3 oral capsule 2000 unit, 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>ra vitamin d-3 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>sm vitamin d oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>sm vitamin d3 oral capsule 2000 unit, 4000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>sm vitamin d3 oral tablet 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>th vitamin d3 oral capsule 1000 unit, 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>th vitamin d3 oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| THERA-D 2000 ORAL TABLET (Vitamin D) 2000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| THERA-D 4000 ORAL TABLET 4000 UNIT | \$0 | | RM; AL (Min 65 Years) |
| THERA-D RAPID REPLETION ORAL TABLET (Vitamin D) 2000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d (cholecalciferol) oral tablet chewable 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d (ergocalciferol) oral capsule 50000 unit</i> | | T1 | RM |
| <i>vitamin d high potency oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d oral capsule 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| VITAMIN D-1000 MAX ST ORAL TABLET (Vitamin D) 1000 UNIT | \$0 | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d3 high potency oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d3 maximum strength oral capsule 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d-3 oral capsule 1000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d3 oral capsule 2000 unit, 400 unit, 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d3 oral tablet 1000 unit, 2000 unit, 3000 unit, 400 unit, 5000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d3 oral tablet chewable 1000 unit, 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d3 super strength oral tablet 2000 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| <i>vitamin d-400 oral tablet 400 unit</i> | | \$0 | RM; AL (Min 65 Years) |
| *vitamin k*** | | | |
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