



2020 Prescription Drug List

Effective December 1, 2020



Formulary Introduction

FORMULARY

The Ambetter from Arkansas Health & Wellness Formulary, or Preferred Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.
- Tier 4** - Coverage for this tier is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG, 1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG, 5 MG-5 MG-5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG, 2.5 MG-2.5 MG-2.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use <i>amphetamine</i>)	NF	
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg</i>	1	QL(1 ea daily)
<i>amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	QL(2 ea daily)
<i>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg</i>	1	QL(3 ea daily)
<i>amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	QL(2 ea daily)
DESOXYN TABS (Use <i>methamphetamine hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use <i>dextroamphetamine sulfate</i>)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use <i>dextroamphetamine sulfate</i>)	NF	
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg</i>	1	QL(4 ea daily)
<i>dextroamphetamine sulfate cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>methamphetamine hcl tabs</i>	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use <i>phentermine hcl</i>)	NF	PA
<i>phendimetrazine tartrate tabs</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps</i>	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRACE TB12	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use <i>guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use <i>atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (Use <i>atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use <i>methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use <i>methylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 25 mg, 35 mg, 40 mg, 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (Use <i>methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 20 mg, 10 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc2 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc2 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc2 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS (<i>Use armodafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (<i>Use modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (<i>Use modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 20 MG, 10 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (<i>Use tobramycin</i>)	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PSKT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
SIMPONI ARIA SOLN	4	PA
SIMPONI SOAJ 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	4	PA
RINVOQ TB24	4	PA
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
KEVZARA SOAJ	4	PA
KEVZARA SOSY	4	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
ARTHROTEC 75 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
CELEBREX CAPS (<i>Use celecoxib</i>)	NF	PA
<i>celecoxib caps</i>	1	PA
CHILDRENS ADVIL SUSP (<i>Use ibuprofen</i>)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (<i>Use ibuprofen</i>)	NF	RX/OTC
DAYPRO TABS (<i>Use oxaprozin</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs 50 mg, 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (Use etodolac)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs</i>	1	QL(1 ea daily)
MOBIC TABS (Use meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use fenoprofen calcium)	NF	ST; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NAPROSYN SUSP 125 MG/5ML (Use naproxen)	NF	PA
NAPROSYN TABS 500 MG (Use naproxen)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPK	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	PA
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; QL(0.143 ml daily); SP
ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
BUTALBITAL/ACETAMINOPHEN CAPS (Use <i>butalbital-acetaminophen</i>)	NF	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS (Use <i>butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin chew</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (Use <i>fentanyl citrate</i>)	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 30 MG (Use <i>codeine sulfate</i>)	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 (Use <i>tramadol hcl</i>)	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (Use <i>meperidine hcl</i>)	NF	
DILAUDID LIQD OR 1 MG/ML (Use <i>hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (Use <i>hydromorphone hcl</i>)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use <i>hydromorphone hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use <i>methadone hcl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use <i>methadone hcl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (Use <i>fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPR	3	PA; QL(2 ea daily)
EXALGO TB24 12 MG, 16 MG, 8 MG (Use <i>hydromorphone hcl</i>)	NF	PA; QL(2 ea daily)
EXALGO TB24 32 MG (Use <i>hydromorphone hcl</i>)	NF	PA; QL(1 ea daily)
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(4 ea daily)

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<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL(0.34 ea daily)
FENTORA TABS (Use <i>fentanyl citrate</i>)	NF	
<i>hydrocodone bitartrate cp12</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (Use <i>hydromorphone hcl</i>)	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use <i>morphine sulfate</i>)	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	0	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
METHADONE HCL SOLN IJ 10 MG/ML (Use <i>methadone hcl</i>)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	0	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	0	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	0	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	0	QL(4 ea daily)
<i>methadone hcl tbs or 40 mg</i>	0	QL(2 ea daily)
METHADOSE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
MORPHABOND ER T12A	3	PA
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use <i>morphine sulfate</i>)	NF	
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply;QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tabs or 15 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use oxymorphone hcl)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg	3	PA; QL(2 ea daily)
oxycodone hcl tabs 10 mg, 20 mg, 15 mg, 30 mg, 5 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
oxymorphone hcl tabs 10 mg, 5 mg	1	PA; QL(12 ea daily)
oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	PA; QL(2 ea daily)
oxymorphone hcl tb12 40 mg	1	PA; QL(4 ea daily)
ROXICODONE TABS (Use oxycodone hcl)	NF	New starts limited to 7 day supply;QL(12 ea daily)
SUBSYS LIQD	3	PA
tramadol hcl tabs 50 mg	1	New starts limited to 7 day supply;QL(8 ea daily)
tramadol hcl tb24 100 mg, 200 mg, 300 mg	1	QL(1 ea daily)
ULTRAM TABS (Use tramadol hcl)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	PA
ZOHYDRO ER CP12 (Use hydrocodone bitartrate)	NF	PA; QL(2 ea daily)
Opioid Combinations		

Drug Name	Drug Tier	Requirements/ Limits
acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml	1	New starts limited to 7 day supply;QL(75 ml daily)
acetaminophen w/ codeine tabs 15 mg-300 mg	1	New starts limited to 7 day supply;QL(13 ea daily)
acetaminophen w/ codeine tabs 30 mg-300 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
acetaminophen w/ codeine tabs 300 mg-60 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg	1	New starts limited to 7 day supply
acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg	3	PA; New starts limited to 7 day supply
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg	1	New starts limited to 7 day supply
butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
butalbital-aspirin-caffeine w/cod caps	1	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE CAPS (Use butalbital-acetaminophen-caffeine w/ codeine)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use butalbital-aspirin-caffeine w/cod)	NF	New starts limited to 7 day supply;QL(6 ea daily)
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 200 mg-5 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (<i>Use hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply;QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
ROXICET SOLN	2	New starts limited to 7 day supply
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply;QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #3 TABS (<i>Use acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (<i>Use acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
ULTRACET TABS (<i>Use tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	0	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	0	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (<i>Use buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (<i>Use buprenorphine</i>)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
ZUBSOLV SUBL	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (<i>Use testosterone</i>)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use testosterone cypionate</i>)	NF	
METHITEST TABS	3	
TESTIM GEL (<i>Use testosterone</i>)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
VOGELXO GEL (<i>Use testosterone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
VOGELXO PUMP GEL (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
PROCTOCORT SUPP (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (<i>Use albendazole</i>)	NF	PA
BILTRICIDE TABS (<i>Use praziquantel</i>)	NF	PA
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMEKTOL TABS (<i>Use ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR (<i>Use pentamidine isethionate</i>)	3	
PENTAM 300 SOLR (<i>Use pentamidine isethionate</i>)	3	
<i>pentamidine isethionate solr</i>	1	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl solr iv 1000 mg</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	2	

Drug Name	Drug Tier	Requirements/Limits
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 10 gm, 500 mg, 1 gm, 1000 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs or 100 mg, 25 mg</i>	1	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln</i>	1	
LINCOCIN SOLN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		
AZACTAM SOLR (<i>Use aztreonam</i>)	NF	
<i>aztreonam solr</i>	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use linezolid</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZYVOX TABS OR 600 MG (<i>Use linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
Urinary Anti-infectives		
<i>fosfomicin tromethamine pack</i>	1	
FURADANTIN SUSP (<i>Use nitrofurantoin</i>)	NF	
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 100 MG, 50 MG (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK (<i>Use fosfomicin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	2	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	QL(2 ea daily)
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tbc</i> 40 mg	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use <i>nitroglycerin</i>)	NF	
<i>nitroglycerin cpcr</i> or 2.5 mg, 6.5 mg, 9 mg	1	QL(4 ea daily)
<i>nitroglycerin pt24 td</i> 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl</i> 0.3 mg, 0.4 mg, 0.6 mg	1	
NITROSTAT SUBL (Use <i>nitroglycerin</i>)	NF	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs</i> 10 mg, 30 mg, 15 mg, 7.5 mg	1	
<i>bupirone hcl tabs</i> 5 mg	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im</i> 50 mg/ml	1	
<i>hydroxyzine hcl syrp</i> or 10 mg/5ml	1	
<i>hydroxyzine hcl tabs</i> or 10 mg, 25 mg, 50 mg	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tb24</i> 0.5 mg, 1 mg, 2 mg, 3 mg	1	
<i>alprazolam tbdp</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use <i>lorazepam</i>)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use <i>lorazepam</i>)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc</i> or 5 mg/ml	1	
<i>diazepam soln</i> or 5 mg/5ml	1	
<i>diazepam tabs</i> or 10 mg, 2 mg, 5 mg	1	QL(4 ea daily)
<i>lorazepam conc</i> or 2 mg/ml	1	
<i>lorazepam tabs</i> or 0.5 mg, 2 mg	1	QL(3 ea daily)
<i>lorazepam tabs</i> or 1 mg	1	QL(4 ea daily)
<i>oxazepam caps</i> 30 mg, 10 mg, 15 mg	1	
TRANXENE T TABS (Use <i>clorazepate dipotassium</i>)	NF	
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (Use <i>alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (Use <i>alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
<i>procainamide hcl soln</i> 500 mg/ml	1	
<i>quinidine sulfate tabs</i>	1	
Antiarrhythmics Type I-B		

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Drug Name	Drug Tier	Requirements/ Limits
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
CORDARONE TABS (<i>Use amiodarone hcl</i>)	NF	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	1	QL(8 ml daily)
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOLR 100 MG	4	PA
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.44 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use montelukast sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rti MAX day(s) supply, 180 rti lmt day(s),30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ARNUITY ELLIPTA AEPB	2	

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR REDHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	2 rtl pack lmt amt,30 rtl pack lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month; QL(1 gm daily)
<i>metaproterenol sulfate syrup</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU (<i>Use levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (<i>Use levalbuterol tartrate</i>)	3	PA; Limit 2 inhalers per month; QL(1 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX NEBU (<i>Use levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use fondaparinux sodium</i>)	NF	QL(7.2 ml per 180 days retail, 7.2 ml per 180 days mail); SP

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Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 2.5 MG/0.5ML (Use <i>fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (Use <i>fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (Use <i>fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily,30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily,30 day(s) limit); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN (Use <i>heparin sodium (porcine)</i> lock flush)	NF	
<i>heparin sod (porcine) in d5w soln 40 unit/ml-5 %</i>	1	
<i>heparin sodium (porcine) soln 20000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NAACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IV 0.9 %-1000 UNIT/500ML (Use <i>heparin (porcine)</i> in sodium chloride)	NF	
LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use <i>enoxaparin sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use <i>enoxaparin sodium</i>)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use <i>enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use <i>enoxaparin sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use <i>enoxaparin sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP

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Drug Name	Drug Tier	Requirements/Limits
Thrombin Inhibitors		
PRADAXA CAPS	3	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	3	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use <i>clonazepam</i>)	NF	
ONFI SUSP 2.5 MG/ML (Use <i>clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use <i>clobazam</i>)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (Use <i>rufinamide</i>)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (Use <i>carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (Use <i>carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use <i>carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG, 500 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use <i>levetiracetam</i>)	NF	QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA TABS OR 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NF	
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS (<i>Use lamotrigine</i>)	NF	
<i>lamotrigine chew 25 mg, 5 mg</i>	1	
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 750 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (<i>Use pregabalin</i>)	2	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use pregabalin</i>)	2	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use primidone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use gabapentin</i>)	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 (<i>Use topiramate</i>)	NF	
<i>rufinamide susp</i>	1	PA; QL(80 ml daily)
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg, 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	4	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use phenytoin sodium extended</i>)	2	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (<i>Use ethosuximide</i>)	2	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ZARONTIN SOLN 250 MG/5ML (<i>Use ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (<i>Use valproate sodium</i>)	NF	
DEPAKENE CAPS (<i>Use valproic acid</i>)	NF	
DEPAKENE SOLN (<i>Use valproate sodium</i>)	NF	
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 mg, 45 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	1	
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use phenelzine sulfate</i>)	NF	
PARNATE TABS (<i>Use tranylcypromine sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HYDROCHLORIDE TABS (Use <i>fluoxetine hcl</i>)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use <i>escitalopram oxalate</i>)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use <i>escitalopram oxalate</i>)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use <i>escitalopram oxalate</i>)	NF	QL(4 ea daily)
<i>paroxetine hcl tabs 10 mg</i>	1	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
<i>paroxetine hcl tabs 30 mg</i>	1	QL(2 ea daily)
<i>paroxetine hcl tabs 40 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 12.5 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 37.5 mg, 25 mg</i>	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use <i>paroxetine hcl</i>)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use <i>paroxetine hcl</i>)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use <i>paroxetine hcl</i>)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use <i>paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use <i>paroxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use <i>fluoxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>fluoxetine hcl</i>)	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	QL(10 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tabs 100 mg</i>	1	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (Use <i>sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NF	QL(4 ea daily)
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use <i>duloxetine hcl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep or 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use <i>venlafaxine hcl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use <i>venlafaxine hcl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use <i>desvenlafaxine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PRISTIQ TB24 100 MG (Use <i>desvenlafaxine succinate</i>)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use <i>desvenlafaxine succinate</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS (Use <i>clomipramine hcl</i>)	NF	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use <i>desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (Use <i>nortriptyline hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use trimipramine maleate</i>)	NF	
TOFRANIL TABS (<i>Use imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)
DUETACT TABS (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
KAZANO TABS (<i>Use alogliptin-metformin hcl</i>)	NF	
OSENI TABS (<i>Use alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 1000 MG-5 MG, 5 MG-500 MG	3	PA
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		
GLUCOPHAGE TABS 1000 MG (<i>Use metformin hcl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use metformin hcl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use metformin hcl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 (<i>Use metformin hcl</i>)	NF	
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
Diabetic Other		
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
PROGLYCEM SUSP (<i>Use diazoxide</i>)	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	3	PA; QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (<i>Use alogliptin benzoate</i>)	3	PA; QL(1 ea daily)
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON BCISE AUIJ	2	PA; QL(0.143 ml daily)
BYDUREON PEN PEN	2	PA; QL(0.143 ea daily)
BYDUREON SRER	2	PA; QL(0.143 ea daily)
BYETTA SOPN	2	PA; QL(0.08 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP SOLN	2	
HUMULIN R U-500 (<i>CONCENTRATED</i>) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA SOLN	3	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS 1 MG (Use <i>repaglinide</i>)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use <i>repaglinide</i>)	NF	QL(8 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (Use <i>nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	
STEGLATRO TABS	2	
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use <i>glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use <i>glimepiride</i>)	NF	QL(2 ea daily)
<i>chlorpropamide tabs 100 mg</i>	1	QL(3 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use <i>glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use <i>glyburide micronized</i>)	NF	QL(4 ea daily)
<i>tolazamide tabs</i>	1	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use <i>loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS (Use <i>diphenoxylate w/ atropine</i>)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 360 mg, 90 mg, 180 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO (Use <i>deferasirox</i>)	4	PA; SP
FERRIPROX TABS 500 MG (Use <i>deferiprone</i>)	3	
JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	4	PA
JADENU TABS (Use <i>deferasirox</i>)	4	PA; SP
Antidotes and Specific Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	0	
<i>naltrexone hcl tabs</i>	0	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ALOXI SOLN (Use palonosetron hcl)</i>	NF	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN SOLN 4 MG/5ML (Use <i>ondansetron hcl</i>)	NF	QL(3.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ZOFRAN TABS 4 MG (Use <i>ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use <i>ondansetron hcl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (Use <i>trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP PT72 (Use <i>scopolamine</i>)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use <i>scopolamine</i>)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
CESAMET CAPS	3	
DICLEGIS TBEC (Use <i>doxylamine-pyridoxine</i>)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use <i>dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		

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Drug Name	Drug Tier	Requirements/ Limits
<i>aprepitant caps 125 mg, 40 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
EMEND CAPS OR 125 MG, 40 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (<i>Use fosaprepitant dimeglumine</i>)	NF	
VARUBI TBPB	3	PA

ANTIFUNGALS - Drugs to Treat Fungal Infections

Antifungal - Glucan Synthesis Inhibitors

CANCIDAS SOLR (<i>Use caspofungin acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr 100 mg, 50 mg</i>	1	
MYCAMINE SOLR	3	

Antifungals

ABELCET SUSP	3	
AMBISOME SUSR	3	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (<i>Use flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)

Imidazole-Related Antifungals

CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (<i>Use itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (<i>Use voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)

ANTIHISTAMINES - Drugs to Treat Allergies

Antihistamines - Alkylamines

<i>dexchlorpheniramine maleate soln</i>	1	
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Antihistamines - Ethanolamines

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>clemastine fumarate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX TABS 5 MG (<i>Use desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	1	
CLARITIN CAPS (<i>Use loratadine</i>)	1	
CLARITIN CHEW (<i>Use loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (<i>Use loratadine</i>)	1	
CLARITIN REDITABS TBDP 10 MG (<i>Use loratadine</i>)	1	
CLARITIN REDITABS TBDP 5 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN SYRP (<i>Use loratadine</i>)	1	
CLARITIN TABS (<i>Use loratadine</i>)	1	
<i>desloratadine tabs 5 mg</i>	1	QL(1 ea daily)
<i>desloratadine tbdp 2.5 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	QL(30 ml daily)
<i>fexofenadine hcl tabs 180 mg</i>	1	QL(1 ea daily)
<i>fexofenadine hcl tabs 60 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (<i>Use cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (<i>Use cetirizine hcl</i>)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		

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Drug Name	Drug Tier	Requirements/Limits
PHENERGAN SOLN (<i>Use promethazine hcl</i>)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERSLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (<i>Use ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1	PA
LOVAZA CAPS (<i>Use omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS	3	PA
Bile Acid Sequestrants		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
COLESTID FLAVORED GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (<i>Use colestipol hcl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (<i>Use cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (<i>Use cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (<i>Use colesevelam hcl</i>)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (<i>Use colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
FIBRICOR TABS 105 MG, 35 MG (<i>Use fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NF	
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ADVICOR TB24 1000 MG-20 MG	3	PA; QL(2 ea daily)
ADVICOR TB24 1000 MG-40 MG	3	PA; QL(1 ea daily)
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (<i>Use pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
SIMCOR TB24	2	PA; QL(1 ea daily)
<i>simvastatin tabs 80 mg, 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (<i>Use ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) tbcr 1000 mg, 500 mg, 750 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use quinapril hcl</i>)	NF	
ALTACE CAPS (<i>Use ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
Agents for Pheochromocytoma		

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Drug Name	Drug Tier	Requirements/Limits
DIBENZYLIN CAPS (<i>Use phenoxybenzamine hcl</i>)	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use candesartan cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS (<i>Use telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use doxazosin mesylate</i>)	NF	
CATAPRES TABS (<i>Use clonidine hcl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (<i>Use irbesartan-hydrochlorothiazide</i>)	NF	
AZOR TABS (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NF	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT TABS (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CORZIDE TABS 40 MG-5 MG (<i>Use nadolol & bendroflumethiazide</i>)	NF	
DIOVAN HCT TABS (<i>Use valsartan-hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (<i>Use amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
EXFORGE TABS (<i>Use amlodipine besylate-valsartan</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 100 MG-12.5 MG, 100 MG-25 MG (<i>Use losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (<i>Use losartan potassium & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (<i>Use metoprolol & hydrochlorothiazide</i>)	NF	
<i>losartan potassium & hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg</i>	1	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOTENSIN HCT TABS (<i>Use benazepril & hydrochlorothiazide</i>)	NF	
LOTREL CAPS (<i>Use amlodipine besylate-benazepril hcl</i>)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
MICARDIS HCT TABS (<i>Use telmisartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR (<i>Use trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRIBENZOR TABS (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VASERETIC TABS (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use lisinopril & hydrochlorothiazide</i>)	NF	
ZIAC TABS (<i>Use bisoprolol & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS (<i>Use aliskiren fumarate</i>)	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPRA TABS (<i>Use eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/Limits
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
MALARONE TABS (<i>Use atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(5 ea daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	3	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN 60 MG/5ML (<i>Use pyridostigmine bromide</i>)	2	
MESTINON TABS 60 MG (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln ij 100 mg/ml</i>	1	
<i>isoniazid syrp or 50 mg/5ml</i>	1	
ISONIAZID TABS OR 100 MG	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use busulfan</i>)	NF	PA; SP
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	1	PA; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG (<i>Use thiotepa</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (<i>Use clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (<i>Use decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (<i>Use gemcitabine hcl</i>)	NF	
GEMZAR SOLR 200 MG (<i>Use gemcitabine hcl</i>)	NF	PA; SP
<i>mercaptopurine tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use azacitidine)	NF	PA; SP
XELODA TABS (Use capecitabine)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
AVASTIN SOLN 400 MG/16ML	4	PA
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; QL(4 ea daily); SP
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (Use anastrozole)	NF	QL(1 ea daily)
AROMASIN TABS (Use exemestane)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (Use bicalutamide)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (Use toremifene citrate)	2	
FASLODEX SOLN (Use fulvestrant)	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (Use letrozole)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (Use <i>nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (Use <i>abiraterone acetate</i>)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPk	4	PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG ONCE WEEKLY TBPk	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPk	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (Use <i>dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (Use <i>daunorubicin hcl</i>)	NF	
DOXIL INJ (Use <i>doxorubicin hcl liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLENCES SOLN 50 MG/25ML (Use <i>epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (Use <i>idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (Use <i>idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (Use <i>valrubicin</i>)	4	PA; SP
Antineoplastic Enzyme Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
AFINITOR TABS 10 MG	4	PA; QL(1 ea daily); SP
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (<i>Use everolimus</i>)	4	PA; QL(1 ea daily); SP
AYVAKIT TABS	4	PA; SL(1 ea daily)
BALVERSA TABS	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
<i>everolimus tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
ICLUSIG TABS 15 MG, 45 MG	4	PA
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INLYTA TABS	4	PA; QL(2 ea daily); SP
INREBIC CAPS	4	PA
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PIQRAY 200MG DAILY DOSE TBPB	4	PA
PIQRAY 250MG DAILY DOSE TBPB	4	PA
PIQRAY 300MG DAILY DOSE TBPB	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TARCEVA TABS (<i>Use erlotinib hcl</i>)	4	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (<i>Use temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TYKERB TABS (<i>Use lapatinib ditosylate</i>)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VITRAKVI CAPS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
VITRAKVI SOLN	4	PA
VIZIMPRO TABS	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
ZYKADIA CAPS	4	PA; QL(5 ea daily)
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (Use bexarotene)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps</i>	4	PA; SP
<i>etoposide soln</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML (Use vinorelbine tartrate)	NF	PA; SP
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TAXOTERE CONC 20 MG/ML (Use docetaxel)	NF	PA; SP
TAXOTERE CONC 80 MG/4ML (Use docetaxel)	NF	
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use topotecan hcl)	NF	PA; SP
<i>irinotecan hcl soln 40 mg/2ml, 100 mg/5ml</i>	4	PA; SP
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa tabs</i>	1	
LODOSYN TABS (Use carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use benztropine mesylate)	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TASMAR TABS (<i>Use tolcapone</i>)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX TABS 0.125 MG (<i>Use pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (<i>Use ropinirole hydrochloride</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
REQUIP XL TB24 12 MG, 8 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 2 MG, 4 MG, 6 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
SINEMET CR TBCR (<i>Use carbidopa-levodopa</i>)	NF	
SINEMET TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (<i>Use lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG (<i>Use paliperidone</i>)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (<i>Use paliperidone</i>)	NF	QL(2 ea daily)
<i>paliperidone tb24 1.5 mg, 3 mg, 9 mg</i>	1	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (<i>Use risperidone</i>)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NF	QL(4 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(4 ea daily)
<i>risperidone tbdp 0.25 mg, 3 mg, 4 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL SOLN (<i>Use haloperidol lactate</i>)	NF	
<i>haloperidol decanoate soln</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
<i>clozapine tabs</i>	1	
<i>clozapine tbdp</i>	1	
CLOZARIL TABS (<i>Use clozapine</i>)	NF	
FAZACLO TBDP 100 MG, 12.5 MG, 25 MG (<i>Use clozapine</i>)	NF	
FAZACLO TBDP 200 MG, 150 MG (<i>Use clozapine</i>)	1	
<i>loxapine succinate caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine solr im 10 mg</i>	1	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG	2	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG	2	PA
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(2 ea daily)
ZYPREXA SOLR IM 10 MG (<i>Use olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NF	
Phenothiazines		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 200 mg, 25 mg, 100 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	ST; QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (<i>Use lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	ST; QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	ST; QL(1 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	ST; QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily, 30 day(s) limit)
EMTRIVA CAPS 200 MG (<i>Use emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (<i>Use lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 ea daily)
EPZICOM TABS (<i>Use abacavir sulfate-lamivudine</i>)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir)	NF	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	NF	QL(12 ea daily)
ODEFSEY TABS	3	ST; QL(1 ea daily)
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (<i>Use abacavir sulfate-lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	2	QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (<i>Use didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (<i>Use didanosine</i>)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (<i>Use nevirapine</i>)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (<i>Use nevirapine</i>)	NF	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (<i>Use tenofovir disoproxil fumarate</i>)	NF	
ZERIT CAPS (<i>Use stavudine</i>)	NF	QL(2 ea daily)
ZIAGEN SOLN 20 MG/ML (<i>Use abacavir sulfate</i>)	NF	
ZIAGEN TABS 300 MG (<i>Use abacavir sulfate</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrpf 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDGE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDGE TABS 0.5 MG, 1 MG (<i>Use entecavir</i>)	NF	PA; QL(1 ea daily); SP
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use lamivudine (hbv)</i>)	NF	QL(3 ea daily); SP
HARVONI TABS 400 MG-90 MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL CAPS 200 MG (Use <i>ribavirin (hepatitis c)</i>)	NF	QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA
ZEPATIER TABS	4	PA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use <i>valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use <i>valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use <i>acyclovir</i>)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>acyclovir</i>)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use <i>acyclovir</i>)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use <i>rimantadine hydrochloride</i>)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
TENORMIN TABS (Use <i>atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/af)</i>)	NF	
BETAPACE TABS (Use <i>sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/af) tabs</i>	1	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use <i>nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (Use <i>verapamil hcl</i>)	NF	
CALAN TABS (Use <i>verapamil hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 420 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM TABS (<i>Use diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
<i>diltiazem hcl tabs or 120 mg, 60 mg, 30 mg, 90 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NF	
PROCARDIA CAPS (<i>Use nifedipine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NF	
SULAR TB24 (<i>Use nisoldipine</i>)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	1	
VERELAN PM CP24 100 MG, 300 MG (<i>Use verapamil hcl</i>)	1	
VERELAN PM CP24 200 MG (<i>Use verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (<i>Use digoxin</i>)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Use digoxin</i>)	2	
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (<i>Use cardioplegic soln</i>)	NF	
Cardiovascular Agents Misc. - Combinations		

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (<i>Use tadalafil</i>)	NF	PA; BPH Only; QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only; QL(1 ea daily)
VIAGRA TABS (<i>Use sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN	4	PA; SP
<i>treprostinil soln</i>	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS (<i>Use ambrisentan</i>)	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(3 ea daily); SP
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		

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Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm</i>	1	
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (Use <i>cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (Use <i>cefotetan disodium</i>)	NF	
<i>cefotetan disodium solr 1 gm, 2 gm</i>	1	
<i>cefotetan disodium solr 10 gm</i>	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1	
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 7.5 gm, 750 mg</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs 200 mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>cefditoren pivoxil tabs 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr 1 gm, 2 gm</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 2 gm, 1 gm, 6 gm</i>	1	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
CLAFORAN SOLR (Use <i>cefotaxime sodium</i>)	NF	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i>)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>cefepime hcl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	0	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	

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Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	0	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use <i>norethindrone & ethinyl estradiol-fe</i>)	0	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
MINASTRIN 24 FE CHEW	0	
MINASTRIN 24 FE CHEW (Use <i>norethin acet & estrad-fe</i>)	0	
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	0	
NATAZIA TABS	0	
<i>norethin acet & estrad-fe caps</i>	0	
<i>norethin acet & estrad-fe chew</i>	0	
<i>norethin acet & estrad-fe tabs</i>	0	
<i>norethindrone & eth estradiol tabs</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	0	
ORTHO TRI-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	0	
ORTHO-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol</i>)	0	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone & eth estradiol</i>)	0	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i>)	0	
QUARTETTE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
SAFYRAL TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	0	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	0	
TRI-NORINYL 28 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i>)	0	
TYBLUME TABS	0	
YASMIN 28 TABS (Use <i>drospirenone-ethinyl estradiol</i>)	0	

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Drug Name	Drug Tier	Requirements/Limits
YAZ TABS (<i>Use drospirenone-ethinyl estradiol</i>)	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (<i>Use etonogestrel-ethinyl estradiol</i>)	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (<i>Use levonorgestrel (emergency oc)</i>)	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	0	QL(1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	0	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (<i>Use norethindrone (contraceptive)</i>)	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	PA
CELESTONE-SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CORTEF TABS (<i>Use hydrocortisone</i>)	NF	
<i>cortisone acetate tabs</i>	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (<i>Use methylprednisolone acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use budesonide)	NF	PA
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use triamcinolone acetonide)	NF	
MEDROL DOSEPAK TBPK (Use methylprednisolone)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (Use methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use prednisolone sodium phosphate)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TDBP (Use prednisolone sodium phosphate)	NF	
PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill, 30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 125 MG, 40 MG, 1000 MG (Use methylprednisolone sod succ)	NF	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG (Use methylprednisolone sod succ)	1	
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
VERIPRED 20 SOLN (Use prednisolone sodium phosphate)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use benzonatate)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
cetirizine-pseudoephedrine tb12	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	1	QL(1 ea daily)
fexofenadine-pseudoephedrine tb12 120 mg-60 mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180 mg-240 mg	1	QL(1 ea daily)
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
loratadine & pseudoephedrine tb12 120 mg-5 mg	1	QL(2 ea daily)
loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 10 mg-240 mg	1	QL(1 ea daily)
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))	NF	
NEBUSAL NEBU	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene crea 0.1 %	1	PA; AL(At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL(At least 12 yrs old)
adapalene lotn 0.1 %	1	ST; AL(At least 12 yrs old)
adapalene-benzoyl peroxide gel	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NF	PA; AL(At least 12 yrs old)
BENZEFOAM FOAM (Use benzoyl peroxide)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (Use benzoyl peroxide)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
benzoyl peroxide foam 5.3 %	1	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide foam 9.8 %	1	AL(At least 12 yrs old)
benzoyl peroxide gel 5 %, 10 %	1	AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)
DIFFERIN CREA 0.1 % (<i>Use adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DUAC GEL (<i>Use clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL(At least 12 yrs old)
PANOXYL-4 CREAMY WASH LIQD (<i>Use benzoyl peroxide</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NF	ST; AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA GEL (<i>Use clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1	PA; QL(2 ea daily)
<i>diclofenac epolamine ptch</i>	3	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH	3	PA; QL(2 ea daily)
FLECTOR PTCH (<i>Use diclofenac epolamine</i>)	3	PA; QL(2 ea daily)
VOLTAREN GEL (<i>Use diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (<i>Use mupirocin calcium (topical)</i>)	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
CICLODAN SOLUTION KIT KIT (<i>Use ciclopirox</i>)	NF	
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (<i>Use tavaborole</i>)	3	PA
<i>ketconazole (topical) crea 2 %</i>	1	
<i>ketconazole (topical) sham 2 %</i>	1	
LOPROX CREA (<i>Use ciclopirox olamine</i>)	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	NF	
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use butenafine hcl</i>)	1	RX/OTC
LOTRISONE CREA (<i>Use clotrimazole w/ betamethasone</i>)	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA (<i>Use luliconazole</i>)	3	PA
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl gel 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (<i>Use naftifine hcl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
NAFTIN GEL 1 % (<i>Use naftifine hcl</i>)	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (<i>Use ketoconazole (topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (<i>Use ciclopirox</i>)	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>tavaborole soln</i>	1	PA
VUSION OINT (<i>Use miconazole-zinc oxide-white petrolatum</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
PRUDOXIN CREA (<i>Use doxepin hcl (antipruritic)</i>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
ZONALON CREA (<i>Use doxepin hcl (antipruritic)</i>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
ILUMYA SOSY	4	PA
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SILIQ SOSY	4	PA
SKYRIZI PSKT	4	PA
SORIATANE CAPS 10 MG (Use <i>acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (Use <i>acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	PA; SP
TALTZ SOAJ	4	PA
TALTZ SOSY	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use <i>tazarotene</i>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA
TREMFYA SOSY	4	PA
VECTICAL OINT (Use <i>calcitriol (topical)</i>)	1	
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (Use <i>acyclovir topical</i>)	3	
ZOVIRAX OINT EX 5 % (Use <i>acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE CREA (Use <i>silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>mafenide acetate</i>)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene- betamethasone dipropionate oint</i>	1	ST
<i>calcipotriene- betamethasone dipropionate susp</i>	1	ST
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA	3	
CLODERM CREA (Use <i>clocortolone pivalate</i>)	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)
DESOWEN LOTN (Use <i>desonide</i>)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	
ELOCON CREA (Use <i>mometasone furoate</i>)	NF	
ELOCON OINT (Use <i>mometasone furoate</i>)	NF	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	1	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	QL(4 gm daily)
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use <i>halcinonide</i>)	3	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (Use <i>lidocaine-hydrocortisone acetate</i>)	NF	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use <i>hydrocortisone butyrate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID SOLN (Use <i>hydrocortisone butyrate</i>)	NF	
LUXIQ FOAM (Use <i>betamethasone valerate</i>)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>)	NF	RX/OTC
OLUX FOAM (Use <i>clobetasol propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NF	
SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NF	
SYNALAR SOLN (Use <i>fluocinolone acetonide</i>)	NF	
TACLONEX OINT (Use <i>calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	3	ST
TEMOVATE CREA (Use <i>clobetasol propionate</i>)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (Use <i>clobetasol propionate</i>)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (Use <i>desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)
ULTRAVATE CREA (Use <i>halobetasol propionate</i>)	NF	
ULTRAVATE OINT (Use <i>halobetasol propionate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (Use <i>urea in lactic acid vehicle</i>)	NF	
Emollients		
LAC-HYDRIN CREA (Use <i>lactic acid (ammonium lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use <i>lactic acid (ammonium lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA CREA (Use <i>imiquimod</i>)	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA CREA (Use <i>imiquimod</i>)	NF	
ZYCLARA PUMP CREA 3.75 % (Use <i>imiquimod</i>)	NF	
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use <i>pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use <i>tacrolimus (topical)</i>)	NF	AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (Use <i>lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail, 10 ea per fill mail)1 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
FINACEA GEL (<i>Use azelaic acid</i>)	NF	PA
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROGEL GEL (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (<i>Use doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (<i>Use ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (<i>Use crotamiton</i>)	NF	PA
<i>lindane sham</i>	1	
<i>malathion lotn</i>	1	
NATROBA SUSP (<i>Use spinosad</i>)	1	PA
NIX CREME RINSE LIQD (<i>Use permethrin</i>)	NF	
OVIDE LOTN (<i>Use malathion</i>)	NF	
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		

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Drug Name	Drug Tier	Requirements/ Limits
Digestive Enzymes		
CREON CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		

Drug Name	Drug Tier	Requirements/ Limits
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use <i>bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (Use <i>torseamide</i>)	NF	
EDECIN TABS (Use <i>ethacrynic acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
LASIX TABS (Use <i>furosemide</i>)	NF	
<i>torseamide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use <i>spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use <i>triamterene</i>)	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MICROZIDE CAPS (<i>Use hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
ZOMETA CONC 4 MG/5ML (<i>Use zoledronic acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (<i>Use ganirelix acetate</i>)	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	PA; SP
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HECTOROL SOLN 4 MCG/2ML (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK 100 MG, 500 MG (<i>Use sapropterin dihydrochloride</i>)	4	PA
KUVAN TBSO 100 MG (<i>Use sapropterin dihydrochloride</i>)	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (<i>Use nitisinone</i>)	4	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
ROCALTROL SOLN (<i>Use calcitriol</i>)	NF	
<i>sapropterin dihydrochloride pack 100 mg, 500 mg</i>	4	PA
<i>sapropterin dihydrochloride tbso 100 mg</i>	4	PA; SP
SENSIPAR TABS (<i>Use cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (<i>Use paricalcitol</i>)	NF	
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	PA

Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN NA 0.01 % (<i>Use desmopressin acetate spray</i>)	NF	
DDAVP TABS OR 0.1 MG (<i>Use desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (<i>Use desmopressin acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (<i>Use tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.025 mg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN IV 0.8 %-400 MG/250ML	1	
AVELOX TABS OR 400 MG (<i>Use moxifloxacin hcl</i>)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
LEVAQUIN TABS (<i>Use levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	
<i>levofloxacin soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tabs</i>	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE SOLN	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	2	PA
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use mesalamine</i>)	NF	
CIMZIA KIT	4	PA; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DIPENTUM CAPS	2	
ENTYVIO SOLR	4	PA
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	PA
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (<i>Use lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
REVELA PACK (<i>Use sevelamer carbonate</i>)	NF	
REVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (<i>Use dutasteride</i>)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	5 mg only
FLOMAX CAPS (<i>Use tamsulosin hcl</i>)	NF	
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	2	QL(6 ea per fill retail, 6 ea per fill mail)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (<i>Use colchicine</i>)	NF	
ULORIC TABS (<i>Use febuxostat</i>)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	4	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA

Drug Name	Drug Tier	Requirements/Limits
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use aspirin-dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (<i>Use clopidogrel bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		

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Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA

Drug Name	Drug Tier	Requirements/Limits
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (<i>Use aminocaproic acid</i>)	NF	PA
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	PA
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 100 mg, 15 mg, 30 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs</i>	1	PA; QL(1 ea daily)
SILENOR TABS (<i>Use doxepin hcl (sleep)</i>)	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (<i>Use quazepam</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (<i>Use triazolam</i>)	NF	
LUNESTA TABS (<i>Use eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (<i>Use temazepam</i>)	NF	QL(1 ea daily)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (<i>Use ramelteon</i>)	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		

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Drug Name	Drug Tier	Requirements/Limits
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	PA
COLYTE-FLAVOR PACKS SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-22.74 gm-236 gm-5.86 gm-6.74 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use docusate sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
MARCAINE SOLN 0.5 % (<i>Use bupivacaine hcl</i>)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (<i>Use ropivacaine hcl</i>)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (<i>Use azithromycin</i>)	NF	
ZITHROMAX SOLR IV 500 MG (<i>Use azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Use azithromycin</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TABS OR 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (<i>Use azithromycin</i>)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	
Erythromycins		
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS	2	

MEDICAL DEVICES AND SUPPLIES

Drug Name	Drug Tier	Requirements/ Limits
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
AQUALANCE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETY LANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
AUTO-LANCET MINI MISC	1	
AUTO-LANCET MISC	1	
AUTOLET IMPRESSION LANCING DEVICE MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET MINI MISC	1	
AUTOLET PLUS MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	QL(6.6667 ea daily)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS30G MISC	1	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGL E-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MOOLET LANCETS MISC	1	QL(6.6667 ea daily)
MOOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MOOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL PLUS LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
RA LANCING DEVICE MISC	1	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-CARE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AURORA PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD AUTOSHIELD 29G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
COMFORT EZ MICRO/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ SHORT/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
COMFORT EZ/31G X 6MM MISC	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 G X 6MM MISC	1	QL(5 ea daily)
DIATHRIVE PEN NEEDLE/31 GX 8MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
DIATHRIVE PEN NEEDLE/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC	1	QL(5 ea daily)
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	1	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
INSUPEN 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	1	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	1	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	1	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	1	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	1	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	1	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)

MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches

Calcitonin Gene-Related Peptide (CGRP)

EMGALITY SOAJ 120 MG/ML	3	PA
EMGALITY SOSY 120 MG/ML	3	PA

Migraine Combinations

CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	

Migraine Products

D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.267 ml daily)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	QL(0.267 ml daily)

Serotonin Agonists

<i>almotriptan malate tabs 12.5 mg</i>	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
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Drug Name	Drug Tier	Requirements/ Limits
<i>almotriptan malate tabs 6.25 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use naratriptan hcl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (<i>Use frovatriptan succinate</i>)	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use sumatriptan</i>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 5 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan tabs</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
MINERALS & ELECTROLYTES		
Bicarbonates		
SODIUM ACETATE SOLN 2 MEQ/ML	1	
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
K-TAB TBCR 8 MEQ (<i>Use potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbef</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 23.4 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use penicillamine</i>)	3	PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	3	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	QL(8 ea daily)
SYPRINE CAPS (<i>Use trientine hcl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		

Drug Name	Drug Tier	Requirements/ Limits
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (<i>Use mycophenolate mofetil</i>)	NF	
CELLCEPT TABS 500 MG (<i>Use mycophenolate mofetil</i>)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (<i>Use azathioprine</i>)	NF	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (<i>Use mycophenolate sodium</i>)	NF	
NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (<i>Use tacrolimus</i>)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (<i>Use cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use cyclosporine</i>)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (<i>Use everolimus (immunosuppressant)</i>)	4	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd or</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-10 MCG-10 MG-1000 MCG-12 MCG-120 MG-1200 MCG-2 MG-2 MG-20 MG-200 MG-25 MG-27 MG-3 MG-5 MG-9.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-100 MG-11 UNIT-18 MG-2.6 MG-25 MG-263 MG-27 MG-4 MCG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG, 1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG-800 MCG, 1.7 MG-1.84 MG-100 MG-11 UNIT-160 MG-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG-400 UNIT-4000 UNIT-800 MCG	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-10 MG-12 MCG-120 MG-2 MG-20 MG-200 MG-22 MG-25 MG-27 MG-3 MG-400 UNIT-4000 UNIT	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (Use <i>methocarbamol</i>)	NF	
ROBAXIN-750 TABS (Use <i>methocarbamol</i>)	NF	
SKELAXIN TABS (Use <i>metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX TABS (Use <i>tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 50 mg, 25 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use <i>olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)

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Drug Name	Drug Tier	Requirements/Limits
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NF	
NASONEX SUSP (Use mometasone furoate (nasal))	NF	PA; QL(1.14 gm daily)
triamcinolone acetonide (nasal) aero	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use riluzole)	NF	
riluzole tabs	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		

Drug Name	Drug Tier	Requirements/Limits
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use levobunolol hcl)	NF	
betaxolol hcl (ophth) soln	1	
carteolol hcl (ophth) soln	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use dorzolamide hcl-timolol maleate)	NF	
dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml	1	
levobunolol hcl soln	1	
metipranolol soln	1	
timolol maleate (ophth) solg 0.25 %, 0.5 %	1	
timolol maleate (ophth) soln 0.25 %, 0.5 %	1	
TIMOPTIC SOLN (Use timolol maleate (ophth))	NF	
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use tropicamide)	NF	
tropicamide soln	1	
Miotics		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NF	
PHOSPHOLINE IODIDE SOLR	3	
pilocarpine hcl soln	1	
Ophthalmic Adrenergic Agents		

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P SOLN 0.15 % (Use brimonidine tartrate)	NF	
apraclonidine hcl soln	1	
brimonidine tartrate soln	1	
IOPIDINE SOLN 0.5 % (Use apraclonidine hcl)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
bacitracin (ophthalmic) oint	3	
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NF	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	1	
gentamicin sulfate (ophth) oint	1	
gentamicin sulfate (ophth) soln	1	
KLARITY-A SOLN	3	
levofloxacin (ophth) soln	1	
moxifloxacin hcl (ophth) soln	1	
NATACYN SUSP	2	
neomycin-bacitracin zn-polymyxin oint	1	
NEOSPORIN SOLN (Use neomycin-polymyxin-gramicidin)	NF	
OCUFLOX SOLN (Use ofloxacin (ophth))	NF	

Drug Name	Drug Tier	Requirements/Limits
ofloxacin (ophth) soln	1	
polymyxin b-trimethoprim soln	1	
POLYTRIM SOLN (Use polymyxin b-trimethoprim)	NF	
sulfacetamide sodium (ophth) soln	1	
tobramycin (ophth) soln	1	
TOBREX SOLN (Use tobramycin (ophth))	NF	
trifluridine soln	1	
VIGAMOX SOLN (Use moxifloxacin hcl (ophth))	NF	
VIROPTIC SOLN (Use trifluridine)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use gatifloxacin (ophth))	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use proparacaine hcl)	NF	
proparacaine hcl soln	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
dexamethasone sodium phosphate (ophth) soln	1	
DUREZOL EMUL	3	PA
fluorometholone (ophth) susp	1	
FML FORTE SUSP	3	PA

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Drug Name	Drug Tier	Requirements/Limits
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use loteprednol etabonate)	3	PA
loteprednol etabonate susp	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use neomycin-polymy- dexameth)	NF	
MAXITROL SUSP (Use neomycin-polymy- dexameth)	NF	
neomycin-polymy- dexameth oint	1	
neomycin-polymy- dexameth susp	1	
neomycin-polymyxin-hc (ophth) susp	1	
OMNIPRED SUSP (Use prednisolone acetate (ophth))	NF	
PRED FORTE SUSP (Use prednisolone acetate (ophth))	NF	
PRED MILD SUSP	3	PA
prednisolone acetate (ophth) susp	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (Use tobramycin- dexamethasone)	NF	
tobramycin- dexamethasone susp	1	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmics - Misc.		
ACULAR LS SOLN (Use ketorolac tromethamine (ophth))	NF	
ACULAR SOLN (Use ketorolac tromethamine (ophth))	NF	
ALOCRIOL SOLN	3	PA
ALOMIDE SOLN	3	PA
azelastine hcl (ophth) soln	1	
BEPREVE SOLN	3	PA
bromfenac sodium (ophth) soln	1	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	
ELESTAT SOLN (Use epinastine hcl (ophth))	NF	
EMADINE SOLN	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
ketorolac tromethamine (ophth) soln	1	
ketotifen fumarate (ophth) soln	1	
LASTACAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
olopatadine hcl soln	1	RX/OTC
PATADAY SOLN (Use olopatadine hcl)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PATANOL SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT SOLN (<i>Use dorzolamide hcl</i>)	NF	
ZADITOR SOLN (<i>Use ketotifen fumarate (ophth)</i>)	1	
ZERVIATE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
<i>travoprost soln</i>	1	
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use ciprofloxacin hcl (otic)</i>)	1	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (<i>Use ofloxacin (otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	2	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetonide soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN (<i>Use ciprofloxacin-fluocinolone acetonide</i>)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use fluocinolone acetonide (otic)</i>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
Passive Immunizing Agents - Combinations		

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Drug Name	Drug Tier	Requirements/Limits
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-875 MG, 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN XR TB12 (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (Use piperacillin sodium-tazobactam sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr iv 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	0	
<i>medroxyprogesterone acetate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MEGACE ES SUSP (<i>Use megestrol acetate (appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (<i>Use progesterone micronized</i>)	NF	
PROVERA TABS (<i>Use medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (<i>Use disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataleptic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (<i>Use memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>Use memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (<i>Use galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (<i>Use tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use dalfampridine</i>)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	NF	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; SP
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPk	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	4	PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	4	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	
ORAP TABS (<i>Use pimozide</i>)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	0	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	0	

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Drug Name	Drug Tier	Requirements/Limits
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	0	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	0	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	0	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (<i>Use bupropion hcl (smoking deterrent)</i>)	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG, 400 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline solr</i>	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (<i>Use tigecycline</i>)	3	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (<i>Use minocycline hcl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (<i>Use doxycycline hyclate</i>)	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG (<i>Use minocycline hcl</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>Use thyroid</i>)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine in nacl soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
NIZATIDINE CAPS 150 MG	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>famotidine</i>)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (Use <i>famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (Use <i>cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>ranitidine hcl</i>)	NF	RX/OTC
ZANTAC SOLN 25 MG/ML, 25 MG/ML (Use <i>ranitidine hcl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (Use <i>sucralfate</i>)	2	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
CARAFATE TABS 1 GM (Use <i>sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
<i>omeprazole magnesium tbec</i>	1	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 30 MG (Use lansoprazole)	NF	
PRILOSEC OTC TBEC (Use omeprazole magnesium)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use pantoprazole sodium)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use pantoprazole sodium)	NF	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use misoprostol)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps 1100 mg-20 mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 1100 MG-20 MG (Use omeprazole-sodium bicarbonate)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
<i>nitrofurantoin monohyd macro caps</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	QL(1 ea daily)
DETROL LA CP24 (Use tolterodine tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use tolterodine tartrate)	NF	
DITROPAN XL TB24 (Use oxybutynin chloride)	NF	
ENABLEX TB24 (Use darifenacin hydrobromide)	NF	QL(1 ea daily)
<i>oxybutynin chloride syrpf</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS (Use solifenacin succinate)	3	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG (Use bethanechol chloride)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (Use bethanechol chloride)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	

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Drug Name	Drug Tier	Requirements/ Limits
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSP	0	
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

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Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;QL(0.5 ml per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/Limits
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season; QL(0.5 ml per fill retail) 1 rtl MAX fill, 180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
GARDASIL 9 SUSP	0	
GARDASIL 9 SUSY	0	
HAVRIX SUSP	0	
HEPLISAV-B SOLN	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill, 365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	AL (At least 50 yrs old)
TWINRIX SUSP	0	
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	1 rtl MAX fill, 365 rtl day(s) supply,
ZOSTAVAX SUSR	0	AL (At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Miscellaneous Vaginal Products		

Drug Name	Drug Tier	Requirements/Limits
INTRAROSA INST	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NF	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

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Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NF	
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1.25 mg, 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>ergocalciferol</i>)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Water Soluble Vitamins		
<i>niacin cpcr or 500 mg, 250 mg</i>	1	
<i>niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcrr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR (Use <i>niacin</i>)	1	

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AGGRENOL.....	73	ALTERNATE SITE LANCING DEVICE.....	79	anastrozole.....	37
AGRYLIN.....	73	ALTOPREV.....	31	ANCOBON.....	28
AIMSCO LUBRICATED.....	77	ALVESCO.....	14	ANDRODERM.....	10
AIMSCO TWIST LANCETS 32G.....	79	amantadine hcl.....	42	ANDROGEL.....	10
AIMSCO TWIST LANCETS 33G.....	79	AMARYL.....	26	ANNOVERA.....	54
AIRDUO RESPICLICK 113/14.....	15	AMBIEN.....	75	ANORO ELLIPTA.....	15
AIRDUO RESPICLICK 232/14.....	15	AMBIEN CR.....	75	ANTABUSE.....	135
AIRDUO RESPICLICK 55/14	15	AMBISOME.....	28	ANUSOL-HC.....	10
AKYNZEO.....	27	ambrisentan.....	51	ANZEMET.....	27
albendazole.....	10	amcinonide.....	61	APOKYN.....	42
ALBENZA.....	10	AMCINONIDE.....	61	apraclonidine hcl.....	131
albuterol sulfate.....	15	AMERGE.....	124	aprepitant.....	28
ALCAINE.....	131	AMICAR.....	75	APRISO.....	71
alclometasone dipropionate.....	61	amikacin sulfate.....	3	APTIOM.....	18
ALDACTAZIDE.....	66	amiloride & hydrochlorothiazide.....	66	APTIVUS.....	45
ALDACTONE.....	66	amiloride hcl.....	66	AQUA LANCE ADJUSTABLE LANCING DEVICE.....	79
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ALIMTA.....	36	amitriptyline hcl.....	23	ARCALYST.....	4
ALINIA.....	11	amlodipine besylate.....	49	ARCAPTA NEOHALER.....	15
aliskiren fumarate.....	34	amlodipine besylate- atorvastatin calcium.....	51	ARICEPT.....	135
ALKERAN.....	35	amlodipine besylate-benzazepril hcl.....	32	ARIKAYCE.....	3
ALLEGRA ALLERGY.....	29	amlodipine besylate-olmesartan medoxomil.....	32	ARIMIDEX.....	37
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ALOCRIAL.....	132	amphetamine- dextroamphetamine.....	1	AROMASIN.....	37
alogliptin benzoate.....	25	amphotericin b.....	28	ARRANON.....	36
ALOMIDE.....	132	ampicillin.....	134	arsenic trioxide.....	40
alosetron hcl.....	72	ampicillin & sulbactam sodium.....	134	ARTHROTEC 50.....	4
ALOXI.....	27	ampicillin sodium.....	134	ARTHROTEC 75.....	4
ALPHAGAN P.....	131	AMPYRA.....	135	ARZERRA.....	37
				ASACOL HD.....	71
				ASMANEX HFA.....	15
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				ASMANEX TWISTHALER 14 METERED DOSES.....	15

ASMANEX TWISTHALER 30 METERED DOSES	15	ATROVENT HFA	14	azithromycin	76
ASMANEX TWISTHALER 60 METERED DOSES	15	AUBAGIO	135	AZOR	32
ASMANEX TWISTHALER 7 METERED DOSES	15	AUGMENTIN	134	aztreonam	12
aspirin	6	AUGMENTIN ES-600	134	AZULFIDINE	71
aspirin-dipyridamole	73	AUGMENTIN XR	134	AZULFIDINE EN-TABS	71
ASSURE COMFORT LANCETS ULTRA THIN 28G	79	AURORA LANCET SUPER THIN30G	79	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	92
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	79	AURORA LANCET THIN 23G	79	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16"	92
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	79	AURORA PEN NEEDLES 29GX12MM	92	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16"	92
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G	79	AURORA PEN NEEDLES 31G X6MM	92	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"	92
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G	79	AURORA PEN NEEDLES 31G X8MM	92	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	92
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE	79	AURORA UNIFINE PENTIPS/32GX5/32"	92	bacitracin	11
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2"	92	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	92	bacitracin (ophthalmic)	131
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2"	92	AUSTEDO	135	baclofen	129
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"	92	AUTO-LANCET	79	BACTRIM	11
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16"	92	AUTO-LANCET MINI	79	BACTRIM DS	11
ASSURE LANCE LANCETS	79	AUTOLET IMPRESSION LANCING DEVICE	79	BACTROBAN	58
ASSURE LANCE LANCETS 21G	79	AUTOLET LANCING DEVICE	79	BALCOLTRA	52
ASSURE LANCE PLUS SAFETYLANCETS 25G	79	AUTOLET MINI	79	balsalazide disodium	71
ASSURE LANCE PLUS SAFETYLANCETS 30G	79	AUTOLET PLUS	79	BALVERSA	39
ASSURE LANCE SAFETY LANCET 28G	79	AVALIDE	32	BANZEL	18
ASSURE LANCETS	79	AVANDIA	25	BARACLUDGE	47
ATACAND	32	AVAPRO	32	BASAGLAR KWIKPEN	25
ATACAND HCT	32	AVASTIN	37	BAXDELA	70
atazanavir sulfata	45	AVELOX	70	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"	92
AELVIA	67	AVODART	72	BD AUTOSHIELD 29G X 5/16"	92
atenolol	49	AVONEX	136	BD INSULIN SYRINGE LUER- LOK/U-100/1ML	92
atenolol & chlorthalidone	32	AVONEX PEN	136	BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2"	92
ATGAM	126	AYGESTIN	134	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8"	92
ATIVAN	13	AYVAKIT	39	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"	92
atomoxetine hcl	2	azacitidine	36	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2"	93
atorvastatin calcium	31	AZACTAM	12		
atovaquone	11	AZASAN	126		
atovaquone-proguanil hcl	34	AZASITE	131		
ATRIPLA	45	AZATHIOPRINE	126		
atropine sulfata	138	azathioprine	126		
		azelaic acid	64		
		azelastine hcl	129		
		azelastine hcl (ophth)	132		
		AZELEX	56		
		AZILECT	42		

BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	93	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	94
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	93	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	94
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	93	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	93	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	94
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	93	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	93	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	94
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	93	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	93	BELSOMRA.....	75
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	93	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	93	BELVIQ.....	2
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	93	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	94	benazepril & hydrochlorothiazide.....	32
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	93	BD LANCET ULTRAFINE 30G.....	79	benazepril hcl.....	31
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	93	BD LANCET ULTRAFINE 33G.....	80	BENICAR.....	32
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	93	BD MICROTAINER LANCETS.....	80	BENICAR HCT.....	33
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	93	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	94	BENZAACLIN.....	56
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	93	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	94	BENZAACLIN WITH PUMP.....	56
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	93	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	94	BENZAMYCIN.....	56
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	93	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	94	BENZEFOAM.....	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	93	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	94	BENZEFOAM ULTRA.....	56
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	93	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	94	benzonatate.....	55
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	93	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	94	benzoyl peroxide.....	56,57
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	93	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	94	BENZOYL PEROXIDE CLEANSER.....	56
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	94	benzoyl peroxide- erythromycin.....	57
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	94	benztropine mesylate.....	41
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	93			BEPREVE.....	132
				BETAGAN.....	130
				betamethasone dipropionate (topical).....	61
				betamethasone dipropionate augmented.....	61
				betamethasone valerate.....	61
				BETAPACE.....	49
				BETAPACE AF.....	49
				BETASERON.....	136
				betaxolol hcl.....	49
				betaxolol hcl (ophth).....	130
				bethanechol chloride.....	140
				BEVESPI AEROSPHERE.....	15
				BEVYXXA.....	16
				bexarotene.....	40
				BEYAZ.....	52
				bicalutamide.....	37
				BICNU.....	36
				BIDIL.....	51

BIKTARVY.....	45	butalbital-acetaminophen- caffeine.....	6	carbamazepine.....	18
BILTRICIDE.....	10	butalbital-acetaminophen- caffeine w/ codeine.....	8	CARBATROL.....	18
bimatoprost.....	133	butalbital-aspirin-caffeine.....	6	carbidopa.....	41
bisacodyl.....	76	butalbital-aspirin-caffeine w/cod.....	8	carbidopa-levodopa.....	42
bisoprolol & hydrochlorothiazide.....	33	BUTALBITAL/ACETAMINOPH EN.....	6	carbidopa-levodopa-entacapone	42
bisoprolol fumarate.....	49	butenafine hcl.....	58	carbinoxamine maleate.....	28
bleomycin sulfate.....	38	butorphanol tartrate.....	9	carboplatin.....	36
BLEPH-10.....	131	BUTRANS.....	9	CARDIOCOM LANCING DEVICE.....	80
BONIVA.....	67	BYDUREON.....	25	CARDIZEM.....	50
BOOSTRIX.....	138	BYDUREON BCISE.....	25	CARDIZEM CD.....	50
BORTEZOMIB.....	39	BYDUREON PEN.....	25	CARDIZEM LA.....	50
bosentan.....	51	BYETTA.....	25	CARDURA.....	32
BOSULIF.....	39	BYSTOLIC.....	49	CAREFINE PEN NEEDLE 32GX4MM.....	94
BOTOX.....	130	cabergoline.....	69	CAREFINE PEN NEEDLES 29GX1/2".....	94
BRAFTOVI.....	39	CABLIVI.....	73	CAREFINE PEN NEEDLES 30GX5/16".....	94
BREO ELLIPTA.....	15	CADUET.....	51	CAREFINE PEN NEEDLES 31GX6MM.....	94
BRILINTA.....	73	CAFERGOT.....	123	CAREFINE PEN NEEDLES 31GX8MM.....	94
brimonidine tartrate.....	131	CALAN.....	49	CAREFINE PEN NEEDLES 32GX5MM.....	94
BRIVIACT.....	18	CALAN SR.....	49	CAREFINE PEN NEEDLES 32GX6MM.....	94
bromfenac sodium (ophth).....	132	calcipotriene.....	60	CAREONE ADVANCED LANCINGDEVICE.....	80
bromocriptine mesylate.....	42	calcipotriene-betamethasone dipropionate.....	62	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	94
BROVANA.....	15	calcitonin (salmon).....	67	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	94
BRUKINSA.....	39	calcitriol.....	68	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	94
budesonide.....	54	calcitriol (topical).....	60	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	94
budesonide (inhalation).....	15	calcium acetate (phosphate binder).....	72	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	94
budesonide (nasal).....	129	calcium chloride (dihydrate).....	125	CAREONE LANCET THIN.....	80
budesonide-formoterol fumarate dihydrate.....	15	CALCIUM GLUCONATE.....	125	CAREONE LANCET ULTRA THIN.....	80
BULLSEYE MINI SAFETY LANCETS.....	80	calcium gluconate.....	125	CAREONE UNIFINE PENTIPS 29GX12MM.....	94
BULLSEYE SAFETY LANCETS.....	80	calcium polycarbophil.....	76	CAREONE UNIFINE PENTIPS 31GX5MM.....	95
bumetanide.....	66	CAMPATH.....	37	CAREONE UNIFINE PENTIPS 31GX6MM.....	95
BUMEX.....	66	CAMPTOSAR.....	41		
BUNAVAIL.....	9	CANASA.....	71		
BUPHENYL.....	68	CANCIDAS.....	28		
BUPRENEX.....	9	candesartan cilexetil.....	32		
buprenorphine.....	9	candesartan cilexetil- hydrochlorothiazide.....	33		
buprenorphine hcl.....	9	CAPASTAT SULFATE.....	35		
buprenorphine hcl-naloxone hcl dihydrate.....	9	capecitabine.....	36		
bupropion hcl.....	21	CAPRELSA.....	39		
bupropion hcl (smoking deterrent).....	136	captopril.....	31		
buspirone hcl.....	13	CARAC.....	60		
busulfan.....	36	CARAFATE.....	139		
BUSULFEX.....	36	CARBAGLU.....	68		
butalbital-acetaminophen.....	6				

CAREONE UNIFINE PENTIPS 31GX8MM.....	95	cefaclor.....	52	chlorhexidine gluconate (mouth- throat).....	127
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	95	cefadroxil.....	52	chloroquine phosphate.....	34
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	95	cefazolin sodium.....	52	chlorothiazide.....	66
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	95	cefdinir.....	52	chlorpromazine hcl.....	44
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	95	cefditoren pivoxil.....	52	chlorpropamide.....	26
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	95	cefepime hcl.....	52	chlorthalidone.....	66
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	95	cefixime.....	52	chlorzoxazone.....	129
CARESENS LANCETS.....	80	CEFOTAN.....	52	CHOLBAM.....	71
CARETOUCH LANCING DEVICEWITH EJECTOR.....	80	cefotaxime sodium.....	52	cholecalciferol.....	144
CARETOUCH PEN NEEDLES 31G X 6 MM.....	95	cefotetan disodium.....	52	cholestyramine.....	30
CARETOUCH PEN NEEDLES 31GX 5MM.....	95	cefoxitin sodium.....	52	cholestyramine light.....	30
CARETOUCH PEN NEEDLES 31GX 8MM.....	95	cefopodoxime proxetil.....	52	CHORIONIC GONADOTROPIN.....	67
CARETOUCH PEN NEEDLES 32GX 4MM.....	95	cefprozil.....	52	CIALIS.....	51
CARETOUCH PEN NEEDLES 32GX 5MM.....	95	ceftazidime.....	52	CICLODAN SOLUTION KIT.....	58
CARETOUCH SAFETY LANCETS/26G.....	80	ceftriaxone sodium.....	52	ciclopirox.....	58
CARETOUCH SAFETY LANCETS/28G.....	80	cefuroxime axetil.....	52	ciclopirox olamine.....	58
CARETOUCH SAFETY LANCETS/30G.....	80	cefuroxime sodium.....	52	cidofovir.....	47
CARETOUCH TWIST LANCETS 28G.....	80	CELEBREX.....	4	cilostazol.....	73
CARETOUCH TWIST LANCETS 30G.....	80	celecoxib.....	4	CILOXAN.....	131
CARETOUCH TWIST LANCETS 33G.....	80	CELESTONE-SOLUSPAN.....	54	CIMDUO.....	45
carisoprodol.....	129	CELEXA.....	22	cimetidine.....	138
carmustine.....	36	CELLCEPT.....	126	cimetidine hcl.....	138
carteolol hcl (ophth).....	130	CELONTIN.....	20	CIMZIA.....	71
carvedilol.....	49	cephalexin.....	52	CIMZIA STARTER KIT.....	71
CASODEX.....	37	CERDELGA.....	74	cinacalcet hcl.....	68
casprofungin acetate.....	28	CEREBYX.....	20	CINRYZE.....	73
CATAPRES.....	32	CEREZYME.....	74	CIPRO.....	70
CATAPRES-TTS-1.....	32	CESAMET.....	27	CIPRO HC.....	133
CATAPRES-TTS-2.....	32	cetirizine hcl.....	29	CIPRODEX.....	133
CATAPRES-TTS-3.....	32	cetirizine-pseudoephedrine	56	ciprofloxacin.....	70
CAYA.....	77	CETRAXAL.....	133	ciprofloxacin hcl.....	70
CAYSTON.....	12	CETROTIDE.....	67	ciprofloxacin hcl (ophth).....	131
		cevimeline hcl.....	127	ciprofloxacin hcl (otic).....	133
		CHANTIX.....	136	ciprofloxacin in d5w.....	70
		CHANTIX CONTINUING MONTHPAK.....	136	ciprofloxacin-ciprofloxacin hcl.....	70
		CHANTIX STARTING MONTH PAK.....	136	ciprofloxacin-dexamethasone	133
		CHEMET.....	26	ciprofloxacin-fluocinolone acetonide.....	133
		CHEMSTRIP-K.....	65	cisplatin.....	36
		CHILDRENS ADVIL.....	4	citalopram hydrobromide.....	22
		CHILDRENS MOTRIN.....	4	CLAFORAN.....	52
		chloramphenicol sodium succinate.....	11	CLARINEX.....	29
		chlordiazepoxide hcl.....	13	clarithromycin.....	77
		chlordiazepoxide hcl-clidinium bromide.....	138	CLARITIN.....	29

CLARITIN ALLERGY CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" 95	95	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	96
CLARITIN CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" 95	95	CLIMARA.....	70
CLARITIN REDITABS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	CLIMARA PRO.....	70
CLARITIN-D 12 HOUR.....	56	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	CLINDAGEL.....	57
CLARITIN-D 24 HOUR.....	56	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	clindamycin hcl.....	12
CLASSIC PRENATAL.....	127	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	clindamycin palmitate hydrochloride.....	12
CLEANLET LANCETS 28G.....	80	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	clindamycin phosphate.....	12
clemastine fumarate.....	28	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	clindamycin phosphate (topical).....	57
CLENPIQ.....	76	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	clindamycin phosphate vaginal.....	143
CLEOCIN.....	12,143	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	96	clindamycin phosphate-benzoyl peroxide.....	57
CLEOCIN PEDIATRIC GRANULES.....	12	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clindamycin phosphate-benzoyl peroxide (refrigerate).....	57
CLEOCIN PHOSPHATE.....	12	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clindamycin phosphate-tretinoin.....	57
CLEOCIN-T.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLINIMIX 4.25%/DEXTROSE 10%.....	130
CLEVER CHEK LANCETS ULTRATHIN.....	80	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLINIMIX 4.25%/DEXTROSE 25%.....	130
CLEVER CHEK LANCETS ULTRATHIN 30G.....	80	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLINIMIX 4.25%/DEXTROSE 5%.....	130
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLINIMIX 5%/DEXTROSE 25%.....	130
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" 95	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLINIMIX E 5%/DEXTROSE 20%.....	130
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" 95	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clobazam.....	18
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clobetasol propionate.....	62
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clobetasol propionate emollient base.....	62
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clocortolone pivalate.....	62
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" 95	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLODERM.....	62
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" 95	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLODERM PUMP.....	62
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" 95	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clofarabine.....	36
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLOLAR.....	36
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clomipramine hcl.....	23
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" 95	95	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clonazepam.....	18
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clonidine.....	32
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clonidine hcl.....	32
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clonidine hcl (adhd).....	2
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clopidogrel bisulfate.....	73
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clorazepate dipotassium.....	13
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clotrimazole.....	127
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clotrimazole (topical).....	58
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clotrimazole vaginal.....	143
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clotrimazole w/ betamethasone.....	58
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	clozapine.....	43
		CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	95	CLOZARIL.....	43

COAGUCHEK LANCETS	80	COMFORT EZ MICRO/32G X 4MM	97	CVS LANCETS MICRO THIN 33G	80
COARTEM	34	COMFORT EZ SHORT/31G X 8MM	97	CVS LANCETS MICRO-THIN 33G	80
CODEINE SULFATE	6	COMFORT EZ/31G X 5MM	97	CVS LANCETS ORIGINAL	80
codeine sulfate	6	COMFORT EZ/31G X 6MM	97	CVS LANCETS THIN 26G	80
COGENTIN	41	COMFORT LANCETS	80	CVS LANCETS ULTRA THIN 30G	80
COLACE	76	COMPLERA	45	CVS LANCETS ULTRA-THIN 30G	80
COLAZAL	71	COMTAN	41	CVS LANCING DEVICE	80
colchicine	73	CONCERTA	2	CVS PRENATAL	127
colchicine w/ probenecid	73	CONTRAVE	2	CVS ULTRA THIN LANCETS	80
COLCRYS	73	CONZIP	6	cyanocobalamin	74
colesevelam hcl	30	COPAXONE	136	cyclobenzaprine hcl	129
COLESTID	30	COPIKTRA	39	cyclophosphamide	36
COLESTID FLAVORED	30	CORDARONE	14	cycloserine	35
colestipol hcl	30	CORDRAN	62	CYCLOSET	25
COLY-MYCIN S	133	COREG	49	cyclosporine	126
COLYTE-FLAVOR PACKS	76	CORGARD	49	cyclosporine modified (for microemulsion)	126
COMBIGAN	130	CORLANOR	51	CYKLOKAPRON	75
COMBIVIR	45	CORTEF	54	CYMBALTA	23
COMETRIQ	39	CORTENEMA	10	cyproheptadine hcl	30
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2"	96	cortisone acetate	54	CYSTADANE	68
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16"	96	CORTISPORIN	58	CYSTAGON	72
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	96	CORTISPORIN-TC	133	CYSTARAN	132
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2"	96	CORZIDE	33	cytarabine	36
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	96	COSENTYX	60	CYTOMEL	138
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	96	COSENTYX SENSOREADY PEN	60	CYTOTEC	140
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	96	COSMEGEN	38	CYTOVENE	47
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	96	COSOPT	130	D.H.E. 45	123
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16"	97	COUMADIN	16	dacarbazine	40
COMFORT ASSURED LANCETS MICRO THIN 33G	80	COZAAR	32	DACOGEN	36
COMFORT ASSURED LANCETS SUPER THIN 28G	80	CREON	66	dactinomycin	38
COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	97	CRESEMBA	28	DAKLINZA	47
COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	97	CRESTOR	31	dalfampridine	136
		CRIVAN	45	DALIRESP	14
		CROMOLYN SODIUM	14	danazol	10
		cromolyn sodium	14	DANTRIUM	129
		cromolyn sodium (ophth)	132	dantrolene sodium	129
		crotamiton	65	dapsone	12
		CUBICIN	11	DAPTOMYCIN	11
		CUBICIN RF	11	daptomycin	11
		CUPRIMINE	126	DARAPRIM	34
		CUTIVATE	62	darifenacin hydrobromide	140
		CUVITRU	133	DAUNORUBICIN HYDROCHLORIDE	38
		CVS LANCETS 21G	80		

DAURISMO.....	37	DETROL LA.....	140	DIFLUCAN.....	28
DAYPRO.....	4	dexamethasone.....	54,55	diflunisal.....	6
DAYTRANA.....	2	DEXAMETHASONE		digoxin.....	50
DDAVP.....	69	INTENSOL.....	54	dihydroergotamine	
DEBACTEROL.....	127	dexamethasone sodium		mesylate.....	123
decitabine.....	36	phosphate.....	54	DILANTIN.....	20
deferasirox.....	26	dexamethasone sodium		DILANTIN INFATABS.....	20
deferiprone.....	26	phosphate (ophth).....	131	DILANTIN-125.....	20
DELESTROGEN.....	70	dexchlorpheniramine		DILAUDID.....	6
DELSTRIGO.....	45	maleate.....	28	diltiazem hcl.....	50
DEMADEX.....	66	DEXEDRINE.....	1	DILTIAZEM HCL.....	50
demeclocycline hcl.....	137	DEXILANT.....	139	diltiazem hcl.....	50
DEMEROL.....	6	dexmethylphenidate hcl.....	2	diltiazem hcl coated beads.....	50
DENAVIR.....	61	dextroamphetamine sulfate.....	1	diltiazem hcl extended release	
DEPACON.....	21	dextrose in lactated		beads.....	50
DEPAKENE.....	21	ringers.....	125	dimethyl fumarate.....	136
DEPAKOTE.....	21	DIACOMIT.....	18	DIOVAN.....	32
DEPAKOTE ER.....	21	DIASTAT ACUDIAL.....	18	DIOVAN HCT.....	33
DEPEN TITRATABS.....	126	DIASTAT PEDIATRIC.....	18	DIPENTUM.....	71
DEPO-ESTRADIOL.....	70	DIATHRIVE LANCETS.....	80	diphenhydramine hcl.....	29
DEPO-MEDROL.....	54	DIATHRIVE LANCETS ULTRA		diphenoxylate w/ atropine.....	26
DEPO-PROVERA		THIN 30G.....	80	DIPROLENE.....	62
CONTRACEPTIVE.....	54	DIATHRIVE LANCING		DIPROLENE AF.....	62
DEPO-SUBQ PROVERA		DEVICE.....	80	dipyridamole.....	73
104.....	54	DIATHRIVE PEN NEEDLE/31		disopyramide phosphate.....	13
DEPO-TESTOSTERONE.....	10	G X 6MM.....	97	disulfiram.....	135
DERMA-SMOOTH/FS		DIATHRIVE PEN NEEDLE/31		DITROPAN XL.....	140
BODY.....	62	GX 8MM.....	97	divalproex sodium.....	21
DERMA-SMOOTH/FS		DIATHRIVE PEN		DIVIGEL.....	70
SCALP.....	62	NEEDLE/31GX 5MM.....	97	docetaxel.....	41
DERMOTIC.....	133	DIATHRIVE PEN		DOCETAXEL.....	41
DESCOVY.....	45	NEEDLE/32GX 4MM.....	97	docusate calcium.....	76
desipramine hcl.....	23	diazepam.....	13	docusate sodium.....	76
desloratadine.....	29	diazepam (anticonvulsant).....	18	dofetilide.....	14
desmopressin acetate.....	69	diazoxide.....	25	DOLOPHINE.....	6
desmopressin acetate spray.....	69	DIBENZYLINE.....	32	donepezil hydrochloride.....	135
desmopressin acetate spray		DICLEGIS.....	27	DOPTelet.....	74
refrigerated.....	69	diclofenac epolamine.....	58	DORAL.....	75
desogestrel & ethinyl		diclofenac potassium.....	5	dorzolamide hcl.....	132
estradiol.....	52	diclofenac sodium.....	5	dorzolamide hcl-timolol	
desogestrel-ethinyl estradiol		diclofenac sodium (actinic		maleate.....	130
(biphasic).....	52	keratoses).....	60	DOVATO.....	45
desogestrel-ethinyl estradiol		diclofenac sodium (ophth).....	132	DOVONEX.....	60
(triphasic).....	52	diclofenac sodium (topical).....	58	doxazosin mesylate.....	32
desonide.....	62	diclofenac w/ misoprostol.....	5	doxepin hcl.....	23
DESOWEN.....	62	dicloxacillin sodium.....	134	doxepin hcl (antipruritic).....	60
desoximetasone.....	62	dicyclomine hcl.....	138	doxepin hcl (sleep).....	75
DESOXYN.....	1	didanosine.....	45		
desvenlafaxine succinate.....	23	DIFFERIN.....	57		
DETROL.....	140	DIFICID.....	77		
		diflorasone diacetate.....	62		

doxercalciferol.....	68	DROPLET PEN NEEDLES		DUAC.....	57
DOXIL.....	38	29GX12MM.....	98	DUAVEE.....	70
doxorubicin hcl.....	38	DROPLET PEN NEEDLES 30G		DUETACT.....	24
doxorubicin hcl liposomal... ..	38	X 5/16".....	98	DULCOLAX.....	76
doxycycline (monohydrate).....	137	DROPLET PEN NEEDLES		duloxetine hcl.....	23
doxycycline hyclate.....	137	31GX5MM.....	98	DUPIXENT.....	64
doxylamine-pyridoxine.....	27	DROPLET PEN NEEDLES		DURAGESIC.....	6
DRISDOL.....	144	31GX6MM.....	98	DUREX EXTRA SENSITIVE.....	77
dronabinol.....	27	DROPLET PEN NEEDLES		DUREZOL.....	131
DROPLET INSULIN SYRINGE		31GX8MM.....	98	dutasteride.....	72
0.3ML/29G X 1/2".....	97	DROPLET PEN NEEDLES 32G		DUZALLO.....	73
DROPLET INSULIN SYRINGE		X 1/4".....	98	DYAZIDE.....	66
0.5ML/29G X 1/2".....	97	DROPLET PEN NEEDLES 32G		DYRENIUM.....	66
DROPLET INSULIN SYRINGE		X 3/16".....	98	DYSPOURT.....	130
1ML/29G X 1/2".....	97	DROPLET PEN NEEDLES 32G		E-Z JECT LANCETS.....	81
DROPLET INSULIN SYRINGE		X 5/32".....	98	E-Z JECT LANCETS 21G... ..	81
U-100/0.3/31G X 5/16".....	97	DROPLET PEN NEEDLES		E-Z JECT LANCETS	
DROPLET INSULIN SYRINGE		32GX4MM.....	98	COLOR.....	81
U-100/0.3ML/30G X 1/2".....	97	DROPLET PEN NEEDLES		E-Z JECT LANCETS SUPER	
DROPLET INSULIN SYRINGE		32GX5MM.....	98	THIN 30G.....	81
U-100/0.3ML/30G X 5/16".....	97	DROPLET PEN NEEDLES		E-Z JECT LANCETS THIN	
DROPLET INSULIN SYRINGE		32GX6MM.....	98	26G.....	81
U-100/0.5ML/30G X 1/2".....	97	DROPLET PERSONAL		E-ZJECT LANCETS MICRO-	
DROPLET INSULIN SYRINGE		LANCETS30G.....	80	THIN 33G.....	81
U-100/0.5ML/30G X 5/16".....	97	DROPSAFE SAFETY PEN		E.E.S. GRANULES.....	77
DROPLET INSULIN SYRINGE		NEEDLES/31G X 5/16".....	98	EASY COMFORT INSULIN	
U-100/0.5ML/30G X 5/16".....	97	DROPSAFE SAFTEY PEN		SYRINGE/0.5ML/30G X	
DROPLET INSULIN SYRINGE		NEEDLES/31G X 1/4".....	98	5/16".....	98
U-100/0.5ML/31G X 5/16".....	97	drosiprenone-ethinyl		EASY COMFORT INSULIN	
DROPLET INSULIN SYRINGE		estradiol.....	52	SYRINGE/0.5ML/31G X	
U-100/1ML/30G X 1/2".....	97	drosiprenone-ethinyl estradiol-		5/16".....	98
DROPLET INSULIN SYRINGE		levomefolate calcium.....	53	EASY COMFORT INSULIN	
U-100/1ML/30G X 5/16".....	97	DROXIA.....	74	SYRINGE/0.5ML/30G X	
DROPLET INSULIN SYRINGE		DRUG MART ADJUSTABLE		5/16".....	98
U-100/1ML/31G X 15/64".....	97	LANCING DEVICE.....	80	EASY COMFORT INSULIN	
DROPLET INSULIN SYRINGE		DRUG MART LANCETS		SYRINGE/0.5ML/31G X	
U-100/1ML/31G X 5/16".....	97	THIN.....	81	5/16".....	98
DROPLET INSULIN		DRUG MART ON-THE-GO		EASY COMFORT INSULIN	
SYRINGE/U-100/0.3ML/31G X		LANCETS GENTLE 30G... ..	81	SYRINGE/1ML/30G X 5/16".....	98
5/16".....	97	DRUG MART UNIFINE		EASY COMFORT INSULIN	
DROPLET INSULIN		PENTIPS 31GX5MM.....	98	SYRINGE/1ML/31G X 5/16".....	98
SYRINGE/U-100/0.5ML/30G X		DRUG MART UNIFINE		EASY COMFORT INSULIN	
1/2".....	97	PENTIPS29G X 12MM.....	98	SYRINGE/U-100/0.5ML/30G X	
DROPLET INSULIN		DRUG MART UNIFINE		1/2".....	98
SYRINGE/U-100/0.5ML/31G X		PENTIPS31GX6MM.....	98	EASY COMFORT INSULIN	
5/16".....	97	DRUG MART UNIFINE		SYRINGE/U-100/1ML/30G X	
DROPLET INSULIN		PENTIPS31GX8MM.....	98	1/2".....	98
SYRINGE/U-100/1ML/30G X		DRUG MART UNIFINE		EASY COMFORT LANCETS81	
1/2".....	97	PENTIPS32GX4MM.....	98	EASY COMFORT LANCETS	
DROPLET INSULIN		DRUG MART UNIFINE		30G/PULL TOP.....	81
SYRINGE/U-100/1ML/31G X		PENTIPSPLUS 32GX4MM.....	98	EASY COMFORT LANCETS	
15/64".....	97	DRUG MART UNILET		30G/THIN TOP.....	81
DROPLET INSULIN		LANCETSSUPER THIN		EASY COMFORT LANCETS	
SYRINGE/U-100/1ML/31G X		30G.....	81	TWIST TOP.....	81
5/16".....	98	DRUG MART UNILET		EASY COMFORT PEN	
DROPLET LANCETS ULTRA		LANCETSULTRA THIN		NEEDLES31GX1/4".....	98
THIN 30G.....	80	28G.....	81	EASY COMFORT PEN	
DROPLET LANCING		DRUG MART UNILET MICRO		NEEDLES31GX3/16".....	98
DEVICE.....	80	THIN LANCETS 33G.....	81	EASY COMFORT PEN	
				NEEDLES31GX5/16".....	98

EASY COMFORT PEN NEEDLES32GX5/32".....	98	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99	EASY TOUCH PEN NEEDLES 29GX1/2".....	99
EASY MINI EJECT LANCING DEVICE.....	81	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	99	EASY TOUCH PEN NEEDLES 31GX1/4".....	99
EASY MINI LANCING DEVICE.....	81	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99	EASY TOUCH PEN NEEDLES 31GX5/16".....	99
EASY TOUCH 32GX5MM.....	98	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99	EASY TOUCH PEN NEEDLES 32GX1/4".....	99
EASY TOUCH 32GX6MM.....	98	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	99	EASY TOUCH PEN NEEDLES 32GX3/16".....	99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	98	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99	EASY TOUCH PEN NEEDLES 32GX5/32".....	99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	98	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	81	EASY TOUCH PEN NEEDLES/31G X 3/16".....	99
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	98	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	81
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	98	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	EASY TOUCH LANCETS 26G/PULL-TOP.....	81	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	81
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	EASY TOUCH LANCETS 28G/PULL-TOP.....	81	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	82
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	EASY TOUCH LANCETS 28G/TWIST.....	81	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	82
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	99	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	81	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	99	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	81	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	99
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	99	EASY TOUCH LANCETS 30G/PULL-TOP.....	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	100
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	99	EASY TOUCH LANCETS 30G/TWIST.....	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	100
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	99	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	81	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	100
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	99	EASY TOUCH LANCETS 32G/PULL-TOP.....	81	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	100
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	99	EASY TOUCH LANCETS 32G/TWIST.....	81	EASY TWIST & CAP LANCETS.....	82
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99	EASY TOUCH LANCETS 33G/TWIST.....	81	EC-NAPROSYN.....	5
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	99	EASY TOUCH LANCING DEVICE/EJECTOR.....	81	econazole nitrate.....	58
		EASY TOUCH PEN NEEDLE 30G X 5/16".....	99	EDARBI.....	32
				EDECRIN.....	66
				EDURANT.....	45
				efavirenz.....	45

efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	45	EMBRACE LANCETS ULTRA THIN 30G.....	82	EQL INSULIN SYRINGE/0.3ML/29G X 1/2".....	100
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45	EMBRACE LANCING DEVICE WITH EJECTOR.....	82	EQL INSULIN SYRINGE/0.3ML/30G X 5/16".....	100
EFFEXOR XR.....	23	EMCYT.....	37	EQL INSULIN SYRINGE/0.3ML/31G X 5/16".....	100
EFFIENT.....	73	EMEND.....	28	EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	100
EFUDEX.....	60	EMFLAZA.....	55	EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	100
EGRIFTA.....	68	EMGALITY.....	123	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	100
EGRIFTA SV.....	68	EMSAM.....	21	EQL INSULIN SYRINGE/1ML/30G X 5/16".....	100
ELAPRASE.....	68	emtricitabine.....	45	EQL INSULIN SYRINGE/1ML/31G X 5/16".....	100
ELELYSO.....	74	emtricitabine-tenofovir disoproxil fumarate.....	45	EQL PRENATAL FORMULA.....	128
ELESTAT.....	132	EMTRIVA.....	45	EQL SUPER THIN LANCETS 30G.....	82
ELESTRIN.....	70	EMVERM.....	10	EQL THIN LANCETS 26G.....	82
eletriptan hydrobromide....	124	ENABLEX.....	140	EQUETRO.....	43
ELIDEL.....	64	enalapril maleate.....	31	ERAXIS.....	28
ELIGARD.....	37	enalapril maleate & hydrochlorothiazide.....	33	ERBITUX.....	37
ELIMITE.....	65	ENBREL.....	5,6	ergocalciferol.....	144
ELIQUIS.....	16	ENBREL MINI.....	5	ergoloid mesylates.....	136
ELIQUIS STARTER PACK..	16	ENBREL SURECLICK.....	6	ERGOMAR.....	123
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	100	ENGERIX-B.....	141	ergotamine w/ caffeine....	123
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	100	enoxaparin sodium.....	17	ERIVEDGE.....	37
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	100	entacapone.....	41	erlotinib hcl.....	39
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	100	entecavir.....	47	ERTACZO.....	58
ELITE-THIN INSULIN SYRINGE/1ML/31G X 5/16".....	100	ENTEREG.....	72	ertapenem sodium.....	11
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	ENTOCORT EC.....	55	ERWINAZE.....	40
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100	ENTRESTO.....	51	ERYPED 200.....	77
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100	ENTYVIO.....	71	ERYPED 400.....	77
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100	EPCLUSA.....	47	erythromycin (acne aid)....	57
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100	EPIDIOLEX.....	18	erythromycin (ophth).....	131
ELIXOPHYLLIN.....	16	EPIDUO.....	57	erythromycin base.....	77
ELLA.....	54	epinastine hcl (ophth)....	132	erythromycin ethylsuccinate	77
ELLENCE.....	38	epinephrine (anaphylaxis)	144	escitalopram oxalate.....	22
ELMIRON.....	72	EPIPEN 2-PAK.....	144	ESGIC.....	6
ELOCON.....	62	EPIPEN-JR 2-PAK.....	144	esomeprazole magnesium..	139
EMADINE.....	132	epirubicin hcl.....	38	estazolam.....	75
EMBEDA.....	6	EPIVIR.....	45		
		EPIVIR HBV.....	47		
		eplerenone.....	34		
		EPOGEN.....	74		
		epoprostenol sodium.....	51		
		eprosartan mesylate.....	32		
		EPZICOM.....	45		
		EQL COLOR LANCETS 21G.....	82		
		EQL COLOR LANCETS MICRO THIN 33G.....	82		

ESTRACE.....	70	EXEL COMFORT POINT		FEMCAP.....	77
estradiol.....	70	INSULIN SYRINGE/1ML/28G X		FEMHRT LOW DOSE.....	70
estradiol vaginal.....	143	1/2".....	101	FEMRING.....	143
estradiol valerate.....	70	EXEL COMFORT POINT		fenofibrate.....	30
ESTROGEL.....	70	INSULIN SYRINGE/1ML/29G X		fenofibrate micronized.....	30
ESTROSTEP FE.....	53	1/2".....	101	fenoprofen calcium.....	5
eszopiclone.....	75	EXEL COMFORT POINT		FENSOLVI.....	68
ethacrynic acid.....	66	INSULIN SYRINGE/1ML/30G X		fentanyl.....	7
ethambutol hcl.....	35	5/16".....	101	fentanyl citrate.....	6
ethosuximide.....	20	EXELDERM.....	58	FENTORA.....	7
ethynodiol diacet & eth		exemestane.....	37	FER-IN-SOL.....	74
estrad.....	53	EXFORGE.....	33	FERRIPROX.....	26
etidronate disodium.....	67	EXFORGE HCT.....	33	ferrous fumarate-folic acid... 74	
etodolac.....	5	EXJADE.....	26	ferrous sulfate.....	74
etonogestrel-ethinyl estradiol	54	EXTAVIA.....	136	FETZIMA.....	23
ETOPOPHOS.....	41	EZ SMART BLOOD GLUCOSE		FETZIMA TITRATION PACK	23
etoposide.....	41	LANCETS.....	82	fexofenadine hcl.....	29
EUCRISA.....	64	EZ-LETS LANCETS 21G..	82	fexofenadine-pseudoephedrine	
EURAX.....	65	EZ-LETS LANCETS 26G		.....	56
EVAMIST.....	70	SUPER-SOFT.....	82	FIASP.....	25
everolimus.....	39	EZ-LETS LANCETS 28G		FIASP FLEXTOUCH.....	25
everolimus		ULTRA-SOFT.....	82	FIBERCON.....	76
(immunosuppressant).....	126	EZ-LETS LANCETS 30G..	82	FIBRICOR.....	30
EVISTA.....	68	ezetimibe.....	31	FIFTY50 PEN NEEDLES 31G	
EVOCLIN.....	57	ezetimibe-simvastatin.....	30	X3/16" (5MM).....	101
EVOXAC.....	127	FABRAZYME.....	68	FIFTY50 PEN NEEDLES 31G	
EXALGO.....	6	FALESSA.....	53	X5/16" (8MM).....	101
EXEL COMFORT POINT		famciclovir.....	48	FIFTY50 PEN NEEDLES	
INSULIN PEN NEEDLES 29G X		famotidine.....	139	31GX5MM.....	101
12MM.....	100	famotidine in nacl.....	138	FIFTY50 PEN	
EXEL COMFORT POINT		FANAPT.....	43	NEEDLES/31GX8MM.....	101
INSULIN PEN NEEDLES 31G X		FANAPT TITRATION		FIFTY50 PEN	
6MM.....	100	PACK.....	43	NEEDLES/32GX4MM.....	101
EXEL COMFORT POINT		FANTASY LUBRICATED..	77	FIFTY50 PEN	
INSULIN PEN NEEDLES 31G X		FANTASY		NEEDLES/32GX6MM.....	101
8MM.....	100	LUBRICATED/SPERMICIDE		FIFTY50 SAFETY SEAL	
EXEL COMFORT POINT		.....	77	LANCETS 30G.....	82
INSULIN SYRINGE/0.3ML/29G X		FARESTON.....	37	FIFTY50 SAFETY SEAL	
1/2".....	100	FARXIGA.....	26	LANCETS 32G.....	82
EXEL COMFORT POINT		FASENRA.....	14	FIFTY50 SUPERIOR	
INSULIN SYRINGE/0.3ML/30G X		FASENRA PEN.....	14	COMFORTINSULIN	
5/16".....	100	FASLODEX.....	37	SYRINGE/0.3ML/31G X	
EXEL COMFORT POINT		FAZACLO.....	43	5/16".....	101
INSULIN SYRINGE/0.5ML/28G X		FC FEMALE CONDOM... 77		FIFTY50 SUPERIOR	
1/2".....	100	febuxostat.....	73	COMFORTINSULIN	
EXEL COMFORT POINT		felbamate.....	20	SYRINGE/0.5ML/31G X	
INSULIN SYRINGE/0.5ML/29G X		FELBATOL.....	20	5/16".....	101
1/2".....	101	FELDENE.....	5	FIFTY50 SUPERIOR	
EXEL COMFORT POINT		felodipine.....	50	COMFORTINSULIN	
INSULIN SYRINGE/0.5ML/30G X		FEMARA.....	37	SYRINGE/1ML/31G X	
5/16".....	101			5/16".....	101
				FIFTY50 UNILET LANCETS	
				33G.....	82

FINACEA.....	65	fludarabine phosphate.....	36	FOCALIN XR.....	2
finasteride.....	72	fludrocortisone acetate.....	55	folic acid.....	74
FINE 30.....	82	FLULAVAL QUADRIVALENT		FOLOTYN.....	36
FINGERSTIX LANCETS.....	82	2018-2019.....	142	fondaparinux sodium.....	17
FIORICET.....	6	FLULAVAL QUADRIVALENT		FORA GTEL BLOOD KETONE	
FIORICET/CODEINE.....	8	2019-2020.....	142	TEST STRIPS.....	65
FIORINAL.....	6	FLULAVAL QUADRIVALENT		FORA LANCETS.....	82
FIORINAL/CODEINE #3.....	8	2020-2021.....	142	FORA LANCING DEVICE...	82
FIRAZYR.....	73	FLUMADINE.....	48	FORA LANCING	
FIRDAPSE.....	35	FLUMIST		DEVICE/CLEARCAP.....	82
FIRMAGON.....	37	QUADRIVALENT.....	142	FORFIVO XL.....	21
FIRVANQ.....	11	flunisolide (nasal).....	129	FORTAZ.....	52
FLAGYL.....	11	fluocinolone acetonide.....	62	FORTEO.....	67
flavoxate hcl.....	140	fluocinolone acetonide		FOSAMAX.....	67
flecainide acetate.....	14	(otic).....	133	FOSAMAX PLUS D.....	67
FLECTOR.....	58	fluocinonide.....	62	fosamprenavir calcium.....	45
FLOLAN.....	51	fluocinonide emulsified		fosfomycin tromethamine...	12
FLOMAX.....	72	base.....	62	fosinopril sodium.....	31
FLOMASE ALLERGY		fluorometholone (ophth)..	131	fosinopril sodium &	
RELIEF.....	129	fluorouracil.....	36	hydrochlorothiazide.....	33
FLOMASE ALLERGY RELIEF		fluorouracil (topical).....	60	fosphenytoin sodium.....	20
CHILDRENS.....	129	fluoxetine hcl.....	22	FOSRENOL.....	72
FLOVENT DISKUS.....	15	fluoxetine hcl (pmdd).....	136	FRAGMIN.....	17
FLOVENT HFA.....	15	FLUOXETINE		FREDS PHARMACY AUTOLET	
FLOXIN OTIC.....	133	HYDROCHLORIDE.....	22	LANCING DEVICE.....	82
floxuridine.....	36	flurandrenolide.....	63	FREDS PHARMACY UNIFINE	
FLUAD 2018-2019.....	141	flurbiprofen.....	5	PENTIPS PEN NEEDLES	
FLUAD 2019-2020.....	141	flurbiprofen sodium.....	132	32GX4MM.....	101
FLUAD 2020-2021.....	141	flutamide.....	37	FREDS PHARMACY UNIFINE	
FLUAD QUADRIVALENT		fluticasone propionate.....	63	PENTIPS PLUS 31GX5MM	101
INFLUENZA VACCINE FOR		fluticasone propionate		FREDS PHARMACY UNIFINE	
ADULTS.....	141	(nasal).....	129	PENTIPS PLUS 31GX8MM	101
FLUARIX QUADRIVALENT		fluticasone-salmeterol.....	15	FREDS PHARMACY UNILET	
2018-2019.....	141	fluvastatin sodium.....	31	LANCETS SUPER THIN	
FLUARIX QUADRIVALENT		fluvoxamine maleate.....	22	30G.....	82
2019-2020.....	141	FLUZONE HIGH-DOSE PF		FREDS PHARMACY UNILET	
FLUARIX QUADRIVALENT		2018-2019.....	142	LANCETS ULTRA THIN	
2020-2021.....	141	FLUZONE HIGH-DOSE PF		28G.....	82
FLUBLOK QUADRIVALENT		2019-2020.....	142	FREESTYLE LANCETS.....	82
2018-2019.....	141	FLUZONE HIGH-DOSE PF		FREESTYLE PRECISION	
FLUBLOK QUADRIVALENT		2020-2021.....	142	INSULIN SYRINGE/U-	
2019-2020.....	141	FLUZONE QUADRIVALENT		100/0.5ML/30G X 5/16"....	101
FLUBLOK QUADRIVALENT		2018-2019.....	142	FREESTYLE PRECISION	
2020-2021.....	141	FLUZONE QUADRIVALENT		INSULIN SYRINGE/U-	
FLUCELVAX QUADRIVALENT		2019-2020.....	142	100/0.5ML/31G X 5/16"....	101
2018-2019.....	141	FLUZONE QUADRIVALENT		FREESTYLE PRECISION	
FLUCELVAX QUADRIVALENT		2020-2021.....	142	INSULIN SYRINGE/U-	
2019-2020.....	142	FML.....	132	100/1ML/31G X 5/16"....	101
FLUCELVAX QUADRIVALENT		FML FORTE.....	131	FREESTYLE PRECISION	
2020-2021.....	142	FML LIQUIFILM.....	132	INSULIN SYRINGES/U-	
fluconazole.....	28	FOCALIN.....	2	100/1ML/30G X 5/16"....	101
flucytosine.....	28			FREESTYLE UNISTICK II	
				LANCETS.....	82
				FROVA.....	124

frovatriptan succinate.....	124	GENTEEL LANCING DEVICE/WILLOWY WHITE.....	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	102
FULPHILA.....	74	GENTLE-LET GP LANCETS.....	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	102
fulvestrant.....	37	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	82	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	102
FURADANTIN.....	12	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	102
furosemide.....	66	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	102
FUZEON.....	45	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	83	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	102
FYCOMPA.....	18	GENVOYA.....	45	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	102
gabapentin.....	18	GEODON.....	43	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	102
GABITRIL.....	20	GILENYA.....	136	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102
GALAFOLD.....	68	GILOTRIF.....	39	GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102
galantamine hydrobromide.....	135	glatiramer acetate.....	136	GLOBAL INJECT EASE LANCETS 28G.....	83
GAMMAGARD LIQUID.....	133	GLEEVEC.....	39	GLOBAL INJECT EASE LANCETS 30G.....	83
GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	133	GLEOSTINE.....	36	GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	102
GAMMAKED.....	133	glimepiride.....	26	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	102
GAMUNEX-C.....	133	glipizide.....	26	GLOBAL LANCING DEVICE.....	83
ganciclovir sodium.....	47	glipizide-metformin hcl.....	24	GLUCAGEN DIAGNOSTIC.....	65
ganirelix acetate.....	68	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	101	GLUCAGEN HYPOKIT.....	25
GANIRELIX ACETATE.....	68	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	101	GLUCAGON EMERGENCY KIT.....	25
GARDASIL 9.....	143	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	101	GLUCOCOM LANCETS 28G.....	83
gatifloxacin (ophth).....	131	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	101	GLUCOCOM LANCETS 30G.....	83
gemcitabine hcl.....	36	GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	101	GLUCOCOM LANCETS 33G.....	83
GEMCITABINE HYDROCHLORIDE.....	36	GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16".....	101	GLUCOPHAGE.....	24
gemfibrozil.....	30	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	102	GLUCOPHAGE XR.....	24
GEMZAR.....	36	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	102	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	102
GENERESS FE.....	53	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	102	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	102
GENOTROPIN.....	68	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	102		
GENOTROPIN MINIQUICK.....	68				
gentamicin in saline.....	3				
gentamicin sulfate.....	3				
gentamicin sulfate (ophth).....	131				
gentamicin sulfate (topical).....	58				
GENTEEL BUTTERFLY TOUCH LANCETS.....	82				
GENTEEL LANCING DEVICE/BUFF BLACK.....	82				
GENTEEL LANCING DEVICE/BUTTERFLY BLUE.....	82				
GENTEEL LANCING DEVICE/GLORIOUS GOLD.....	82				
GENTEEL LANCING DEVICE/PLAYFUL PURPLE.....	82				
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	82				
GENTEEL LANCING DEVICE/PRINCESS PINK.....	82				
GENTEEL LANCING DEVICE/STATELY SILVER.....	82				

GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	102	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	103
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	102	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	103
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	102	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	104
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	102	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	103	GOJJI BLOOD KETONE TEST STRIPS.....	65
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	102	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	103	GOJJI LANCING DEVICE/CLEAR CAP.....	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	102	GNP LANCETS.....	83	GOJJI STERILE LANCETS 30G.....	83
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	103	GNP LANCETS 21G.....	83	GOLYTELY.....	76
GLUCOTROL.....	26	GNP LANCETS MICRO THIN 33G.....	83	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	104
GLUCOTROL XL.....	26	GNP LANCETS SUPER THIN 30G.....	83	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	83
glyburide.....	26	GNP LANCETS THIN.....	83	GOODSENSE LANCETS MICRO-THIN 33G.....	83
glyburide micronized.....	26	GNP LANCETS THIN 26G.....	83	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	83
glyburide-metformin.....	24	GNP MICRO THIN LANCETS 33G.....	83	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	83
glycine (gu irrigant).....	72	GNP PRENATAL.....	128	GOODSENSE LANCETS ULTRA-THIN 30G.....	83
glycopyrrolate.....	138	GNP SUPER THIN LANCETS/30G.....	83	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	83
GLYNASE.....	26	GNP ULTICARE PEN NEEDLES/31GX5/16".....	103	GOODSENSE LANCING DEVICE.....	83
GLYSET.....	24	GNP ULTICARE PEN NEEDLES/32GX 5/32".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	104
GLYXAMBI.....	24	GNP ULTICARE PEN NEEDLES/32GX1/4".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	104
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	104
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	103	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	104
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	103	GOODSENSE PRENATAL VITAMINS.....	128
GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	granisetron hcl.....	27
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	GRASTEK.....	3
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	103	griseofulvin microsize.....	28
GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	103	griseofulvin ultramicrosize.....	28
GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	103	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	103	guanfacine hcl.....	32
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	103			guanfacine hcl (adhd).....	2

GUANIDINE HCL.....	35	HAVRIX.....	143	HEMANGEOL.....	49
GYNAZOLE-1.....	143	HEALTH CARE LANCING DEVICE.....	83	HEPARIN LOCK FLUSH....	17
GYNE-LOTRIMIN.....	143	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104	heparin sod (porcine) in d5w.	17
H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	heparin sodium (porcine)....	17
H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	HEPARIN SODIUM/NAACL 0.45%.....	17
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	HEPARIN SODIUM/SODIUM CHLORIDE 0.9%.....	17
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	104	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	HEPLISAV-B.....	143
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	HEPSERA.....	47
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	104	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	HERCEPTIN.....	37
H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	83	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	104	HETLIOZ.....	75
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	83	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	104	HIPREX.....	12
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	83	HEALTHWISE PEN NEEDLES 29GX12MM.....	104	HIZENTRA.....	133
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	83	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	104	HM PRENATAL.....	128
H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	104	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	104	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	105
HAEGARDA.....	73	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	104	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105
HAEMOLANCE.....	83	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	104	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	105
HAEMOLANCE LOW FLOW LANCETS.....	83	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	83	HORIZANT.....	136
HAEMOLANCE PLUS.....	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	104	HUMATROPE.....	68
HAEMOLANCE PLUS HIGH FLOW.....	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	104	HUMATROPE COMBO PACK.....	68
HAEMOLANCE PLUS LOW FLOW.....	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	105	HUMIRA.....	4
HAEMOLANCE PLUS MAX FLOW.....	83	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	105	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK....	3
HAEMOLANCE PLUS PEDIATRIC FLOW.....	83	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	84	HUMIRA PEN.....	3
HALAVEN.....	41	HECTOROL.....	69	HUMIRA PEN-CD/UC/HS STARTER.....	3,4
halcinonide.....	63			HUMIRA PEN-PS/UV STARTER.....	4
HALCION.....	75			HUMULIN R U-500 (CONCENTRATED).....	25
HALDOL.....	43			HUMULIN R U-500 KWIKPEN.....	25
HALDOL DECANOATE 100.....	43			HY-VEE LANCETS.....	84
HALDOL DECANOATE 50.....	43			HY-VEE THIN LANCETS....	84
halobetasol propionate.....	63			HYCAMTIN.....	41
HALOG.....	63			hydralazine hcl.....	34
haloperidol.....	43			HYDREA.....	40
haloperidol decanoate.....	43			HYDRO 35.....	64
haloperidol lactate.....	43			hydrochlorothiazide.....	66
HARVONI.....	47			hydrocodone bitartrate.....	7
				HYDROCODONE BITARTRATE/ACETAMINOPHE N.....	8
				HYDROCODONE BITARTRATE/GUAIFENESIN	56

hydrocodone-acetaminophen	9	IMODIUM A-D	26	INSULIN SYRINGE/U-	
hydrocodone-ibuprofen	9	IMPAVIDO	11	100/0.3ML/29G X 1/2"	105
hydrocortisone	55	IMURAN	126	INSULIN SYRINGE/U-	
hydrocortisone (intrarectal)	10	IN TOUCH LANCING		100/0.5ML/29G X 1/2"	105
hydrocortisone (rectal)	10	DEVICE	84	INSULIN SYRINGE/U-	
hydrocortisone (topical)	63	IN TOUCH STERILE		100/1ML/29G X 1/2"	105
hydrocortisone acetate		LANCETS30G	84	INSULIN SYRINGE/U-	
(rectal)	10	INCRELEX	68	100/1ML/30G X 5/16"	105
HYDROCORTISONE		INCRUSE ELLIPTA	14	INSULIN SYRINGE/U-	
ACETATE/LIDOCAINE		indapamide	66	100/1ML/31G X 5/16"	106
HYDROCHLORIDE	63	INDERAL LA	49	INSULIN	
hydrocortisone butyrate	63	indomethacin	5	SYRINGES/0.5ML/27GX1/2"	106
hydrocortisone valerate	63	INFLECTRA	71	INSULIN	
hydrocortisone w/acetic		INLYTA	39	SYRINGES/0.5ML/28GX1/2"	106
acid	133	INREBIC	39	INSULIN	
hydromorphone hcl	7	INSPIRA	34	SYRINGES/0.5ML/29GX1/2"	106
HYDROMORPHONE		INSULIN SYRINGE/0.3ML/29G		INSULIN	
HYDROCHLORIDE	7	X 1"	105	SYRINGES/0.5ML/30GX5/16"	106
hydroxychloroquine sulfate	34	INSULIN SYRINGE/0.3ML/29G		INSULIN	
hydroxyurea	40	X 1/2"	105	SYRINGES/0.5ML/31GX	
hydroxyzine hcl	13	INSULIN SYRINGE/0.3ML/30G		5/16"	106
hydroxyzine pamoate	13	X 5/16"	105	INSULIN	
HYPER-SAL	56	INSULIN SYRINGE/0.3ML/31G		SYRINGES/0.5ML/31GX5/16"	106
HYPERSAL	56	X 5/16"	105	INSULIN	
HYQVIA	134	INSULIN SYRINGE/0.5ML/27G		SYRINGES/0.5ML/31GX5/16"	106
HYZAAR	33	X 1/2"	105	INSULIN	
ibandronate sodium	67	INSULIN SYRINGE/0.5ML/28G		SYRINGES/1ML/27GX1/2"	106
ibuprofen	5	X 1/2"	105	INSULIN	
icatibant acetate	73	INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/27GX1/2"	106
ICLUSIG	39	X 1/2"	105	INSULIN	
icosapent ethyl	30	INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/28GX1/2"	106
IDAMYCIN PFS	38	X 5/16"	105	INSULIN	
idarubicin hcl	38	INSULIN SYRINGE/0.5ML/31G		SYRINGES/1ML/29GX1/2"	106
IFEX	36	X 5/16"	105	INSULIN	
ifosfamide	36	INSULIN SYRINGE/1ML/28G X		SYRINGES/1ML/30GX1/2"	106
ILARIS	4	1/2"	105	INSULIN	
ILEVRO	132	INSULIN SYRINGE/1ML/29G X		SYRINGES/1ML/31GX5/16"	106
ILUMYA	60	1/2"	105	INSUPEN 29G X 12MM	106
imatinib mesylate	39	INSULIN SYRINGE/1ML/30G X		INSUPEN 31G X 5MM	106
IMBRUVICA	39	5/16"	105	INSUPEN 31G X 8MM	106
imipenem-cilastatin	11	INSULIN SYRINGE/NEEDLE		INSUPEN 32G X 4MM	106
imipramine hcl	23	0.3ML/30G X 5/16"	105	INSUPEN PEN NEEDLES 32G	
imipramine pamoate	23	INSULIN SYRINGE/NEEDLE		X4MM	106
imiquimod	64	0.3ML/31G X 5/16"	105	INSUPEN SENSITIVE	
IMITREX	124	INSULIN SYRINGE/NEEDLE		32GX6MM	106
IMITREX STATDOSE		0.5ML/29G X 1/2"	105	INSUPEN ULTRAFIN	
REFILL	124	INSULIN SYRINGE/NEEDLE		29GX12MM	106
IMITREX STATDOSE		0.5ML/30G X 5/16"	105	INSUPEN ULTRAFIN	
SYSTEM	124	INSULIN SYRINGE/NEEDLE		30GX8MM	106
		0.5ML/31G X 5/16"	105	INSUPEN ULTRAFIN	
		1ML/29G X 1/2"	105	31GX6MM	106
		INSULIN SYRINGE/NEEDLE		INSUPEN ULTRAFIN	
		1ML/30G X 5/16"	105	31GX8MM	106
		INSULIN SYRINGE/NEEDLE			
		1ML/31G X 5/16"	105		

INTELENCE.....	45	JENTADUETO XR.....	24	KIMONO PS PLUS	
INTRAROSA.....	143	JEVTANA.....	41	SPERMICIDE/LUBRICATED	
INTRON A.....	40	JUBLIA.....	58	.....	77
INTUNIV.....	2	JULUCA.....	45	KIMONO SENSATION	
INVANZ.....	11	JYNARQUE.....	69	LUBRICATED.....	77
INVEGA.....	43	K-TAB.....	125,126	KIMONO SENSATION PLUS	
INVIRASE.....	45	K-Y ME & YOU EXTRA		SPERMICIDE LUBRICATED	77
INVOKAMET.....	24	LUBRICATED.....	77	KIMONO SPECIAL.....	77
INVOKANA.....	26	K-Y ME & YOU INTENSE	77	KINERET.....	4
IONOSOL-MB/DEXTROSE		KADIAN.....	7	KINNEY LANCETS.....	84
5%.....	125	KALETRA.....	46	KINNEY THIN LANCETS...	84
IOPIDINE.....	131	KALYDECO.....	137	KINRAY INSULIN SYRINGE	
IPOL INACTIVATED IPV...	143	KAMELEON		PREFERRED PLUS/0.3ML/31G	
ipratropium bromide.....	14	LUBRICATED.....	77	X 5/16".....	106
ipratropium bromide (nasal)	129	KAPVAY.....	2	KINRAY INSULIN SYRINGE	
ipratropium-albuterol.....	15	KAZANO.....	24	PREFERRED PLUS/0.5ML/31G	
irbesartan.....	32	KCL 0.3%/D5W/NACL		X 5/16".....	106
irbesartan-hydrochlorothiazide		0.9%.....	125	KINRAY INSULIN SYRINGE	
.....	33	KEFLEX.....	52	PREFERRED PLUS/1ML/31G X	
irinotecan hcl.....	41	KENALOG-40.....	55	5/16".....	106
irrigation solutions,		KEPIVANCE.....	41	KINRAY INSULIN	
physiological.....	127	KEPPRA.....	18,19	SYRINGE/0.5ML/29G X	
ISENTRESS.....	45	KEPPRA XR.....	19	1/2".....	106
ISENTRESS HD.....	45	KERYDIN.....	58	KITABIS PAK.....	3
ISOLYTE-P/DEXTROSE		ketoconazole.....	28	KLARITY-A.....	131
5%.....	125	ketoconazole (topical).....	58	KLARON.....	57
ISOLYTE-S.....	125	KETONE.....	65	KLONOPIN.....	18
isoniazid.....	35	KETONE TEST STRIPS...	65	KMART VALU PLUS INSULIN	
ISONIAZID.....	35	ketoprofen.....	5	SYRINGE/1ML/29G.....	106
isoniazid.....	35	ketorolac tromethamine.....	5	KMART VALU PLUS INSULIN	
ISOPTO CARPINE.....	130	ketorolac tromethamine		SYRINGE/1ML/30G.....	106
ISORDIL TITRADOSE.....	12	(ophth).....	132	KP PRENATAL	
isosorbide dinitrate.....	12,13	KETOSTIX.....	65	MULTIVITAMINS.....	128
isosorbide mononitrate.....	13	ketotifen fumarate (ophth)	132	KRINTAFEL.....	34
isotretinoin.....	57	KEVEYIS.....	66	KROGER AUTOLET LANCING	
isradipine.....	50	KEVZARA.....	4	DEVICE.....	84
ISTODAX (OVERFILL).....	39	KHEDEZLA.....	23	KROGER HEALTHPRO TWIST	
itraconazole.....	28	KIMONO COLORS.....	77	LANCETS/26G.....	84
ivermectin.....	11	KIMONO LUBRICATED...	77	KROGER INSULIN	
IXEMPRA KIT.....	41	KIMONO MICRO THIN PLUS		SYRINGE/0.3ML/29G X	
JADENU.....	26	SPERMICIDE		1/2".....	106
JADENU SPRINKLE.....	26	LUBRICATED.....	77	KROGER INSULIN	
JAKAFI.....	39	KIMONO PLUS SPERMICIDE		SYRINGE/0.3ML/31G X	
JANUMET.....	24	LUBRICATED.....	77	5/16".....	106
JANUMET XR.....	24	KIMONO PLUS		KROGER INSULIN	
JANUVIA.....	25	SPERMICIDE/LUBRICATED		SYRINGE/0.5ML/29G X	
JARDIANCE.....	26	.....	77	1/2".....	107
JENTADUETO.....	24	KIMONO PS		KROGER INSULIN	
		LUBRICATED.....	77	SYRINGE/0.5ML/30G X	
				5/16".....	107
				KROGER INSULIN	
				SYRINGE/0.5ML/31G X	
				5/16".....	107

KROGER INSULIN SYRINGE/1ML/29G X 1/2"	107	lamivudine (hbv)	47	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	107
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	107	lamivudine-zidovudine	46	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	107
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	107	lamotrigine	19	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	107
KROGER LANCETS	84	LANCET DEVICE ADJUSTABLE	84	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	107
KROGER LANCETS 21G	84	LANCET DEVICE WITH EJECTOR	84	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	107
KROGER LANCETS MICRO THIN33G	84	LANCETS	84	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	107
KROGER LANCETS SUPER THIN	84	LANCETS 26G TWIST TOP	84	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	107
KROGER LANCETS THIN	84	LANCETS 28G	84	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	107
KROGER LANCETS THIN 26G	84	LANCETS 30G	84	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	107
KROGER LANCETS ULTRATHIN30G	84	LANCETS 30G TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	107
KROGER LANCING DEVICE	84	LANCETS 30G/TWIST TOP	84	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	107
KROGER PEN NEEDLES 29G X12MM	107	LANCETS 31G TWIST TOP	84	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	107
KROGER PEN NEEDLES 31G X8MM	107	LANCETS 33G UNIVERSAL DESIGN	84	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	107
KROGER PEN NEEDLES 31GX1/4"	107	LANCETS MICRO THIN 33G	84	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	107
KROGER PEN NEEDLES/31G X1/4"	107	LANCETS SAFETY SEAL 21G	84	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	107
KROGER PEN NEEDLES/31G X3/16"	107	LANCETS SAFETY SEAL 26G	84	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	107
KROGER PEN NEEDLES/31G X5/16"	107	LANCETS SAFETY SEAL 28G	84	LEDIPASVIR/SOFOSBUVIR	47
KROGER PEN NEEDLES/32G X5/32"	107	LANCETS SAFETY SEAL 30G	84	leflunomide	5
KRYSTEXXA	73	LANCETS SUPER THIN 28G	84	LENVIMA 10 MG DAILY DOSE	39
KUVAN	69	LANCETS THIN	84	LENVIMA 12MG DAILY DOSE	39
KYLEENA	54	LANCETS TWIST TOP	84	LENVIMA 14 MG DAILY DOSE	39
KYPROLIS	39	LANCETS ULTRA FINE	84	LENVIMA 18 MG DAILY DOSE	39
labetalol hcl	49	LANCETS ULTRA THIN	84	LENVIMA 20 MG DAILY DOSE	39
LAC-HYDRIN	64	LANCETS ULTRA THIN 30G	84	LENVIMA 24 MG DAILY DOSE	39
LAC-HYDRIN TWELVE	64	LANCETSBULLSEYE SAFETY	84		
LACRISERT	130	LANCING DEVICE	84		
lactated ringer's	125	LANCING DEVICE ADJUSTABLE	84		
lactated ringer's (irrigation)	127	LANOXIN	50		
lactic acid (ammonium lactate)	64	lansoprazole	139		
lactulose	76	lanthanum carbonate	72		
lactulose (encephalopathy)	71	LANZO	84		
LAMICTAL	19	lapatinib ditosylate	39		
LAMICTAL CHEWABLE DISPERSIBLE	19	LASIX	66		
LAMICTAL ODT	19	LASTACFT	132		
lamivudine	46	latanoprost	133		
		LATUDA	43		
		LEADER ADVANCED LANCING DEVICE	84		

LENVIMA 4 MG DAILY DOSE	39	LILETTA	54	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	108
LENVIMA 8 MG DAILY DOSE	39	LINCOCIN	12	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108
LETAIRIS	51	lincomycin hcl	12	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108
letrozole	37	lindane	65	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108
leucovorin calcium	41	linezolid	12	LITETOUCH LANCETS MICRO THIN 33G	85
LEUKERAN	36	LINZESS	72	LITETOUCH PEN NEEDLES 29GX12.7MM	108
LEUKINE	74	liothyronine sodium	138	LITETOUCH PEN NEEDLES 31G X 6MM	108
leuprolide acetate	38	LIPITOR	31	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT	108
levabuterol hcl	15	LIPOFEN	30	LITETOUCH PEN NEEDLES 31GX8MM SHORT	108
levabuterol tartrate	16	lisinopril	31	LITETOUCH PEN NEEDLES/31G X 3/16"	108
LEVAQUIN	70	lisinopril & hydrochlorothiazide	33	LITETOUCH PEN NEEDLES/31G X 5MM/MINI	108
LEVEMIR	25	LITE TOUCH LANCETS	85	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT	108
LEVEMIR FLEXTOUCH	25	LITE TOUCH LANCING PEN	85	LITHIUM	43
levetiracetam	19	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI	107	lithium carbonate	43
levobunolol hcl	130	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	107	LITHOBID	43
levocetirizine dihydrochloride	29	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	108	LIVALO	31
levofloxacin	70	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	108	LIVE BETTER ADVANCED LANCING DEVICE	85
levofloxacin (ophth)	131	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	108	LIVE BETTER LANCET SUPERTHIN 30G	85
levofloxacin in d5w	70	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	108	LIVE BETTER LANCET ULTRATHIN 28G	85
levonorgestrel & eth estradiol	53	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	108	LO LOESTRIN FE	53
levonorgestrel (emergency oc)	54	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	108	LOCOID	63
levonorgestrel-eth estradiol (triphasic)	53	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	108	LODINE	5
levonorgestrel-ethinyl estradiol (91-day)	53	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	108	LODOSYN	41
levonorgestrel-ethinyl estradiol (continuous)	53	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	108	LOMOTIL	26
levorphanol tartrate	7	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	108	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	108
levothyroxine sodium	138	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	108	LONGS LANCETS STANDARD	85
LEXAPRO	22	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	108	LONGS LANCETS THIN	85
LEXIVA	46	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	108	LONGS LANCETS ULTRA THIN	85
LIALDA	71	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	108	loperamide hcl	26
LIBERTY MEDICAL LANCETS 30G	84	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	108	LOPID	30
LIBERTY MINI LANCING DEVICE	85	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	108		
LIBRAX	138	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	108		
lidocaine	64	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	108		
lidocaine hcl	64	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	108		
lidocaine hcl (local anesth.)	76	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	108		
lidocaine hcl (mouth-throat)	127				
lidocaine-prilocaine	64				
LIDODERM	64				
LIFESCAN UNISTIK 2 DEEP PENETRATION	85				
LIFESCAN UNISTIK II LANCETS	85				

lopinavir-ritonavir.....	46	LYRICA.....	19	MAXI-COMFORT SAFETY PEN	
LOPRESSOR.....	49	LYRICA CR.....	136	NEEDLE/29G X 5/16".....	109
LOPRESSOR HCT.....	33	LYSODREN.....	38	MAXICOMFORT II PEN	
LOPROX.....	58	LYSTEDA.....	75	NEEDLES/31G X 1/4".....	109
LOPROX SHAMPOO.....	59	M-M-R II.....	143	MAXICOMFORT INSULIN	
loratadine.....	29	M-NATAL PLUS.....	128	SYRINGES 27G X 1/2".....	109
loratadine &		MACROBID.....	12	MAXIDEX.....	132
pseudoephedrine.....	56	MACRODANTIN.....	12	MAXIPIME.....	52
lorazepam.....	13	mafenide acetate.....	61	MAXITROL.....	132
LORBRENA.....	39	MAGELLAN INSULIN SAFETY		MAXX LUBRICATED.....	78
LORTAB.....	9	SYRINGE/U-100/0.3ML/29G X		MAXX PLUS SPERMICIDE	
losartan potassium.....	32	1/2".....	108	LUBRICATED.....	78
losartan potassium &		MAGELLAN INSULIN SAFETY		MAXZIDE.....	66
hydrochlorothiazide.....	33	SYRINGE/U-100/0.3ML/30G X		MAXZIDE-25.....	66
LOSEASONIQUE.....	53	5/16".....	108	meclizine hcl.....	27
LOTEMAX.....	132	MAGELLAN INSULIN SAFETY		meclofenamate sodium.....	5
LOTENSIN.....	31	SYRINGE/U-100/0.5ML/29G X		MEDIC INSULIN	
LOTENSIN HCT.....	33	1/2".....	108	SYRINGE/0.3ML/30G X	
loteprednol etabonate.....	132	MAGELLAN INSULIN SAFETY		5/16".....	109
LOTREL.....	33	SYRINGE/U-100/0.5ML/30G X		MEDIC INSULIN	
LOTRIMIN AF.....	59	5/16".....	108	SYRINGE/0.5ML/30G X	
LOTRIMIN AF JOCK ITCH.....	59	MAGELLAN INSULIN SAFETY		5/16".....	109
LOTRIMIN ULTRA.....	59	SYRINGE/U-100/1ML/29G X		MEDICHOICE PRE-SET	
LOTRISONE.....	59	1/2".....	108	SAFETY LANCET DUAL	
LOTRONEX.....	72	MAGELLAN INSULIN SAFETY		USE.....	85
lovastatin.....	31	SYRINGE/U-100/1ML/30G X		MEDICHOICE PRE-SET	
LOVAZA.....	30	5/16".....	109	SAFETY LANCET LOW	
LOVENOX.....	17	magnesium sulfate.....	125	FLOW.....	85
loxapine succinate.....	43	MALARONE.....	34	MEDICHOICE PRE-SET	
LUCEMYRA.....	135	malathion.....	65	SAFETY LANCET MEDIUM	
luliconazole.....	59	maprotiline hcl.....	21	FLOW.....	85
LUMIGAN.....	133	MARATHON MEDICAL		SAFETY LANCET MODERATE	
LUMIZYME.....	69	PENTIPS29GX12MM.....	109	FLOW.....	85
LUNESTA.....	75	MARATHON MEDICAL		MEDICHOICE SAFETY	
LUPANETA PACK.....	68	PENTIPS31GX5MM.....	109	LANCETEXTRA.....	85
LUPRON DEPOT (1-		MARATHON MEDICAL		MEDICHOICE SAFETY	
MONTH).....	38	PENTIPS31GX8MM.....	109	LANCETNORMAL.....	85
LUPRON DEPOT (3-		MARATHON MEDICAL		MEDICINE SHOPPE PEN	
MONTH).....	38	PENTIPS32GX4MM.....	109	NEEDLES 29G X 12MM.....	109
LUPRON DEPOT (4-		MARCAINE.....	76	MEDICINE SHOPPE PEN	
MONTH).....	38	MARINOL.....	27	NEEDLES 31G X 6MM.....	109
LUPRON DEPOT (6-		MARPLAN.....	21	MEDICINE SHOPPE PEN	
MONTH).....	38	MATULANE.....	40	NEEDLES 31G X 8MM.....	109
LUPRON DEPOT-PED (1-		MAVENCLAD.....	136	MEDISENSE THIN	
MONTH).....	68	MAVYRET.....	47	LANCETS.....	85
LUPRON DEPOT-PED (3-		MAXALT.....	124	MEDLANCE PLUS EXTRA	
MONTH).....	68	MAXALT-MLT.....	124	LANCETS 21G.....	85
LUXIQ.....	63	MAXI-COMFORT INSULIN		MEDLANCE PLUS	
LUZU.....	59	SYRINGE/U-		LANCETS.....	85
LYNPARZA.....	39	100/0.5ML/28GX1/2".....	109	MEDLANCE PLUS LANCETS	
		MAXI-COMFORT INSULIN		LITE 25G.....	85
		SYRINGE/U-		MEDLANCE PLUS LITE	
		100/1ML/28GX1/2".....	109	LANCETS 25G.....	85
				MEDLANCE PLUS SPECIAL	
				LANCETS 0.8MM.....	85

MEDLANCE PLUS SUPERLITE 30G	85	meprobamate	13	metronidazole	11
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	85	MEPRON	11	metronidazole (topical)	65
MEDLANCE PLUS UNIVERSAL LANCETS 21G	85	mercaptapurine	36	metronidazole vaginal	143
MEDLANCE PLUS/LITE 25G	85	meropenem	11	mexiletine hcl	14
MEDLANCE/EXTRA	85	MERREM	11	micafungin sodium	28
MEDLANCE/LITE	85	mesalamine	71	MICARDIS	32
MEDLANCE/UNIVERSAL	85	MESTINON	35	MICARDIS HCT	33
MEDROL	55	MESTINON TIMESPAN	35	miconazole nitrate vaginal	143
MEDROL DOSEPAK	55	metaproterenol sulfate	16	MICRODOT PEN NEEDLE/31G X 6 MM	109
medroxyprogesterone acetate	134	metaxalone	129	MICRODOT PEN NEEDLE/32G X 4 MM	109
medroxyprogesterone acetate (contraceptive)	54	metformin hcl	24,25	MICROLET LANCETS	85
mefenamic acid	5	methadone hcl	7	MICROLET NEXT	85
mefloquine hcl	34	METHADONE HCL	7	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	86
MEGACE ES	135	methadone hcl	7	MICROZIDE	67
megestrol acetate	38	METHADOSE	7	midodrine hcl	144
megestrol acetate (appetite)	135	METHADOSE SUGAR-FREE	7	miglitol	24
MEIJER COLOR LANCETS UNIVERSAL 33G	85	methamphetamine hcl	1	miglustat	74
MEIJER LANCETS	85	methazolamide	66	MIGRANAL	123
MEIJER LANCETS THIN	85	methenamine hippurate	12	MILLIPRED	55
MEIJER LANCETS UNIVERSAL 21G	85	methimazole	138	MILLIPRED DP	55
MEIJER LANCETS UNIVERSAL 30G	85	METHITEST	10	MINASTRIN 24 FE	53
MEIJER LANCETS UNIVERSAL 33G	85	methocarbamol	129	MINI LANCING DEVICE	86
MEIJER PEN NEEDLES 29G X12MM	109	METHOTREXATE	4	MINIPRESS	32
MEIJER PEN NEEDLES 31G X6MM	109	methotrexate sodium	37	MINIVELLE	70
MEIJER PEN NEEDLES 31G X8MM	109	methoxsalen rapid	60	MINOCIN	137
MEIJER SUPER THIN LANCETS	85	methscopolamine bromide	138	minocycline hcl	137
MEKINIST	39	methyclothiazide	66	minoxidil	34
MEKTOVI	39	methyldopa	32	MIRAPEX	42
meloxicam	5	METHYLIN	2	MIRCERA	74
melphalan	36	methylphenidate hcl	2	MIRCETTE	53
melphalan hcl	36	methylprednisolone	55	MIRENA	54
memantine hcl	135	methylprednisolone acetate	55	mirtazapine	21
MENACTRA	140	methylprednisolone sod succ	55	MIRVASO	65
MENEST	70	metipranolol	130	misoprostol	140
MENOSTAR	70	metoclopramide hcl	71	MITIGARE	73
MENQUADFI	140	metolazone	66	mitomycin	38
MENVEO	140	metoprolol & hydrochlorothiazide	33	mitoxantrone hcl	38
meperidine hcl	7	metoprolol succinate	49	MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	109
		metoprolol tartrate	49	MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	109
		METROCREAM	65	MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16"	109
		METROGEL	65	MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16"	109
		METROGEL-VAGINAL	143		
		METROLOTION	65		

MYGLUCOHEALTH MGH	neomycin-polymyxin-hc	nitrofurantoin	12
SOFTLANCE LANCETS	(otic)	nitrofurantoin macrocrystal	12
30G	133	nitrofurantoin monohyd	12
MYLERAN	NEONATAL COMPLETE	macro	12
MYRBETRIQ	128	nitroglycerin	13
MYSOLINE	NEONATAL PLUS	NITROGLYCERIN	13
nabumetone	128	nitroglycerin	13
nadolol	NEORAL	NITROSTAT	13
nafcillin sodium	126	NIVA-PLUS	128
naftifine hcl	NEOSPORIN	NIVESTYM	74
NAFTIN	131	NIX CREME RINSE	65
NAGLAZYME	NEOSTIGMINE	NIZATIDINE	139
nalbuphine hcl	METHYLSULFATE	nizatidine	139
NALFON	35	NIZORAL	59
naloxone hcl	NESINA	NORCO	9
naltrexone hcl	25	NORDITROPIN FLEXPRO	68
NAMENDA	NEULASTA	norelgestromin-ethinyl	54
NAMENDA TITRATION	74	norethin acet & estrad-fe	53
PAK	NEULASTA ONPRO KIT	norethindrone & eth estradiol	53
NAPROSYN	74	norethindrone & ethinyl estradiol-	53
naproxen	NEUPOGEN	fe	53
naproxen sodium	74	norethindrone	54
naratriptan hcl	NEUPRO	(contraceptive)	54
NARCAN	42	norethindrone acet & eth	53
NARDIL	NEURONTIN	estra	135
NAROPIN	19	norethindrone acetate	70
NASACORT ALLERGY	NEVANAC	norethindrone acetate-ethinyl	53
24HR	132	estradiol	53
NASACORT ALLERGY 24HR	nevirapine	norethindrone acetate-ethinyl	53
CHILDRENS	46	estradiol-fe	53
NASONEX	NEXAVAR	norethindrone-eth estradiol	53
NATACYN	39	(triphasic)	53
NATAZIA	NEXIUM	norgestimate-ethinyl	53
nateglinide	139	estradiol	53
NATROBA	NEXIUM 24HR	norgestimate-ethinyl estradiol	53
NATURE-THROID	139	(triphasic)	53
NATURE-THROID NT-2.5	54	norgestrel & ethinyl estradiol	53
NAVELBINE	niacin	NORMOSOL-M IN D5W	125
NEBUPENT	144	NORMOSOL-R	125
NEBUSAL	niacin (antihyperlipidemic)	NORPACE	13
nefazodone hcl	31	NORPRAMIN	23
NEO-SYNALAR	NIACIN TR	nortriptyline hcl	23
neomycin sulfate	144	NORVASC	50
neomycin-bacitracin zn-	niacinamide	NORVIR	46
polymyxin	144	NOVA MAX PLUS KETONE	65
neomycin-polymy-	NIASPAN	TESTSTRIPS	65
dexameth	31	NOVA SAFETY LANCETS	86
neomycin-polymyxin-hc	nicardipine hcl	23G	86
(ophth)	50	NOVA SAFETY LANCETS	86
	NICODERM CQ	28G	86
	136		
	NICORETTE		
	136		
	NICORETTE MINI		
	137		
	NICORETTE STARTER		
	KIT		
	137		
	nicotine		
	137		
	nicotine polacrilex		
	137		
	NICOTINE TRANSDERMAL		
	SYSTEM		
	137		
	NICOTROL INHALER		
	137		
	NICOTROL NS		
	137		
	nifedipine		
	50		
	NILANDRON		
	38		
	nilutamide		
	38		
	nimodipine		
	50		
	NINLARO		
	40		
	NIPENT		
	40		
	nisoldipine		
	50		
	nitisinone		
	69		
	NITRO-BID		
	13		
	NITRO-DUR		
	13		

NOVA SUREFLEX			
LANCETS	86		
NOVA SUREFLEX LANCING			
DEVICE	86		
NOVAREL	67		
NOVOFINE 32GX6MM	111		
NOVOFINE AUTOCOVER			
30GX8MM	111		
NOVOFINE PLUS			
32GX4MM	111		
NOVOLIN 70/30	25		
NOVOLIN 70/30 FLEXPEN	25		
NOVOLIN 70/30 FLEXPEN			
RELION	25		
NOVOLIN 70/30 RELION	25		
NOVOLIN N	25		
NOVOLIN N RELION	25		
NOVOLIN R	25		
NOVOLIN R RELION	25		
NOVOLOG	25		
NOVOLOG FLEXPEN	25		
NOVOLOG MIX 70/30	25		
NOVOLOG MIX 70/30			
PREFILLED FLEXPEN	25		
NOVOLOG PENFILL	25		
NOVOTWIST 32GX5MM	111		
NOXAFIL	28		
NPLATE	74		
NUCALA	14		
NUCYNTA	8		
NUCYNTA ER	8		
NUDEXTA	136		
NULOJIX	127		
NUTROPIN AQ NUSPIN 10	68		
NUVARING	54		
NUVIGIL	3		
nystatin	28		
nystatin (mouth-throat)	127		
nystatin (topical)	59		
nystatin-triamcinolone	59		
O-CAL FA	128		
OCREVUS	136		
octreotide acetate	69		
OCUFLOX	131		
ODEFSEY	46		
ODOMZO	37		
OFEV	137		
ofloxacin	71		
ofloxacin (ophth)	131		
ofloxacin (otic)	133		
olanzapine	44		
olmesartan medoxomil	32		
olmesartan medoxomil-			
amlodipine-hydrochlorothiazide	33		
olmesartan medoxomil-			
hydrochlorothiazide	33		
olopatadine hcl	132		
olopatadine hcl (nasal)	129		
OLUMIANT	4		
OLUX	63		
omega-3-acid ethyl esters	30		
omeprazole	139		
omeprazole magnesium	139		
omeprazole-sodium			
bicarbonate	140		
OMNIFLEX DIAPHRAGM	78		
OMNIPRED	132		
OMNITROPE	68		
ON CALL LANCETS	86		
ON CALL LANCING			
DEVICE	86		
ON CALL PLUS LANCETS	86		
ON CALL PLUS LANCING			
DEVICE	86		
ONCASPAR	40		
ondansetron	27		
ondansetron hcl	27		
ONE VITE WOMENS			
PRENATALVITAMIN	128		
ONE VITE WOMENS			
PRENATALVITAMIN			
PLUS	128		
ONETOUCH CLUB LANCETS			
FINE POINT	86		
ONETOUCH DELICA			
LANCETS EXTRA FINE			
33G	86		
ONETOUCH DELICA			
LANCETS FINE 30G	86		
ONETOUCH DELICA			
LANCING DEVICE	86		
ONETOUCH DELICA PLUS			
LANCETS EXTRA FINE			
33G	86		
ONETOUCH DELICA PLUS			
LANCETS FINE 30G	86		
ONETOUCH DELICA PLUS			
LANCING DEVICE	86		
ONETOUCH FINEPOINT			
LANCETS	86		
ONETOUCH ULTRASOFT			
LANCETS	86		
ONFI	18		
ONGLYZA	25		
OPANA	8		
OPSUMIT	51		
ORACEA	65		
ORAP	136		
ORAPRED ODT	55		
ORENCIA	5		
ORENCIA CLICKJECT	5		
ORENITRAM	51		
ORFADIN	69		
ORKAMBI	137		
orphenadrine citrate	129		
ORTHO MICRONOR	54		
ORTHO TRI-CYCLEN	53		
ORTHO TRI-CYCLEN LO	53		
ORTHO-CYCLEN	53		
ORTHO-NOVUM 1/35	53		
ORTHO-NOVUM 7/7/7	53		
oseltamivir phosphate	48		
OSENI	24		
OSMOPREP	76		
OSPHENA	68		
OTEZLA	5		
OTOVEL	133		
OVIDE	65		
oxacillin sodium	134		
oxaliplatin	36		
oxandrolone	10		
oxaprozin	5		
OXAYDO	8		
oxazepam	13		
OXBRYTA	74		
oxcarbazepine	19		
OXERVATE	131		
oxiconazole nitrate	59		
OXISTAT	59		
OXSORALEN ULTRA	60		
oxybutynin chloride	140		
oxycodone hcl	8		
oxycodone w/ acetaminophen	9		
oxycodone-ibuprofen	9		
OXYCONTIN	8		
oxymorphone hcl	8		
paclitaxel	41		
paliperidone	43		

palonosetron hcl.....	27	PEN NEEDLES 31G X 1/4" SHORT.....	111	PENTIPS 31GX6MM.....	111
PALYNZIQ.....	69	PEN NEEDLES 31G X 3/16".....	111	PENTIPS 31GX8MM.....	111
PAMELOR.....	23	PEN NEEDLES 31G X 5MM.....	111	PENTIPS 32G X 4MM.....	111
pamidronate disodium.....	67	PEN NEEDLES 31G X 6MM.....	111	PENTIPS 32GX4MM.....	111
PAMIDRONATE DISODIUM.....	67	PEN NEEDLES 31G X 8MM.....	111	pentoxifylline.....	73
pamidronate disodium.....	67	PEN NEEDLES 31GX5/16".....	111	PEPCID.....	139
PANOXYL-4 CREAMY WASH.....	57	PEN NEEDLES 31GX6MM (1/4").....	111	PEPCID AC MAXIMUM STRENGTH.....	139
PANRETIN.....	60	PEN NEEDLES 31GX8MM.....	111	PERCOCET.....	9
pantoprazole sodium.....	139	PEN NEEDLES 31GX8MM (5/16").....	111	PERFECT LANCETS 30G... ..	86
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	54	PEN NEEDLES 32G X 4MM.....	111	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	86
parenteral electrolytes.....	125	PEN NEEDLES 32G X 5MM.....	111	PERIDEX.....	127
paricalcitol.....	69	PEN NEEDLES 32G X 6MM.....	111	perindopril erbumine.....	31
PARLODEL.....	42	PEN NEEDLES 32GX4MM.....	111	PERJETA.....	37
PARNATE.....	21	PEN NEEDLES/29G X 1/2".....	111	permethrin.....	65
paromomycin sulfate.....	3	PEN NEEDLES/31G X 1/4".....	111	perphenazine.....	44
paroxetine hcl.....	22	PEN NEEDLES/31G X 3/16".....	111	perphenazine-amitriptyline.....	135
PASER.....	35	PEN NEEDLES/31G X 5/16".....	111	PERSERIS.....	43
PATADAY.....	132	PEN NEEDLES/31G X 6MM.....	111	PHARMACIST CHOICE ULTRA THIN LANCETS.....	86
PATANASE.....	129	PEN NEEDLES/32G X 5/32".....	111	PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	86
PATANOL.....	133	penicillamine.....	126	PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	86
PAXIL.....	22	penicillin g potassium.....	134	PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	86
PAXIL CR.....	22	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	134	PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	86
PC LANCETS SUPER THIN 30G.....	86	PENICILLIN G PROCAINE.....	134	PHARMACY COUNTER LANCETS.....	86
PC UNIFINE PENTIPS 29G X1/2".....	111	penicillin g sodium.....	134	phenazopyridine hcl.....	72
PC UNIFINE PENTIPS 31G X5MM MINI.....	111	penicillin v potassium.....	134	phendimetrazine tartrate.....	1
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	111	PENLAC NAIL LACQUER.....	59	phenelzine sulfate.....	21
PC UNIFINE PENTIPS 31G X8MM SHORT.....	111	PENTAM 300.....	11	PHENERGAN.....	30
PEDIAPRED.....	55	pentamidine isethionate.....	11	phenobarbital.....	75
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid.....	76	pentazocine w/ naloxone.....	10	phenoxybenzamine hcl.....	32
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	76	PENTIPS 29G X 12MM.....	111	phentermine hcl.....	2
PEGANONE.....	20	PENTIPS 29GX12MM.....	111	PHENYTEK.....	20
PEGASYS.....	48	PENTIPS 31G X 5MM.....	111	phenytoin.....	20
PEGASYS PROCLICK.....	48	PENTIPS 31G X 8MM.....	111	phenytoin sodium.....	20
PEGINTRON.....	48	PENTIPS 31GX5MM.....	111	phenytoin sodium extended.....	20
PEN NEEDLES 29G X 12MM.....	111			PHOSLYRA.....	72
PEN NEEDLES 29GX1/2".....	111			PHOSPHOLINE IODIDE... ..	130
PEN NEEDLES 29GX12MM.....	111			PHOTOFRIN.....	40
PEN NEEDLES 30GX5/16".....	111			PICATO.....	60
PEN NEEDLES 30GX8MM.....	111			PIFELTRO.....	46

pimecrolimus.....	64	potassium citrate		PREFERRED PLUS INSULIN	
pimozide.....	136	(alkalinizer).....	72	SYRINGE/U-100/0.3ML/30G X	
pindolol.....	49	potassium phosphates.....	125	5/16".....	112
pioglitazone hcl.....	25	PRADAXA.....	18	PREFERRED PLUS INSULIN	
pioglitazone hcl-glimepiride.....	24	pramipexole		SYRINGE/U-100/0.5ML/28G X	
pioglitazone hcl-metformin		dihydrochloride.....	42	1/2".....	112
hcl.....	24	PRANDIN.....	26	PREFERRED PLUS INSULIN	
PIP LANCETS/28G.....	87	prasugrel hcl.....	73	SYRINGE/U-100/0.5ML/29G X	
PIP LANCETS/30G.....	87	PRAVACHOL.....	31	1/2".....	112
piperacillin sodium-tazobactam		pravastatin sodium.....	31	PREFERRED PLUS INSULIN	
sodium.....	134	praziquantel.....	11	SYRINGE/U-100/0.5ML/30G X	
PIQRAY 200MG DAILY		prazosin hcl.....	32	5/16".....	112
DOSE.....	40	PRECISION SURE-DOSE		PREFERRED PLUS INSULIN	
PIQRAY 250MG DAILY		INSULIN SYRINGE/0.3ML/30G		SYRINGE/U-100/1ML/28G X	
DOSE.....	40	X 5/16".....	111	1/2".....	112
PIQRAY 300MG DAILY		PRECISION SURE-DOSE		PREFERRED PLUS INSULIN	
DOSE.....	40	INSULIN SYRINGE/0.5ML/28G		SYRINGE/U-100/1ML/29G X	
piroxicam.....	5	X 1/2".....	112	1/2".....	112
PLAN B ONE-STEP.....	54	PRECISION SURE-DOSE		PREFERRED PLUS INSULIN	
PLAQUENIL.....	35	INSULIN SYRINGE/0.5ML/29G		SYRINGE/U-100/1ML/30G X	
PLASMA-LYTE A.....	125	X 1/2".....	112	5/16".....	112
PLASMA-LYTE-148.....	125	PRECISION SURE-DOSE		PREFERRED PLUS LANCETS	
PLAVIX.....	73	INSULIN SYRINGE/0.5ML/30G		COLOR 21G.....	87
PLEGISOL.....	50	X 3/8".....	112	PREFERRED PLUS LANCETS	
PLEGRIDY.....	136	PRECISION SURE-DOSE		SUPER THIN 30G.....	87
PLEGRIDY STARTER		INSULIN SYRINGE/1ML/28G X		PREFERRED PLUS LANCETS	
PACK.....	136	1/2".....	112	THIN 26G.....	87
PNEUMOVAX 23.....	140	PRECISION SURE-DOSE		PREFERRED PLUS UNIFINE	
PNEUMOVAX 23/1 DOSE.....	141	PLUSINSULIN		PENTIPS 29G X 12MM.....	112
podofilox.....	64	SYRINGE/0.3ML/29G X		PREFERRED PLUS UNIFINE	
polymyxin b sulfate.....	12	1/2".....	112	PENTIPS 31G X 6MM ULTRA	
polymyxin b-trimethoprim.....	131	PRECISION SURE-DOSE		SHORT.....	112
POLYTRIM.....	131	PLUSINSULIN		PREFERRED PLUS UNIFINE	
POMALYST.....	38	SYRINGE/1ML/29G X		PENTIPS 31G X 8MM	
potassium acetate.....	126	1/2".....	112	SHORT.....	112
potassium bicarb & chloride.....	126	PRECISION THINS GP		PREFERRED PLUS UNIFINE	
potassium bicarbonate.....	126	LANCET.....	87	PENTIPS 32GX4MM.....	112
potassium chloride.....	126	PRECISION XTRA.....	65	PREFERRED PLUS UNIFINE	
POTASSIUM CHLORIDE.....	126	PRECOSE.....	24	PENTIPS/MINI/31GX5MM.....	112
potassium chloride.....	126	PRED FORTE.....	132	pregabalin.....	19
potassium chloride in		PRED MILD.....	132	PREGNYL W/DILUENT	
dextrose.....	125	prednicarbate.....	63	BENZYLALCOHOL/NACL.....	67
potassium chloride in dextrose &		prednisolone.....	55	PREMARIN.....	70
sodium chloride.....	125	prednisolone acetate		PREMIUM CONDOMS	
potassium chloride in nacl.....	125	(ophth).....	132	LUBRICATED.....	78
potassium chloride		PREDNISOLONE ACETATE P-		PREMPHASE.....	70
microencapsulated crystals		F.....	132	PREMPRO.....	70
er.....	126	prednisolone sodium		PRENATAL.....	128
POTASSIUM		phosphate.....	55	PRENATAL LOW IRON.....	128
CHLORIDE/DEXTROSE/LACTA		PREDNISOLONE SODIUM		PRENATAL	
TED RINGERS.....	125	PHOSPHATE.....	132	MULTIVITAMIN.....	128
		prednisone.....	55	PRENATAL ONE DAILY.....	128
		PREFERRED PLUS INSULIN		PRENATAL PLUS.....	128
		SYRINGE/U-100/0.3ML/29G X		PRENATAL VITAMIN.....	128
		1/2".....	112	PRENATAL VITAMIN &	
				MINERAL.....	128

PRENATAL		PRO COMFORT PEN		PROZAC	22
VITAMIN/IRON	128	NEEDLES/32G X 5MM	113	PRUDOXIN	60
PRENATAL VITAMINS	128	PRO COMFORT PEN		PSORCON	63
PRENATAL VITAMINS PLUS		NEEDLES/32G X 6MM	113	PSS SELECT GP LANCETS	87
LOW IRON	128	PROAIR HFA	16	PSS SELECT SAFETY	
PRENATRIX	128	probenecid	73	LANCETS	87
PREPLUS	128	procainamide hcl	13	PTS PANELS KETONE	
PREPOPIK	76	PROCARDIA	50	TEST	65
PRESSURE ACTIVATED		PROCARDIA XL	50	PULMICORT	15
SAFETYLANCET 21G	87	prochlorperazine	44	PULMICORT FLEXHALER	15
PREVACID	139,140	prochlorperazine maleate	44	PULMOZYME	137
PREVACID 24HR	139	PROCRIT	74	PURE COMFORT PEN NEEDLE	
PREVENT SAFETY PEN		PROCTOCORT	10	32G X6MM	113
NEEDLES 31GX1/4"	112	PRODIGY INSULIN		PURE COMFORT PEN	
PREVENT SAFETY PEN		SYRINGE/U-100/0.3ML/31G X		NEEDLE/32G X 5MM	113
NEEDLES 31GX5/16"	112	5/16"	113	PURE COMFORT PEN	
PREVNAR 13	141	PRODIGY INSULIN		NEEDLE/32G X4MM	113
PREZCOBIX	46	SYRINGE/1/2ML/31G X		PUSH BUTTON SAFETY	
PREZISTA	46	5/16"	113	LANCETS 21G	87
PRIFTIN	35	PRODIGY INSULIN		PUSH BUTTON SAFETY	
PRIOSEC OTC	140	SYRINGE/1ML/28G X		LANCETS 28G	87
primaquine phosphate	35	1/2"	113	PX ADVANCED LANCING	
PRIMAQUINE PHOSPHATE	35	PRODIGY LANCING		DEVICE	87
PRIMAXIN IV	11	DEVICE	87	PX EXTRA SHORT PEN	
primidone	19	PRODIGY PRESSURE		NEEDLES 31GX6MM	113
PRINIVIL	31	ACTIVATED SAFETY		PX INSULIN SYRINGE/U-	
PRISTIQ	23	LANCETS	87	100/0.5ML/30G X 1/2"	113
PRO COMFORT INSULIN		PRODIGY SAFETY		PX LANCET AUTO	
SYRINGES/0.5ML/30G X		LANCETS	87	INJECTOR	87
1/2"	112	PRODIGY TWIST TOP		PX LANCETS ULTRA THIN	87
PRO COMFORT INSULIN		LANCETS	87	PX LANCETS ULTRA THIN	
SYRINGES/0.5ML/30G X		progesterone micronized	135	28G	87
5/16"	112	PROGLYCEM	25	PX MINI PEN NEEDLES	
PRO COMFORT INSULIN		PROGRAF	127	31GX5MM	113
SYRINGES/0.5ML/31G X		PROLASTIN-C	137	PX PEN NEEDLE	
5/16"	112	PROLEUKIN	40	29GX12MM	113
PRO COMFORT INSULIN		PROLIA	67	PX PEN NEEDLE	
SYRINGES/1ML/30G X		PROMACTA	74	31GX8MM	113
1/2"	112	promethazine hcl	30	PX PRENATAL	
PRO COMFORT INSULIN		PROMETRIUM	135	MULTIVITAMINS	128
SYRINGES/1ML/30G X		propafenone hcl	14	PX SHORTLENGTH PEN	
5/16"	112	proparacaine hcl	131	NEEDLES/31GX8MM	113
PRO COMFORT INSULIN		propranolol hcl	49	pyrazinamide	35
SYRINGES/1ML/31G X		propylthiouracil	138	PYRIDIDIUM	73
5/16"	112	PROSCAR	72	pyridostigmine bromide	35
PRO COMFORT LANCETS		PROTONIX	140	pyrimethamine	35
30G	87	PROTOPIC	64	QC ADVANCED LANCING	
PRO COMFORT LANCETS		protriptyline hcl	24	DEVICE	87
31G	87	PROVENTIL HFA	16	QC LANCETS SUPER THIN	87
PRO COMFORT PEN		PROVERA	135	QC LANCETS ULTRA THIN	87
NEEDLES/31G X 8MM	113	PROVIGIL	3	QC PEN NEEDLES 29G X	
PRO COMFORT PEN				12MM	113
NEEDLES/32G X 4MM	113			QC PEN NEEDLES 31G X	
				6MM	113

QC PEN NEEDLES 31G X 8MM	113	ranolazine	12	RELION 2-IN-1 LANCING DEVICE 30G	88
QC PRENATAL	128	RAPAFLO	72	RELION INSULIN SYRINGE 1ML/31GX15/64"	113
QC UNIFINE PENTIPS 32GX4MM	113	RAPAMUNE	127	RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2"	113
QC UNILET LANCETS 28G/ULTRA THIN	87	rasagiline mesylate	42	RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	113
QC UNILET LANCETS 33G/MICRO THIN	87	RAZADYNE	135	RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	113
QUALAQUIN	35	RAZADYNE ER	135	RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	114
QUARTETTE	53	READYLANCE SAFETY LANCETS/21G/2.2MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	114
QUDEXY XR	19	READYLANCE SAFETY LANCETS/23G/1.8MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	114
QUESTRAN	30	READYLANCE SAFETY LANCETS/26G/1.8MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	114
QUESTRAN LIGHT	30	READYLANCE SAFETY LANCETS/28G/1.8MM	87	RELION INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	113
quetiapine fumarate	44	READYLANCE SAFETY LANCETS/30G/1.6MM	87	RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	114
quinapril hcl	31	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	113	RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	114
quinapril-hydrochlorothiazide	33	REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	113	RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	114
quinidine sulfate	13	REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	113	RELION KETONE STRIPS	65
quinine sulfate	35	REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	113	RELION LANCETS MICRO-THIN33G	88
QVAR REDIHALER	15	REALITY LANCETS	87	RELION LANCETS STANDARD 21G	88
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	87	REALITY LATEX CONDOMS/LUBRICATED	78	RELION LANCETS THIN 26G	88
RA E-ZJECT LANCETS 28G	87	REALITY LATEX/ULTRA TEXTURED	78	RELION LANCETS ULTRA-THIN30G	88
RA E-ZJECT LANCETS THIN 26G	87	REALITY LATEX/ULTRA THIN	78	RELION LANCING DEVICE	88
RA E-ZJECT LANCETS THIN 28G	87	REALITY TRIGGER LANCETS	87	RELION MINI PEN NEEDLES 31GX6MM	114
RA E-ZJECT LANCETS ULTRATHIN 30G	87	REBETOL	48	RELION PEN NEEDLES 29GX12MM	114
RA INSULIN SYRINGE/0.5ML/29G X 1/2"	113	REBIF	136	RELION PEN NEEDLES 31GX5/16"	114
RA INSULIN SYRINGE/1ML/29G X 1/2"	113	REBIF REBIDOSE	136	RELION PEN NEEDLES 31GX6MM	114
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	113	REBIF REBIDOSE TITRATIONPACK	136	RELION PEN NEEDLES 31GX8MM	114
RA INSULIN SYRINGE/U-100/1ML/30G X 5/16"	113	REBIF TITRATION PACK	136	RELION PEN NEEDLES 32G X5/32"	114
RA LANCING DEVICE	87	RECLAST	67	RELION PEN NEEDLES 32GX4MM	114
RA PEN NEEDLES 31G X 5MM3/16"	113	RECOMBIVAX HB	143	RELION PEN NEEDLES/31G X1/4"	114
RA PEN NEEDLES 31G X 8MM5/16"	113	RECTIV	10	RELION SHORT PEN NEEDLES31GX8MM	114
RA PRENATAL	128	REGLAN	71	RELION ULTRA THIN LANCETS/30G	88
RA PRENATAL FORMULA/FOLICACID	128	REGRANEX	65	RELION ULTRA THIN LANCETS30G	88
rabeprazole sodium	140	RELENZA DISKHALER	48		
raloxifene hcl	68	RELION 2-IN-1 LANCET DEVICES 30G	87		
ramelteon	75	RELION 2-IN-1 LANCING DEVICE 25G	87		
ramipril	31				
RANEXA	12				
ranitidine hcl	139				

RELION ULTRA THIN PLUS LANCETS 32G.....	88	RIGHTEST GD500 LANCING DEVICE.....	88	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	88
RELION ULTRA THIN PLUS LANCETS 33G.....	88	RIGHTEST GL300 LANCETS.....	88	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	114
RELISTOR.....	72	RILUTEK.....	130	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	114
RELPAK.....	124	riluzole.....	130	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	114
REMERON.....	21	rimantadine hydrochloride.....	48	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	114
REMERON SOLTAB.....	21	ringer's.....	125	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	114
REMICADE.....	71	ringer's irrigation.....	127	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	114
REMODULIN.....	51	RINVOQ.....	4	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	114
RENFLEXIS.....	71	risedronate sodium.....	67	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	114
REVELA.....	72	RISPERDAL.....	43	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	114
REOPRO.....	73	RISPERDAL CONSTA.....	43	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	88
repaglinide.....	26	risperidone.....	43	SAFETY LANCET 23G/PRESSURE ACTIVATED.....	88
repaglinide-metformin hcl.....	24	RITALIN.....	3	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	88
REPATHA.....	31	RITALIN LA.....	3	SAFETY LANCET 30G/PRESSURE ACTIVATED.....	88
REPATHA SURECLICK.....	31	ritonavir.....	46	SAFETY LANCETS.....	88
REQUIP.....	42	RITUXAN.....	37	SAFETY LANCETS 21G.....	88
REQUIP XL.....	42	rivastigmine tartrate.....	135	SAFETY LANCETS 28G.....	88
RESCRIPTOR.....	46	rizatriptan benzoate.....	124	SAFETY LET LANCETS.....	88
RESECTISOL.....	72	ROBAXIN.....	129	SAFETY SEAL LANCETS 28G.....	88
RESTASIS.....	131	ROBAXIN-750.....	129	SAFETY SEAL LANCETS 30G.....	88
RESTASIS MULTIDOSE.....	131	ROCALTROL.....	69	SAFYRAL.....	53
RESTORIL.....	75	ROMIDEPSIN.....	40	SAIZEN.....	68
RETACRIT.....	74	ropinirole hydrochloride.....	42	SAIZENPREP.....	68
RETEVMO.....	40	rosuvastatin calcium.....	31	RECONSTITUTIONKIT.....	68
RETIN-A.....	57	ROTARIX.....	143	SALAGEN.....	127
RETIN-A MICRO.....	57	ROTATEQ.....	143	salsalate.....	6
RETIN-A MICRO PUMP.....	57	ROXICET.....	9	SAMSCA.....	69
RETROVIR.....	46	ROXICODONE.....	8	SANDIMMUNE.....	127
RETROVIR IV INFUSION.....	46	ROZEREM.....	75	SANDOSTATIN.....	69
REVATIO.....	51	ROZLYTREK.....	40	SANTYL.....	64
REVLIMID.....	126	RUCONEST.....	73		
REXALL LANCETS ULTRA THIN.....	88	rufinamide.....	19		
REXULTI.....	44	RUXIENCE.....	37		
REYATAZ.....	46	RUZURGI.....	35		
RIBASPHERE.....	48	RYTHMOL SR.....	14		
RIBASPHERE RIBAPAK.....	48	SABRIL.....	20		
ribavirin (hepatitis c).....	48	SAFE-T-LANCE LOW FLOW 25G.....	88		
RIDAURA.....	4	SAFE-T-LANCE NORMAL FLOW21G.....	88		
rifabutin.....	35	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	88		
RIFADIN.....	35	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	88		
RIFAMATE.....	35				
rifampin.....	35				
RIFATER.....	35				
RIGHT STEP PRENATAL.....	129				

SOOLANTRA.....	65	sulfacetamide sodium (ophth).....	131	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	115
SORBITOL.....	72	sulfacetamide sodium w/ sulfur.....	57	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	115
SORBITOL-MANNITOL.....	72	sulfacetamide sodium-sulfur in urea vehicle.....	57	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	115
SORBITOL/MANNITOL IRRIGATION.....	72	SULFADIAZINE.....	137	SURE COMFORT LANCETS 18G.....	89
SORIATANE.....	61	sulfamethoxazole-trimethoprim	11	SURE COMFORT LANCETS 21G.....	89
sotalol hcl.....	49	SULFAMYLON.....	61	SURE COMFORT LANCETS 23G.....	89
sotalol hcl (afib/afI).....	49	sulfasalazine.....	71	SURE COMFORT LANCETS 28G.....	89
SOVALDI.....	48	sulindac.....	5	SURE COMFORT LANCETS 30G.....	89
spinosad.....	65	SUMADAN WASH.....	57	SURE COMFORT LANCING PEN.....	89
SPIRIVA HANDIHALER.....	14	sumatriptan.....	124	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM.....	115
SPIRIVA RESPIMAT.....	14	sumatriptan succinate... ..	124	SURE COMFORT PEN NEEDLES30GX5/16" SHORT.....	116
spironolactone.....	66	SUNOSI.....	2	SURE COMFORT PEN NEEDLES31GX3/16" (5MM).....	116
spironolactone & hydrochlorothiazide.....	66	SUPER THIN LANCETS... ..	89	SURE COMFORT PEN NEEDLES31GX5/16" (8MM).....	116
SPORANOX.....	28	SUPRAX.....	52	SURE COMFORT PEN NEEDLES32GX5/32".....	116
SPORANOX PULSEPAK.....	28	SUPREP BOWEL PREP KIT.....	76	SURE COMFORT PEN NEEDLES32GX6MM.....	116
SPRAVATO 56MG DOSE... ..	22	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	115	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM.....	116
SPRAVATO 84MG DOSE... ..	22	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	115	SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	116
SPRYCEL.....	40	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	115	SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	116
STALEVO 100.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16.....	115	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	116
STALEVO 125.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	116
STALEVO 150.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	116
STALEVO 200.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16.....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	116
STALEVO 50.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	116
STALEVO 75.....	42	SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16.....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	116
stannous fluoride.....	127	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	116
STARLIX.....	26	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	116
stavudine.....	46	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	115		
STEGLATRO.....	26	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	115		
STELARA.....	61,71	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	115		
STENDRA.....	51	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16.....	115		
STERILANCE TL.....	89	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115		
STIMATE.....	69	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115		
STIVARGA.....	40	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	115		
STRATTERA.....	2	SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	115		
streptomycin sulfate.....	3	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	115		
STRIBILD.....	46	SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	115		
STRIVERDI RESPIMAT.....	16	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	115		
STROMECTOL.....	11				
SUBOXONE.....	10				
SUBSYS.....	8				
SUCRAID.....	66				
sucralfate.....	139				
SULAR.....	50				
sulconazole nitrate.....	59				
sulfacetamide sodium (acne)57					

SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	116	tacrolimus (topical)	64	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"	116
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	116	tadalafil	51	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"	117
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	116	tadalafil (pulmonary hypertension)	51	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"	117
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	116	TAFINLAR	40	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16"	117
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	116	TAGAMET HB	139	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"	117
SURE-LANCE FLAT LANCETS	89	TAKHZYRO	73	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"	117
SURE-LANCE LANCETS 26G	89	TALTZ	61	TECHLITE LANCETS	89
SURE-LANCE THIN LANCETS 28G	89	TALZENNA	40	TECHLITE LANCETS 30G	89
SURE-LANCE ULTRA THIN LANCETS	89	TAMIFLU	49	TECHLITE PEN NEEDLES 29GX 12 MM	117
SURE-PEN	89	tamoxifen citrate	38	TECHLITE PEN NEEDLES 31GX 5MM	117
SURE-TOUCH LANCETS	89	tamsulosin hcl	72	TECHLITE PEN NEEDLES/31GX 5MM	117
UNIVERSAL	89	TANZEUM	25	TECHLITE PEN NEEDLES/31GX 6 MM	117
SURELITE LANCETS	89	TAPAZOLE	138	TECHLITE PEN NEEDLES/31GX 8MM	117
SURMONTIL	24	TARCEVA	40	TECHLITE PEN NEEDLES/32GX 4MM	117
SUSTIVA	46	TARGADOX	138	TECHLITE PEN NEEDLES/32GX 6MM	117
SUTENT	40	TARGRETIN	41,60	TEFLARO	52
SYLATRON	40	TARKA	33	TEGRETOL	19
SYMBICORT	16	TASIGNA	40	TEGRETOL-XR	19
SYMFI	46	TASMAR	42	TEGSEDI	137
SYMFI LO	46	tavaborole	60	TEKTRUNA	34
SYMLINPEN 120	24	TAXOTERE	41	telmisartan	32
SYMLINPEN 60	24	TAYTULLA	53	telmisartan-amlodipine	33
SYMTUZA	46	tazarotene	61	telmisartan-hydrochlorothiazide	33
SYNALAR	63	TAZORAC	61	temazepam	75
SYNAREL	68	TAZVERIK	40	TEMIXYS	46
SYNERA	64	TECFIDERA	136	TEMODAR	36
SYNJARDY	24	TECFIDERA STARTER PACK	136	TEMOVATE	63
SYNJARDY XR	24	TECHLITE AST LANCETS	89	temozolomide	36
SYNRIBO	41	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2"	116	temsirolimus	40
SYNTHROID	138	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2"	116	TENIPOSIDE	41
SYPRINE	126	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"	116	tenofovir disoproxil fumarate	46
TABLOID	37	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"	116	TENORETIC 100	33
TABRECTA	40	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2"	116	TENORETIC 50	33
TACLONEX	63	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"	116	TENORMIN	49
tacrolimus	127	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"	116	TEPADINA	36
				terazosin hcl	32
				terbinafine hcl	28
				terbutaline sulfate	16

terconazole vaginal.....	143	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"....	117	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	117
TESSALON PERLES.....	55	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	117	TOPICORT.....	63
TESTIM.....	10	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	117	topiramate.....	20
TESTOSTERONE CYPIONATE.....	10	TODAYS HEALTH SUPER THINLANCETS 30G.....	89	topotecan hcl.....	41
testosterone cypionate.....	10	TODAYS HEALTH ULTRA THINLANCETS 28G.....	89	TOPROL XL.....	49
testosterone enanthate.....	10	TOFRANIL.....	24	toremifene citrate.....	38
tetrabenazine.....	135	tolazamide.....	26	TORISEL.....	40
tetracycline hcl.....	138	tolbutamide.....	26	torseamide.....	66
TGT LANCET MICRO THIN 33G.....	89	tolcapone.....	42	TOVIAZ.....	140
TGT LANCET THIN 26G.....	89	tolmetin sodium.....	5	TRACLEER.....	51
TGT LANCET ULTRA THIN 30G.....	89	TOLSURA.....	28	TRADJENTA.....	25
TGT LANCING DEVICE.....	89	tolterodine tartrate.....	140	tramadol hcl.....	8
THALOMID.....	126	tolvaptan.....	69	tramadol-acetaminophen.....	9
theophylline.....	16	TOPAMAX.....	19,20	trandolapril.....	31
THERANATAL CORE NUTRITION.....	129	TOPAMAX SPRINKLE.....	19	trandolapril-verapamil hcl....	33
THINLETS GP LANCETS... ..	89	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	117	tranexamic acid.....	75
thioridazine hcl.....	44	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	117	TRANSDERM SCOP.....	27
thiotepa.....	36	TOPCARE LANCETS MICRO- THIN 33G.....	89	TRANSDERM-SCOP.....	27
thiothixene.....	44	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	117	TRANXENE T.....	13
THYMOGLOBULIN.....	127	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	117	tranylcypramine sulfate.....	21
thyroid.....	138	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	117	TRAVATAN Z.....	133
tiagabine hcl.....	20	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	117	TRAVEL LANCETS 30G.....	89
TIAZAC.....	50	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	117	TRAVEL LANCETS ADVANCED 28G.....	89
TIBSOVO.....	40	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	117	travoprost.....	133
TIGAN.....	27	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"....	117	trazodone hcl.....	23
tigecycline.....	137	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TREANDA.....	36
TIGECYCLINE.....	137	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TRECATOR.....	35
TIKOSYN.....	14	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TRELEGY ELLIPTA.....	16
timolol maleate.....	49	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TRELSTAR MIXJECT.....	38
timolol maleate (ophth)....	130	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TREMFYA.....	61
TIMOPTIC.....	130	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	treprostinil.....	51
TIMOPTIC-XE.....	130	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TRESIBA.....	26
TIVICAY.....	46	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TRESIBA FLEXTOUCH.....	25
tizanidine hcl.....	129	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	tretinoin.....	58
TOBI.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	tretinoin (chemotherapy)....	41
TOBRADEX.....	132	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	tretinoin microsphere.....	58
tobramycin.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TREXALL.....	37
tobramycin (ophth).....	131	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	TRI-NORINYL 28.....	53
tobramycin sulfate.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	triamcinolone acetonide.....	55
tobramycin- dexamethasone.....	132	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	triamcinolone acetonide (mouth).....	127
TOBREX.....	131	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	triamcinolone acetonide (nasal).....	130
TODAY SPONGE.....	143	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"....	117	triamcinolone acetonide (topical).....	64
TODAYS HEALTH ADVANCED LANCING DEVICE.....	89				

triamcinolone acetonide- dimethicone-silicone	64	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	118	TRUEPLUS SAFETY LANCETS 28G	90
triamterene	66	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	118	TRUETRACK TEST	65
triamterene & hydrochlorothiazide	66	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	118	TRULICITY	25
triazolam	75	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	118	TRUSOPT	133
TRIBENZOR	33	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	118	TRUSTEX COLOR CONDOMS + LUBE	78
TRICARE	129	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	118	TRUSTEX LUBRICATED	78
TRICOR	30	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	118	TRUSTEX LUBRICATED EXTRALARGE	78
TRIDESILON	64	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	118	TRUSTEX LUBRICATED EXTRASTRENGTH	78
trientine hcl	126	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	118	TRUSTEX LUBRICATED/RIBBED/STUDE D	78
trifluoperazine hcl	44	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	118	TRUSTEX LUBRICATED/SPERMICIDE	78
trifluridine	131	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	118	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE	78
trihexyphenidyl hcl	41	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	118	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH	78
TRIKAFTA	137	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	118	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED	78
TRILEPTAL	20	TRUEPLUS LANCETS 26G	90	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDED	78
trimethobenzamide hcl	27	TRUEPLUS LANCETS 28G	90	TRUSTEX/RIA LUBRICATED	78
trimethoprim	11	TRUEPLUS LANCETS 28G	90	TRUSTEX/RIA LUBRICATED SPERMICIDE	78
trimipramine maleate	24	TRUEPLUS LANCETS 30G	90	TRUSTEX/RIA LUBRICATED/SPERMICIDE	78
TRINTELLIX	23	TRUEPLUS LANCETS 30G	90	TRUVADA	47
TRIOSTAT	138	TRUEPLUS LANCETS 33G	90	TWINRIX	143
TRIUMEQ	47	TRUEPLUS LANCETS 33G	90	TWYNSTA	33
TRIZIVIR	47	TRUEPLUS LANCETS 33G	90	TYBLUME	53
tropicamide	130	TRUEPLUS LANCETS 33G	90	TYBOST	47
tropium chloride	140	TRUEPLUS LANCETS 33G	90	TYGACIL	137
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	117	TRUEPLUS LANCETS 33G	90	TYKERB	40
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	117	TRUEPLUS LANCETS 33G	90	TYLENOL/CODEINE #3	9
TRUE COMFORT PEN NEEDLES 31G X 5MM	118	TRUEPLUS LANCETS 33G	90	TYLENOL/CODEINE #4	9
TRUE COMFORT PEN NEEDLES 31G X 6MM	118	TRUEPLUS LANCETS 33G	90	TYMLOS	67
TRUE COMFORT PEN NEEDLES 32G X 4MM	118	TRUEPLUS LANCETS 33G	90	TYSABRI	136
TRUE COMFORT TWIST TOP LANCETS 30G	89	TRUEPLUS LANCETS 33G	90	UCERIS	10
TRUE METRIX BLOOD GLUCOSETEST STRIPS	65	TRUEPLUS LANCETS 33G	90	UDENYCA	74
TRUE METRIX CONTROL SOLUTION LEVEL 3	90	TRUEPLUS LANCETS 33G	90	ULESFIA	65
TRUEDRAW LANCING DEVICE	90	TRUEPLUS LANCETS 33G	90	ULORIC	73
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	118	TRUEPLUS LANCETS 33G	90	ULTI-LANCE AUTOMATIC/ CLEAR TIP	90
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	118	TRUEPLUS LANCETS 33G	90		
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	118	TRUEPLUS LANCETS 33G	90		
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	118	TRUEPLUS LANCETS 33G	90		

ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	118	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	119	ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA.....	120
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	118	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN.....	120
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	118	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTA.....	120
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	118	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	119	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN.....	120
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16".....	118	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16".....	119	ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA.....	120
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	119	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16".....	119	ULTILET CLASSIC LANCETS.....	90
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	119	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16".....	119	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	120
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	119	ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	119	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	120
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16".....	119	ULTICARE MICRO PEN NEEDLES/31G X 1/4".....	119	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	120
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	119	ULTICARE MICRO PEN NEEDLES/31G X 5/16".....	119	ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	120
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	119	ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	119	ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	120
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	119	ULTICARE MICRO PEN NEEDLES/32G X 5/32".....	119	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	120
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	119	ULTICARE MINI PEN NEEDLES 31GX6MM.....	120	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	120
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	119	ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	120	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	120
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	119	ULTICARE MINI PEN NEEDLES/31G X 6MM.....	120	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	120
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	119	ULTICARE MINI PEN NEEDLES/32G X 1/4".....	120	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	120
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	119	ULTICARE MINI PEN NEEDLES31GX6MM.....	120	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	120
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	119	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	120	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	120
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	119	ULTICARE PEN NEEDLES 31GX 5MM.....	120	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	120
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	119	ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	120	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	120
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	119	ULTICARE PEN NEEDLES/29GX 12.7MM.....	120	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	121
		ULTICARE SHORT PEN NEEDLES 31GX8MM.....	120	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	121
		ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	120	ULTILET LANCETS.....	90
		ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	120		

ULTILET LANCETS 33G	90	ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
ULTILET PEN NEEDLE		SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/30G X	
29GX12.7MM	121	5/16"	121	1/2"	122
ULTILET PEN NEEDLE		ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
31GX5MM	121	SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/1ML/30G X	
ULTILET PEN NEEDLE		5/16"	121	5/16"	122
31GX8MM	121	ULTRA-THIN II AUTO		ULTRACARE INSULIN	
ULTILET PEN NEEDLE		LANCET	90	SYRINGE/U-100/1ML/31G X	
32GX4MM	121	ULTRA-THIN II INSULIN		5/16"	122
ULTILET PEN NEEDLE		SYRINGE SHORT/U-		ULTRACARE PEN	
32GX4MM/SHORT	121	100/0.3ML/30GX5/16"	121	NEEDLES/31G X 1/4"	122
ULTILET SAFETY LANCETS		ULTRA-THIN II INSULIN		ULTRACARE PEN	
21G X 2.2MM	90	SYRINGE SHORT/U-		NEEDLES/31G X 3/16"	122
ULTILET SAFETY LANCETS		100/0.3ML/31GX5/16"	121	ULTRACARE PEN	
23G	90	ULTRA-THIN II INSULIN		NEEDLES/31G X 5/16"	122
ULTILET SHORT PEN		SYRINGE SHORT/U-		ULTRACARE PEN	
NEEDLES 31GX5/16"	121	100/0.5ML/30GX5/16"	121	NEEDLES/32G X 1/14"	122
ULTILET SHORT PEN		ULTRA-THIN II INSULIN		ULTRACARE PEN	
NEEDLES31GX3/16"	121	SYRINGE SHORT/U-		NEEDLES/32G X 3/16"	122
ULTRA COMFORT INSULIN		100/0.5ML/31GX5/16"	121	ULTRACARE PEN	
SYRINGE/U-100/0.3ML/30G X		ULTRA-THIN II INSULIN		NEEDLES/32G X 5/32"	122
5/16"	121	SYRINGE SHORT/U-		ULTRACET	9
ULTRA FLO INSULIN PEN		100/1ML/30GX5/16"	122	ULTRAM	8
NEEDLES	121	ULTRA-THIN II INSULIN		ULTRAVATE	64
ULTRA FLO INSULIN SYRINGE		SYRINGE SHORT/U-		UNASYN	134
0.3ML/29G X 1/2"	121	100/1ML/31GX5/16"	122	UNASYN BULK PACK	134
ULTRA THIN LANCETS		ULTRA-THIN II INSULIN		UNIFINE PENTIPS	
31G	90	SYRINGE/U-		29GX12MM	122
ULTRA THIN PEN NEEDLES		100/0.5ML/29GX1/2"	122	UNIFINE PENTIPS 31G X	
32G X 4MM	121	ULTRA-THIN II INSULIN		3/16"	122
ULTRA-CARE LANCETS		SYRINGE/U-		UNIFINE PENTIPS	
30G	90	100/1ML/29GX1/2"	122	31GX5MM	122
ULTRA-COMFORT INSULIN		ULTRA-THIN II LANCETS		UNIFINE PENTIPS	
SYRINGE/U-100/0.3ML/29G X		28G	90	31GX6MM	122
1/2"	121	ULTRA-THIN II LANCETS		UNIFINE PENTIPS	
ULTRA-COMFORT INSULIN		30G	90	31GX8MM	122
SYRINGE/U-100/0.3ML/30G X		ULTRA-THIN II MINI PEN		UNIFINE PENTIPS	
5/16"	121	NEEDLES/31GX3/16"	122	32GX4MM	122
ULTRA-COMFORT INSULIN		ULTRA-THIN II PEN NEEDLES		UNIFINE PENTIPS	
SYRINGE/U-100/0.3ML/31G X		29GX1/2"	122	32GX6MM	122
5/16"	121	ULTRA-THIN II PEN		UNIFINE PENTIPS PLUS	
ULTRA-COMFORT INSULIN		NEEDLES/SHORT/31GX5/16"		29GX12MM	122
SYRINGE/U-100/0.5ML/28G X			122	UNIFINE PENTIPS PLUS	
1/2"	121	ULTRACARE INSULIN		31GX5MM	122
ULTRA-COMFORT INSULIN		SYRINGE/U-100/0.3ML/30G X		UNIFINE PENTIPS PLUS	
SYRINGE/U-100/0.5ML/29G X		5/16"	122	31GX6MM	122
1/2"	121	ULTRACARE INSULIN		UNIFINE PENTIPS PLUS	
ULTRA-COMFORT INSULIN		SYRINGE/U-100/0.3ML/31G X		31GX8MM	122
SYRINGE/U-100/0.5ML/30G X		5/16"	122	UNIFINE PENTIPS PLUS	
5/16"	121	ULTRACARE INSULIN		32GX4MM	122
ULTRA-COMFORT INSULIN		SYRINGE/U-100/0.5ML/30G X		UNIFINE SAFECONTROL PEN	
SYRINGE/U-100/0.5ML/31G X		1/2"	122	NEEDLE/30G X 5/16"	123
5/16"	121	ULTRACARE INSULIN		UNILET COMFORTOUCH	
ULTRA-COMFORT INSULIN		SYRINGE/U-100/0.5ML/30G X		LANCET	90
SYRINGE/U-100/1ML/28G X		5/16"	122	UNILET EXCELITE	90
1/2"	121	ULTRACARE INSULIN		UNILET EXCELITE II	90
ULTRA-COMFORT INSULIN		SYRINGE/U-100/0.5ML/31G X		UNILET G.P. LANCET	90
SYRINGE/U-100/1ML/29G X		5/16"	122		
1/2"	121				

UNILET G.P. SUPERLITE LANCET.....	90	valsartan-hydrochlorothiazide.....	33	VELCADE.....	40
UNILET GP 28 ULTRA THIN	90	VALSTAR.....	38	VELPHORO.....	72
UNILET LANCET.....	90	VALTOCO.....	18	VEMLIDY.....	48
UNILET LANCETS MICRO-THIN33G.....	90	VALTRESX.....	48	venlafaxine hcl.....	23
UNILET LANCETS SUPER-THIN30G.....	90	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	123	VENTAVIS.....	51
UNILET LANCETS ULTRA-THIN 28G.....	90	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	123	VENTOLIN HFA.....	16
UNILET SUPERLITE LANCET.....	90	VALUE PLUS LANCETS STANDARD 21G.....	91	verapamil hcl.....	50
UNISTIK 3 GENTLE.....	90	VALUE PLUS LANCETS SUPERTHIN 30G.....	91	VEREGEN.....	58
UNISTIK PRO SAFETY LANCET 21G.....	90	VALUE PLUS LANCETS THIN 26G.....	91	VERELAN.....	50
UNISTIK PRO SAFETY LANCET 25G.....	90	VALUE PLUS LANCING DEVICE.....	91	VERELAN PM.....	50
UNISTIK PRO SAFETY LANCET 28G.....	90	VALUMARK LANCET SUPER THIN 30G.....	91	VERIPRED 20.....	55
UNISTIK SAFETY LANCETS 28G.....	90	VALUMARK LANCET ULTRA THIN 28G.....	91	VESICARE.....	140
UNISTIK SAFETY LANCETS 30G.....	90	VALUMARK PEN NEEDLES 29GX12MM.....	123	VFEND.....	28
UNISTIK TOUCH SAFETY LANCETS 21G.....	90	VALUMARK PEN NEEDLES 31GX 6MM.....	123	VIAGRA.....	51
UNISTIK TOUCH SAFETY LANCETS 23G.....	90	VALUMARK PEN NEEDLES 31GX 8MM.....	123	VIBRAMYCIN.....	138
UNISTIK TOUCH SAFETY LANCETS 28G.....	90	VANCOCIN.....	11	VICTOZA.....	25
UNISTIK TOUCH SAFETY LANCETS 30G.....	90	VANCOCIN HCL.....	11	VIDA MIA AUTOLET LANCINGDEVICE.....	91
UNIVERSAL 1 LANCETS THIN26G.....	90	vancomycin hcl.....	11	VIDA MIA UNIFINE PENTIPS32GX4MM.....	123
UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	90	VANCOMYCIN HYDROCHLORIDE.....	12	VIDA MIA UNIFINE PENTIPSMINI 31GX6MM.....	123
UNIVERSAL 1 LANCETS/33G/MICRO-THIN.....	91	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	123	VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM.....	123
URECHOLINE.....	140	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	123	VIDA MIA UNILET LANCETS SUPER THIN 30G.....	91
UROCIT-K 10.....	72	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	123	VIDA MIA UNILET LANCETS ULTRA THIN 28G.....	91
UROXATRAL.....	72	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	123	VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM.....	123
URSO 250.....	71	VAQTA.....	143	VIDAZA.....	37
URSO FORTE.....	71	VARIVAX.....	143	VIDEX EC.....	47
ursodiol.....	71	VARUBI.....	28	VIDEXPEDIATRIC.....	47
UTIBRON NEOHALER.....	16	VASCEPA.....	30	vigabatrin.....	20
VAGIFEM.....	143	VASERETIC.....	34	VIGAMOX.....	131
valacyclovir hcl.....	48	VASOTEC.....	31	VIIBRYD.....	23
VALCYTE.....	47	VECAMEYL.....	34	VIIBRYD STARTER PACK.....	23
valganciclovir hcl.....	47	VECTIBIX.....	37	VIMPAT.....	20
VALIUM.....	13	VECTICAL.....	61	vincristine sulfate.....	41
valproate sodium.....	21			vinorelbine tartrate.....	41
valproic acid.....	21			VIRACEPT.....	47
valrubicin.....	38			VIRAMUNE.....	47
valsartan.....	32			VIRAMUNE XR.....	47
				VIREAD.....	47
				VIROPTIC.....	131
				VISTARIL.....	13
				VISTOGARD.....	27
				VITALET PRO LANCETS.....	91

VITALET PRO PLUS			
LANCETS	91		
VITAMIN D2	144		
VITATHELY/GINGER	129		
VITRAKVI	40		
VIVAGUARD LANCETS	91		
VIVAGUARD LANCING DEVICE	91		
VIVELLE-DOT	70		
VIZIMPRO	40		
VOGELXO	10		
VOGELXO PUMP	10		
VOL-PLUS	129		
VOLTAREN	58		
VORAXAZE	41		
voriconazole	28		
VOSEVI	48		
VOTRIENT	40		
VP INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	123		
VPRIV	74		
VUSION	60		
VYTORIN	30		
VYVANSE	1		
WALGREENS ADVANCED TRAVELLANCETS 28G	91		
WALGREENS COMFORT ASSUREDLANCETS MICRO THIN/33G	91		
WALGREENS COMFORT ASSUREDLANCETS SUPER THIN/28G	91		
WALGREENS LANCETS	91		
WALGREENS THIN LANCETS	91		
WALGREENS ULTRA THIN LANCETS	91		
warfarin sodium	16		
water for irrigation, sterile	127		
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	123		
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	123		
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	123		
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	123		
WELCHOL	30		
WELLBUTRIN SR	21		
WELLBUTRIN XL	21		
WESTAB PLUS	129		
WESTHROID	138		
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	78		
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	78		
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	78		
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	78		
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	78		
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Statement of Non-Discrimination

Ambetter from Arkansas Health & Wellness complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Arkansas Health & Wellness does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Arkansas Health & Wellness:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ambetter from Arkansas Health & Wellness at 1-877-617-0390 (TTY/TDD 1-877-617-0392).

If you believe that Ambetter from Arkansas Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ambetter from Arkansas Health & Wellness Appeals Unit, P.O. Box 25538, Little Rock, AR 72221, 1-877-617-0390 (TTY/TDD 1-877-617-0392), Fax 1-866-811-3255. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Arkansas Health & Wellness is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Arkansas Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Arkansas Health & Wellness, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Marshallese:	Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajitōk kōn Ambetter from Arkansas Health & Wellness, ewōr aṃ jimwe in bōk jipañ im melele ko ilo kajin eo aṃ ejjelōk wōñāān. Ñan kōnono ippān juon ri-ukōk, kirlōk 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Arkansas Health & Wellness 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-617-0390 (TTY/TDD 1-877-617-0392)。
Laotian:	ຖ້າທ່ານ ຫຼືຄົນທ່ານກຳລັງຊ່ວຍເຫຼືອ ມຄຳຖາມກ່ຽວກັບ Ambetter from Arkansas Health & Wellness of Arkansas, ທ່ານມີອິດທິພົນໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທ່າວປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມຄຳໃຊ້ຈ່າຍ. ຕໍ່ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Tagalog:	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Arkansas Health & Wellness, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Arkansas Health & Wellness ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-617-0390 (TTY/TDD 1-877-617-0392).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Arkansas Health & Wellness hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-617-0390 (TTY/TDD 1-877-617-0392) an.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Arkansas Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Hmong:	Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Ambetter from Arkansas Health & Wellness, koj muaj cai kom laww muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Arkansas Health & Wellness 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-617-0390 (TTY/TDD 1-877-617-0392) 로 전화하십시오.
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Arkansas Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Japanese:	Ambetter from Arkansas Health & Wellness について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-617-0390 (TTY/TDD 1-877-617-0392) までお電話ください。
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Arkansas Health & Wellness के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-617-0390 (TTY/TDD 1-877-617-0392) पर कॉल करें।
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Arkansas Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-617-0390 (TTY/TDD 1-877-617-0392) ઉપર કોલ કરો.