



FROM |  peach state health plan.

2018 Prescription Drug List

Effective January 1, 2018



Formulary Introduction

FORMULARY

The Ambetter from Peach State Health Plan 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 5MG-5MG-5MG-5MG, 2.5MG-2.5MG-2.5MG-2.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.75MG-3.75MG-3.75MG-3.75MG, 1.875MG-1.875MG-1.875MG-1.875MG, 3.125MG-3.125MG-3.125MG-3.125MG (Use Amphetamine-Dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5MG-7.5MG-7.5MG-7.5MG (Use Amphetamine-Dextroamphetamine)	NF	
ADDERALL XR CP24 2.5MG-2.5MG-2.5MG-2.5MG, 1.25MG-1.25MG-1.25MG-1.25MG (Use Amphetamine-Dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75MG-3.75MG-3.75MG-3.75MG (Use Amphetamine-Dextroamphetamine)	NF	
ADDERALL XR CP24 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 6.25MG-6.25MG-6.25MG-6.25MG (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily)
amphetamine-dextroamphetamine cp24 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75mg-3.75mg-3.75mg-3.75mg	1	

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5mg-7.5mg-7.5mg-7.5mg	1	
DESOXYN TABS (Use Methamphetamine HCl)	3	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	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	2	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use Phentermine HCl)	NF	PA
phendimetrazine tartrate tabs	1	PA

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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 60 mg, 80 mg, 100 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 Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
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 Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	NF	QL(1 ea daily)
METADATE CD CPR (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (Use Methylphenidate HCl)	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 cpr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 5 mg/5ml, 10 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 10 mg, 20 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 tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18 MG, 27 MG	1	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG, 54 MG	1	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)
<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 10 MG, 20 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		

Drug Name	Drug Tier	Requirements/ Limits
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-0.9MG/ML, 0.9%-1.4MG/ML	1	
KITABIS PAK NEBU	4	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (<i>Use Tobramycin</i>)	4	PA
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN NEBU	4	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	1	
<i>tobramycin sulfate soln 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; SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA;
HUMIRA PEN PNKT 40 MG/0.4ML	4	PA;
HUMIRA PEN PNKT 40 MG/0.8ML	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA;
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	4	PA;
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	PA;
HUMIRA PSKT 10 MG/0.2ML	4	PA; QL(0.0571 ea daily)
HUMIRA PSKT 20 MG/0.4ML	4	PA; QL(0.0571 ea daily); SP
HUMIRA PSKT 40 MG/0.8ML	4	PA; SP
SIMPONI SOAJ 100 MG/ML	4	PA; 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; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 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-6 Receptor Inhibitors		
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
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	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (<i>Use Naproxen</i>)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (<i>Use Piroxicam</i>)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</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 <i>Etodolac</i>)	NF	
MECLOFENAMATE SODIUM CAPS 50 MG	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 <i>Meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use <i>Fenoprofen Calcium</i>)	1	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use <i>Naproxen</i>)	1	PA
NAPROSYN TABS 500 MG (Use <i>Naproxen</i>)	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	
PONSTEL CAPS (Use <i>Mefenamic Acid</i>)	NF	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>sulindac tabs</i>	1	
TOLMETIN SODIUM CAPS	1	
TOLMETIN SODIUM TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA
OTEZLA TBPk	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use <i>Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
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
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(0.14 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
FIORINAL CAPS (<i>Use 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	
DISALCID TABS (<i>Use Salsalate</i>)	NF	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (<i>Use Fentanyl Citrate</i>)	NF	PA; QL(4 ea daily)
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (<i>Use Codeine Sulfate</i>)	1	New starts limited to 7 day supply
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (<i>Use Meperidine HCl</i>)	NF	
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
DILAUDID LIQD OR 1 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	New starts limited to 7 day supply
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use Hydromorphone HCl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)
EXALGO T24A 32 MG (<i>Use Hydromorphone HCl</i>)	2	PA; QL(1 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>Use Hydromorphone HCl</i>)	NF	PA; QL(2 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	QL(0.34 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 t24a or 32 mg</i>	1	PA; QL(1 ea daily)
<i>hydromorphone hcl t24a or 8mg, 8 mg, 12 mg, 16 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use Morphine Sulfate</i>)	NF	PA; QL(2 ea daily)
LEVORPHANOL TARTRATE TABS	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use Methadone HCl)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl)	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl)	1	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use Methadone HCl)	1	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	1	QL(10 ml daily)
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply;QL(100 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply;QL(50 ml daily)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS OR 5 MG, 10 MG (Use Oxymorphone HCl)	NF	PA; QL(12 ea daily)
OXYCODONE HCL ER T12A	2	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	2	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs</i>	1	PA; QL(12 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS (Use Tramadol HCl)	NF	New starts limited to 7 day supply; QL(8 ea daily)
ZOHYDRO ER C12A	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	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)
<i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml</i>	1	New starts limited to 7 day supply

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

Drug Name	Drug Tier	Requirements/Limits
REPREXAIN TABS (<i>Use Hydrocodone-Ibuprofen</i>)	NF	PA
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
TREZIX CAPS	3	PA; New starts limited to 7 day supply
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)
XODOL TABS (<i>Use Hydrocodone-Acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(13 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
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>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	1	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
BUTRANS PTWK	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	3	PA; QL(3 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	3	PA; QL(2 ea daily)
TALWIN SOLN	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (<i>Use Oxandrolone</i>)	NF	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROXY TABS	3	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	NF	
METHITEST TABS	3	
<i>testosterone cypionate soln 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln</i>	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (Use Hydrocortisone (Rectal))	NF	
PROCTOCORT SUPP (Use Hydrocortisone Acetate (Rectal))	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	
ALBENZA TABS (Use <i>Albendazole</i>)	3	
BILTRICIDE TABS (Use <i>Praziquantel</i>)	3	
EMVERM CHEW	1	
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
STROMECTOL TABS (Use <i>Ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr im 50000 unit</i>	3	
FLAGYL TABS 250 MG, 500 MG (Use <i>Metronidazole</i>)	NF	
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL (At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use <i>Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (Use <i>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	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (Use <i>Atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR IJ (Use <i>Ertapenem Sodium</i>)	3	
<i>meropenem solr</i>	1	
MERREM SOLR (Use <i>Meropenem</i>)	NF	
PRIMAXIN IV SOLR (Use <i>Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		

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Drug Name	Drug Tier	Requirements/Limits
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (Use Daptomycin)	NF	
CUBICIN SOLR (Use Daptomycin)	NF	
daptomycin solr 500 mg	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOGIN HCL CAPS (Use Vancomycin HCl)	NF	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl caps or 125 mg, 250 mg	1	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl solr iv 1 gm, 10 gm, 500 mg, 1000 mg	1	
Glycylcyclines		
tigecycline solr	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (Use Tigecycline)	3	
Leprostatics		
dapsone tabs	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use Clindamycin HCl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use Clindamycin Palmitate Hydrochloride)	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (Use Clindamycin Phosphate)	NF	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML (Use Clindamycin Phosphate)	1	
CLEOCIN PHOSPHATE SOLN IV 600 MG/4ML, 900 MG/6ML (Use Clindamycin Phosphate)	NF	
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
clindamycin phosphate soln ij 150 mg/ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml	1	
clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	
LINCOCIN SOLN (Use Lincomycin HCl)	NF	
lincomycin hcl soln	1	
Monobactams		
AZACTAM SOLR (Use Aztreonam)	NF	
aztreonam solr	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
linezolid susr or 100 mg/5ml	1	
linezolid tabs or 600 mg	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (Use Linezolid)	NF	
ZYVOX TABS OR 600 MG (Use Linezolid)	NF	PA; QL(2 ea daily)
Polymyxins		
polymyxin b sulfate solr	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		

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Drug Name	Drug Tier	Requirements/ Limits
Antianginals-Other		
RANEXA TB12 1000 MG	2	
RANEXA TB12 500 MG	2	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	1	
<i>isosorbide dinitrate tabs</i>	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 Nitroglycerin)	2	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	2	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE PAMOATE CAPS 100 MG	1	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
DIAZEPAM SOLN OR 5 MG/5ML	1	
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
XANAX XR TB24 (<i>Use Alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (<i>Use Disopyramide Phosphate</i>)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
QUINIDINE SULFATE TABS	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</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	
RYTHMOL TABS (<i>Use Propafenone HCl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<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		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.067 gm daily)
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	
TUDORZA PRESSAIR AEPB	3	
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>)	3	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl 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
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	3	
FLOVENT HFA AERO	3	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR AERS	2	
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB	2	
ADVAIR HFA AERO	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate nebu in 0.5 %</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrpf 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	3	PA
ARCAPTA NEOHALER CAPS	2	PA
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<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
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
METAPROTERENOL SULFATE SYRP	1	
METAPROTERENOL SULFATE TABS	1	
PROAIR HFA AERS	2	1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
PROVENTIL HFA AERS	2	1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	
UTIBRON NEOHALER CAPS	3	PA; QL(2 ea daily)
VENTOLIN HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	NF	PA
XOPENEX HFA AERO	3	PA; Limit 2 inhalers per month; QL(1 gm daily)
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<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)

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS STARTER PACK TABS	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 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
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use 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 (<i>Use 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 (<i>Use 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 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>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	4	QL(1.6 ml daily)
<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

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Drug Name	Drug Tier	Requirements/ Limits
<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
<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, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA; SP
<i>heparin sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors		
PRADAXA CAPS 75 MG, 150 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 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	3	
DIASTAT PEDIATRIC GEL	3	
<i>diazepam (anticonvulsant) gel</i>	3	
DIAZEPAM GEL RE 20 MG, 2.5 MG	3	
DIAZEPAM RECTAL GEL GEL	3	
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	
ONFI SUSP 2.5 MG/ML (<i>Use Clobazam</i>)	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use Clobazam</i>)	3	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML	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)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
carbamazepine cp12 200 mg	1	QL(6 ea daily)
carbamazepine cp12 300 mg	1	QL(4 ea daily)
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
carbamazepine tb12 100 mg, 400 mg	1	QL(4 ea daily)
carbamazepine tb12 200 mg	1	QL(6 ea daily)
CARBATROL CP12 100 MG (Use Carbamazepine)	NF	
CARBATROL CP12 200 MG (Use Carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use Carbamazepine)	NF	QL(4 ea daily)
gabapentin caps 100 mg, 300 mg, 400 mg	1	
gabapentin soln 250 mg/5ml, 300 mg/6ml	1	QL(60 ml daily)
gabapentin tabs 600 mg, 800 mg	1	
KEPPRA SOLN IV 500 MG/5ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use Levetiracetam)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (Use Levetiracetam)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use Levetiracetam)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL ODT TBDP 25 MG (Use Lamotrigine)	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT TBDP 50 MG, 100 MG, 200 MG (Use Lamotrigine)	NF	QL(1 ea daily)
LAMICTAL TABS (Use Lamotrigine)	NF	
lamotrigine chew 5 mg, 25 mg	1	
lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg	1	
lamotrigine tbdp 25 mg	3	QL(1 ea daily)
lamotrigine tbdp 50 mg, 100 mg, 200 mg	1	QL(1 ea daily)
levetiracetam soln iv 500 mg/5ml	1	QL(30 ml daily)
levetiracetam soln or 100 mg/ml, 500 mg/5ml	1	QL(30 ml daily)
levetiracetam tabs or 1000 mg	1	QL(3 ea daily)
levetiracetam tabs or 250 mg, 750 mg	1	QL(4 ea daily)
levetiracetam tabs or 500 mg	1	QL(6 ea daily)
levetiracetam tb24 or 500 mg, 750 mg	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG	2	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	2	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML	2	QL(30 ml daily)
MYSOLINE TABS (Use Primidone)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	NF	
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use Gabapentin)	NF	
oxcarbazepine susp 60 mg/ml, 300 mg/5ml	1	QL(40 ml daily)
oxcarbazepine tabs 150 mg, 300 mg	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
POTIGA TABS	3	PA; QL(3 ea daily)
<i>primidone tabs</i>	1	
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)
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)

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 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	
SABRIL PACK (<i>Use Vigabatrin</i>)	4	PA; QL(6 ea daily); SP
SABRIL TABS	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
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	

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Drug Name	Drug Tier	Requirements/ Limits
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)
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</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		

Drug Name	Drug Tier	Requirements/ Limits
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 45 mg, 7.5 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)
REMERON TABS 30 MG (<i>Use Mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON TABS 45 MG (<i>Use Mirtazapine</i>)	NF	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 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)
MAPROTILINE HCL TABS	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 200 MG (Use Bupropion HCl)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use Bupropion HCl)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl)	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 (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	NF	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	1	QL(20 ml daily)
escitalopram oxalate tabs 10 mg	1	QL(2 ea daily)
escitalopram oxalate tabs 20 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate tabs 5 mg	1	QL(4 ea daily)
fluoxetine hcl caps 10 mg	1	QL(1 ea daily)
fluoxetine hcl caps 20 mg	1	QL(3 ea daily)
fluoxetine hcl caps 40 mg	1	QL(2 ea daily)
fluoxetine hcl cpdr 90 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	QL(20 ml daily)
fluoxetine hcl tabs 10 mg, 60 mg	1	QL(1 ea daily)
fluoxetine hcl tabs 20 mg	1	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS	1	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	1	QL(1 ea daily)
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	1	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	1	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1	QL(1 ea daily)
paroxetine hcl tb24 25 mg, 37.5 mg	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
PAXIL CR TB24 12.5 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use Paroxetine HCl)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)
PAXIL TABS 10 MG (Use Paroxetine HCl)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (Use Paroxetine HCl)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (Use Paroxetine HCl)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (Use Fluoxetine HCl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use Fluoxetine HCl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	NF	QL(2 ea daily)
PROZAC WEEKLY CPDR (Use Fluoxetine HCl)	NF	
<i>sertraline hcl conc 20 mg/ml</i>	1	QL(10 ml daily)
<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 Sertraline HCl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use Sertraline HCl)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	NF	QL(4 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	3	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	
NEFAZODONE HYDROCHLORIDE TABS	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD STARTER PACK KIT	2	PA
VIIBRYD TABS	2	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 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use Venlafaxine HCl)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use Venlafaxine HCl)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	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 25 mg, 50 mg, 75 mg, 100 mg, 37.5 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)

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Drug Name	Drug Tier	Requirements/ Limits
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	NF	PA
<i>clomipramine hcl caps</i>	1	PA
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	NF	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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 2.5mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5mg-500mg</i>	1	QL(4 ea daily)
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	1	QL(2 ea daily)
SEGLUROMET TABS	2	PA; QL(2 ea daily)
SYNJARDY TABS	3	PA
XIGDUO XR TB24 5MG-500MG, 10MG-500MG, 5MG-1000MG, 10MG-1000MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
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)
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
PROGLYCEM SUSP	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	3	PA; QL(1 ea daily)
ONGLYZA TABS	3	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)		
BYETTA SOPN	2	PA; QL(0.08 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	3	PA

Drug Name	Drug Tier	Requirements/Limits
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)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	3	
APIDRA SOLOSTAR SOPN	3	
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP SOLN	2	
HUMALOG JUNIOR KWIKPEN SOPN	3	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUPN	3	
HUMALOG MIX 50/50 SUSP	3	
HUMALOG MIX 75/25 KWIKPEN SUPN	3	
HUMALOG MIX 75/25 SUSP	3	
HUMALOG SOCT	3	
HUMALOG SOLN	3	
HUMULIN 70/30 KWIKPEN SUPN	3	
HUMULIN 70/30 SUSP	3	
HUMULIN N KWIKPEN SUPN	3	
HUMULIN N SUSP	3	
HUMULIN R SOLN	3	

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Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 (CONCENTRATED) SOLN	3	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	3	
NOVOLIN 70/30 FLEXPEN SUPN	3	
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	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS 0.5 MG, 1 MG (Use Repaglinide)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use Repaglinide)	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 Nateglinide)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	3	PA
STEGLATRO TABS	2	ST; Trial of metformin required. ;QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use Glimepiride)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use Glimepiride)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	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 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use Glipizide)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use Glipizide)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use Glyburide Micronized)	NF	QL(4 ea daily)
TOLAZAMIDE TABS	1	QL(4 ea daily)
TOLBUTAMIDE TABS	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS (Use Loperamide HCl)	NF	RX/OTC
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
loperamide hcl caps	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml	1	
naltrexone hcl tabs	1	
NARCAN LIQD	3	PA
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (Use Palonosetron HCl)	3	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml	1	
granisetron hcl tabs or 1 mg	1	QL(0.34 ea daily)
ondansetron hcl soln ij 4 mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl soln or 4 mg/5ml	1	QL(3.34 ml daily)
ondansetron hcl tabs or 24 mg	1	QL(0.143 ea daily)
ondansetron hcl tabs or 4 mg	1	QL(4 ea daily, 60 ea per fill retail, 60 ea per fill mail)
ondansetron hcl tabs or 8 mg	1	QL(3 ea daily, 45 ea per fill retail, 45 ea per fill mail)
ondansetron tbdp 4 mg	1	QL(1 ea daily)
ondansetron tbdp 8 mg	1	
palonosetron hcl soln	1	
PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML	3	
ZOFRAN ODT TBDP 4 MG (Use Ondansetron)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (Use Ondansetron)	NF	
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (Use Ondansetron HCl)	NF	QL(4 ea daily, 60 ea per fill retail, 60 ea per fill mail)
ZOFRAN TABS 8 MG (Use Ondansetron HCl)	NF	QL(3 ea daily, 45 ea per fill retail, 45 ea per fill mail)
Antiemetics - Anticholinergic		
meclizine hcl tabs	1	RX/OTC
scopolamine pt72	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (Use Trimethobenzamide HCl)	NF	
TRANSDERM-SCOP PT72	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use Scopolamine)	2	QL(0.34 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	PA
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use Dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 40 mg, 125 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 40 MG, 125 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)
VARUBI TABS OR 90 MG	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use Caspofungin Acetate</i>)	3	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (<i>Use Flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NF	
<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	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NF	QL(1 ea daily)
<i>nystatin tabs</i>	1	
<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>)	3	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(4 ea daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		

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Drug Name	Drug Tier	Requirements/ Limits
RYCLORA SYRP	3	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	RX/OTC
<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 (Use <i>Fexofenadine HCl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use <i>Fexofenadine HCl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use <i>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 syrps 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 (Use <i>Desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>Loratadine</i>)	1	
CLARITIN CAPS 10 MG (Use <i>Loratadine</i>)	1	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN CHEW 5 MG	1	
CLARITIN CHEW 5 MG (Use <i>Loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (Use <i>Loratadine</i>)	1	
CLARITIN REDITABS TBDP 10 MG (Use <i>Loratadine</i>)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP 5 MG/5ML (Use <i>Loratadine</i>)	1	
CLARITIN TABS 10 MG (Use <i>Loratadine</i>)	1	
DESLORATADINE ODT TBDP 2.5 MG	1	QL(1 ea daily)
<i>desloratadine tabs</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 syrps</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	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	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	ST; QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	2	ST; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS 1 GM	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)
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use Colestipol HCl)	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 (Use Cholestyramine Light)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use Cholestyramine)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use Cholestyramine)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use Colesevelam HCl)	2	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use Colesevelam HCl)	2	QL(7 ea daily)
Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use <i>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
MEVACOR TABS (Use <i>Lovastatin</i>)	NF	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (Use <i>Ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>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 (Use <i>Quinapril HCl</i>)	NF	
ACEON TABS (Use <i>Perindopril Erbumine</i>)	NF	
ALTACE CAPS (Use <i>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 (Use <i>Benazepril HCl</i>)	NF	
MAVIK TABS (Use <i>Trandolapril</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use Lisinopril)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (Use Enalapril Maleate)	NF	
ZESTRIL TABS (Use Lisinopril)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (Use Phenoxybenzamine HCl)	3	
<i>phenoxybenzamine hcl caps</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	NF	QL(1 ea daily)
AVAPRO TABS (Use Irbesartan)	NF	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (Use Losartan Potassium)	NF	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
EPROSARTAN MESYLATE TABS	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</i>	1	QL(1 ea daily)
MICARDIS TABS (Use Telmisartan)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	NF	
CATAPRES TABS (Use Clonidine HCl)	NF	QL(8 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (Use Prazosin HCl)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
TENEX TABS (Use Guanfacine HCl)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)	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	

Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	NF	
atenolol & chlorthalidone tabs	1	
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	NF	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	
bisoprolol & hydrochlorothiazide tabs	1	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	1	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NF	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NF	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS 100MG-25MG, 100MG-12.5MG (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR TABS 50MG-12.5MG (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tabs 100mg-25mg, 100mg-12.5mg	1	QL(1 ea daily)
losartan potassium & hydrochlorothiazide tabs 50mg-12.5mg	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NF	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	1	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	1	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	1	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NF	
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
trandolapril-verapamil hcl tbc	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	

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Drug Name	Drug Tier	Requirements/ Limits
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	
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		
TEKTURNA TABS	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	QL(12 ea per 3 days retail)
COARTEM TABS	2	QL(24 ea per fill retail,24 ea per fill mail,72 ea per 144 days retail,72 ea per 144 days mail)

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Drug Name	Drug Tier	Requirements/ Limits
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	QL(12 ea per 3 days retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	1	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl tabs</i>	1	QL(5 ea daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
MEFLOQUINE HCL TABS	1	QL(5 ea daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbc</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
CYCLOSERINE CAPS	3	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SOLN IJ 100 MG/ML	1	
ISONIAZID SYRP OR 50 MG/5ML	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (Use Ethambutol HCl)	NF	
MYCOBUTIN CAPS (Use Rifabutin)	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 (Use Rifampin)	NF	
RIFADIN SOLR (Use Rifampin)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TABS	3	PA
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR IV 50 MG (Use Melphalan HCl)	NF	
ALKERAN TABS OR 2 MG (Use Melphalan)	2	
BICNU SOLR (Use Carmustine)	4	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (Use Busulfan)	4	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>	4	PA; SP
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use Cyclophosphamide)	4	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 5 MG, 40 MG, 100 MG	4	PA
HEXALEN CAPS	4	PA; SP
IFEX SOLR 1 GM (Use Ifosfamide)	4	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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>melfalan tabs</i>	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 50 mg/10ml, 100 mg/20ml</i>	4	PA; SP
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use <i>Temozolomide</i>)	4	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
<i>thiotepa solr</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 (Use <i>Clofarabine</i>)	4	PA; SP
<i>cytarabine soln</i>	4	PA; SP
DACOGEN SOLR (Use <i>Decitabine</i>)	4	PA; SP
<i>decitabine solr</i>	4	PA; SP
DEPOCYT SUSP	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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil soln iv 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
GEMZAR SOLR 200 MG (Use <i>Gemcitabine HCl</i>)	4	PA; SP
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	SP
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	SP
<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 <i>Azacitidine</i>)	4	PA; SP
XELODA TABS (Use <i>Capecitabine</i>)	4	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR 440 MG	4	PA; SP
PERJETA SOLN	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
RITUXAN SOLN	4	PA; SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
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)	4	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (Use Bicalutamide)	4	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	2	
FASLODEX SOLN	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

Drug Name	Drug Tier	Requirements/ Limits
<i>letrozole tabs</i>	1	
<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
MEGACE ORAL SUSP (Use Megestrol Acetate)	NF	
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (Use Nilutamide)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
<i>tamoxifen citrate tabs</i>	0	
TRELSTAR MIXJECT SUSR	4	PA; SP
TRELSTAR SUSR	4	PA; SP
XTANDI CAPS	4	PA; QL(4 ea daily); SP
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 Abiraterone Acetate)	4	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 Antibiotics		
ADRIAMYCIN SOLR	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use Dactinomycin</i>)	4	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DOXIL INJ (<i>Use Doxorubicin HCl Liposomal</i>)	4	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
ELLEENCE SOLN 50 MG/25ML (<i>Use Epirubicin HCl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 5 MG/5ML, 10 MG/10ML (<i>Use Idarubicin HCl</i>)	NF	PA; SP
<i>idarubicin hcl soln 5 mg/5ml, 10 mg/10ml</i>	4	PA; SP
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
VALSTAR SOLN	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; QL(1 ea daily); SP
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
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	4	PA; QL(2 ea daily); SP
<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)
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
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 15 MG, 20 MG, 25 MG	4	PA; SP
JAKAFI TABS 5 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 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)
LYNPARZA CAPS	4	PA; QL(16 ea daily)
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

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
ROMIDEPSIN SOLR	4	PA; SP
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA; QL(1 ea daily); SP
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TARCEVA TABS	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)
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TORISEL SOLN (<i>Use Temsirolimus</i>)	4	PA; QL(0.143 ml daily); SP
TYKERB TABS	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
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.		

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln</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
INTRON A W/DILUENT 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
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	4	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN 10 MG/10ML	4	PA; SP
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	1	
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	1	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
DOCEFREZ SOLR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML, 20 MG/0.5ML	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use Docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
ETOPOSIDE CAPS OR 50 MG	4	PA; SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</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)	4	PA; SP
<i>paclitaxel conc 100 mg/16.7ml</i>	4	PA; SP
PACLITAXEL CONC 150 MG/25ML	4	PA; SP
TAXOTERE CONC 20 MG/ML (Use Docetaxel)	4	PA; SP
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		

Drug Name	Drug Tier	Requirements/ Limits
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	4	PA; SP
HYCANTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCANTIN SOLR IV 4 MG (Use Topotecan HCl)	4	PA; SP
<i>irinotecan hcl soln</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 Adjuvants		
<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 elix</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)
TASMAR TABS (Use Tolcapone)	3	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	1	
MIRAPEX TABS 0.125 MG (Use <i>Pramipexole Dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (Use <i>Pramipexole Dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS 5 MG (Use <i>Bromocriptine Mesylate</i>)	1	
PARLODEL TABS 2.5 MG (Use <i>Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (Use <i>Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	
STALEVO 50 TABS	1	
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>Rasagiline Mesylate</i>)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (Use <i>Selegiline HCl</i>)	NF	
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (Use <i>Lithium Carbonate</i>)	1	
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbc 300 mg, 450 mg</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (Use <i>Lithium Carbonate</i>)	NF	
Antipsychotics - Misc.		

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Drug Name	Drug Tier	Requirements/Limits
EQUETRO CP12 100 MG	3	QL(2 ea daily)
EQUETRO CP12 200 MG	3	QL(8 ea daily)
EQUETRO CP12 300 MG	3	QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use Ziprasidone HCl)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
ziprasidone hcl caps	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 3 MG, 9 MG, 1.5 MG (Use Paliperidone)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use Paliperidone)	NF	QL(2 ea daily)
paliperidone tb24 3 mg, 9 mg, 1.5 mg	1	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
RISPERDAL CONSTA SUSR	2	PA; QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use Risperidone)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	QL(8 ml daily)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(4 ea daily)
risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(2 ea daily)
Butyrophenones		

Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NF	QL(0.036 ml daily)
HALDOL SOLN (Use Haloperidol Lactate)	NF	
haloperidol decanoate soln	1	QL(0.036 ml daily)
haloperidol lactate conc	1	
haloperidol lactate soln	1	
haloperidol tabs	1	
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 200 MG	1	
clozapine tabs	1	
clozapine tbdp	1	
CLOZARIL TABS (Use Clozapine)	NF	
FAZACLO TBDP 150 MG, 200 MG	1	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	NF	
loxapine succinate caps	1	
olanzapine solr im 10 mg	1	QL(0.215 ea daily)
olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg	1	QL(2 ea daily)
olanzapine tabs or 5 mg, 2.5 mg	1	QL(4 ea daily)
olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg	1	
quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg	1	QL(4 ea daily); AL(At least 10 yrs old)
quetiapine fumarate tabs 300 mg, 400 mg	1	QL(2 ea daily); AL(At least 10 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg</i>	1	PA; QL(1 ea daily); AL(At least 10 yrs old)
SAPHRIS SUBL 2.5 MG	2	
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG (Use Quetiapine Fumarate)	2	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 400 MG (Use Quetiapine Fumarate)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use Quetiapine Fumarate)	2	PA; QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use Olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	3	
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL CONC OR 5 MG/ML	1	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	1	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	1	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 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 (Use Aripiprazole)	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 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
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	3	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	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 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)
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)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (<i>Use Lamivudine</i>)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use Lamivudine</i>)	3	QL(1 ea daily)
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 25 MG, 100 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)
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	2	QL(12.5 ml daily)
KALETRA TABS 100MG-25MG, 200MG-50MG	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 (<i>Use Fosamprenavir Calcium</i>)	2	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR CAPS 100 MG	2	QL(12 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 <i>Ritonavir</i>)	2	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use <i>Zidovudine</i>)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use <i>Zidovudine</i>)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use <i>Atazanavir Sulfate</i>)	2	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use <i>Atazanavir Sulfate</i>)	2	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	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use <i>Efavirenz</i>)	2	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use <i>Efavirenz</i>)	2	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use <i>Efavirenz</i>)	2	QL(1 ea daily)
SYMFI LO TABS	2	QL(1 ea daily)
SYMFI TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (Use <i>Abacavir Sulfate-Lamivudine-Zidovudine</i>)	2	QL(2 ea daily)
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	2	PA; QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use <i>Didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use <i>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 (Use <i>Nevirapine</i>)	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use <i>Nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use <i>Nevirapine</i>)	2	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	2	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 (Use Tenofovir Disoproxil Fumarate)	2	
VITEKTA TABS	3	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	2	
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)
zidovudine caps 100 mg	1	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1	QL(60 ml daily)
zidovudine tabs 300 mg	1	QL(2 ea daily)
CMV Agents		
cidofovir soln	3	
CYTOVENE SOLR (Use Ganciclovir Sodium)	NF	
ganciclovir sodium solr	1	
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NF	PA; QL(4 ea daily)
valganciclovir hcl tabs 450 mg	1	PA; QL(4 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	4	PA; QL(1 ea daily); SP
COPEGUS TABS (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
entecavir tabs	4	PA; QL(1 ea daily); SP
EPCLUSA TABS	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	NF	QL(3 ea daily); SP
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use Adefovir Dipivoxil)	4	PA; QL(1 ea daily); SP
lamivudine (hbv) tabs	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 TABS	4	PA
MODERIBA 800 DOSE PACK TABS	4	PA
PEG-INTRON REDIPEN KIT	4	PA; QL(0.143 ea daily); SP
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 Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	4	PA
RIBASPHERE TABS 400 MG, 600 MG	4	PA
ribavirin (hepatitis c) caps	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs	1	PA; QL(7 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS	4	PA; QL(1 ea daily); SP
TYZEKA TABS	4	PA; QL(1 ea daily); SP
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)
FAMVIR TABS 125 MG, 250 MG (Use Famciclovir)	NF	QL(3 ea daily)
FAMVIR TABS 500 MG (Use Famciclovir)	NF	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use Acyclovir)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg</i>	1	QL(0.667 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps or 45 mg</i>	1	QL(0.34 ea daily)
<i>oseltamivir phosphate caps or 75 mg</i>	1	Limit 1 every 3 months;QL(10 ea per 90 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 every 3 months;QL(120 ml per 90 days retail)
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG (Use Oseltamivir Phosphate)	NF	QL(0.667 ea daily)
TAMIFLU CAPS 45 MG (Use Oseltamivir Phosphate)	NF	QL(0.34 ea daily)
TAMIFLU CAPS 75 MG (Use Oseltamivir Phosphate)	NF	Limit 1 every 3 months;QL(10 ea per 90 days retail)
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	NF	Limit 1 every 3 months;QL(120 ml per 90 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use Carvedilol)	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tabs</i>	1	
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
BYSTOLIC TABS 5 MG, 10 MG, 2.5 MG	2	PA; QL(1 ea daily)
LOPRESSOR TABS (<i>Use Metoprolol Tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	
SECTRAL CAPS (<i>Use Acebutolol HCl</i>)	NF	
TENORMIN TABS (<i>Use Atenolol</i>)	NF	
TOPROL XL TB24 (<i>Use Metoprolol Succinate</i>)	NF	
ZEBETA TABS (<i>Use Bisoprolol Fumarate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use Sotalol HCl (AFIB/AFL)</i>)	NF	
BETAPACE TABS (<i>Use Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (<i>Use Nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (<i>Use Propranolol HCl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tabs</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
TIMOLOL MALEATE TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (<i>Use Nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (<i>Use Verapamil HCl</i>)	NF	
CALAN TABS (<i>Use Verapamil HCl</i>)	NF	
CARDIZEM CD CP24 (<i>Use Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 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 60 mg, 90 mg, 120 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	

Drug Name	Drug Tier	Requirements/ Limits
DILTIAZEM HCL SOLR IV 100 MG	1	
<i>diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 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	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	1	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (Use Amlodipine Besylate)	NF	
PROCARDIA CAPS (Use Nifedipine)	NF	
PROCARDIA XL TB24 (Use Nifedipine)	NF	
SULAR TB24 (Use Nisoldipine)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use Diltiazem HCl Extended Release Beads)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
VERAPAMIL HCL SR CP24	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	

Drug Name	Drug Tier	Requirements/ Limits
VERELAN CP24 360 MG	1	
VERELAN PM CP24 (Use Verapamil HCl)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln ij 0.25 mg/ml</i>	1	
DIGOXIN SOLN OR 0.05 MG/ML	1	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use Digoxin)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (Use Tadalafil)	3	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 (Use Sildenafil Citrate)	3	PA; QL(0.1334 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
Prostaglandin Vasodilators		
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (Use Tadalafil (Pulmonary Hypertension))	4	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	4	PA; QL(37.5 ml daily); SP
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	4	PA; QL(3 ea daily); SP
sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	4	PA; QL(37.5 ml daily); SP
sildenafil citrate (pulmonary hypertension) tabs or 20 mg	4	PA; QL(3 ea daily); SP
tadalafil (pulmonary hypertension) tabs	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 2 MG, 1.5 MG, 2.5 MG	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		

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 1 gm, 10 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	1	
<i>cephalexin caps 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	1	
KEFLEX CAPS (Use Cephalexin)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACTOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
CEFOTAN SOLR (Use Cefotetan Disodium)	NF	
<i>cefotetan disodium solr</i>	1	
CEFOTETAN SOLR	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	
CEFTIN SUSR 125 MG/5ML	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 7.5 gm, 750 mg</i>	1	
ZINACEF SOLR IJ 1.5 GM, 7.5 GM, 750 MG (Use Cefuroxime Sodium)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG	3	
CEFDITOREN PIVOXIL TABS 400 MG	2	
<i>cefixime susr</i>	1	ST
<i>cefotaxime sodium solr 1 gm</i>	1	
CEFOTAXIME SODIUM SOLR 2 GM, 10 GM	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr</i>	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	3	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
CLAFORAN SOLR IJ 2 GM, 10 GM (Use <i>Cefotaxime Sodium</i>)	NF	
FORTAZ SOLR IJ 1 GM, 2 GM, 6 GM (Use <i>Ceftazidime</i>)	NF	
SPECTRACEF TABS	2	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
BREVICON-28 TABS (Use <i>Norethindrone & Eth Estradiol</i>)	0	
CYCLESSA TABS (Use <i>Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	0	
DESOGEN TABS (Use <i>Desogestrel & Ethinyl Estradiol</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	
<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	
FEMCON FE CHEW (Use <i>Norethindrone & Ethinyl Estradiol-Fe</i>)	0	
GENERESS FE CHEW (Use <i>Norethindrone & Ethinyl Estradiol-Fe</i>)	0	
<i>levonorgestrel & eth estradiol tabs</i>	0	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	0	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	0	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	0	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	0	
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	0	
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	0	
NATAZIA TABS	0	
NECON 1/50-28 TABS	0	
NECON 10/11-28 TABS	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	
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<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	
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	0	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	0	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	0	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	0	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	0	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	0	
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	0	

Drug Name	Drug Tier	Requirements/Limits
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	0	
Combination Contraceptives - Transdermal		
XULANE PTWK	0	
Combination Contraceptives - Vaginal		
NUVARING RING	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)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (<i>Use Norethindrone (Contraceptive)</i>)	0	
<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
CORTEF TABS (<i>Use Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 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 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
ENTOCORT EC CPEP (<i>Use Budesonide</i>)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (<i>Use Triamcinolone Acetonide</i>)	3	
MEDROL DOSEPAK TBPk (<i>Use Methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (<i>Use Methylprednisolone</i>)	NF	
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs or 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
MILLIPRED DP TBPk	3	
MILLIPRED SOLN 10 MG/5ML (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBPk (<i>Use Prednisolone Sodium Phosphate</i>)	3	
PEDIAPRED SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PREDNISONE SOLN 5 MG/5ML	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONE TABS 50 MG	1	
PREDNISONE TBPk 5 MG, 10 MG	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (<i>Use Methylprednisolone Sod Succ</i>)	NF	
SOLU-MEDROL SOLR 500 MG	1	
TRIAMCINOLONE ACETONIDE SUSP	3	
<i>triamcinolone acetamide susp</i>	1	
VERIPRED 20 SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	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 (<i>Use Benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use Fexofenadine-Pseudoephedrine</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	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)
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i>	1	QL(1 ea daily)
FLOWTUSS SOLN	2	
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
OBREDON SOLN	2	
VITUZ SOLN	3	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	

Drug Name	Drug Tier	Requirements/Limits
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
ADAPALENE LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	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 LOTN 6 %	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide gel 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide gel 5 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide liqd 4 %, 7 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide lotn 6 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
BP CLEANSING WASH EMUL	2	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)
<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</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
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)
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>)	3	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)
RETIN-A GEL (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</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)
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	AL(At least 12 yrs old)
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	AL(At least 12 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily)
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	QL(3.34 gm daily)
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfata (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfata (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	1	
<i>ciclopirox soln 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	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN	3	PA
<i>ketoconazole (topical) crea</i>	1	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA 0.77 % (Use Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP 0.77 % (Use Ciclopirox Olamine)	NF	

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Drug Name	Drug Tier	Requirements/Limits
LOTRIMIN AF CREA (<i>Use Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF FOR HER 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	1	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use Butenafine HCl</i>)	1	RX/OTC
LOTRISONE CREA (<i>Use Clotrimazole w/ Betamethasone</i>)	NF	
LULICONAZOLE CREA	3	PA
LUZU CREA	3	PA
MENTAX CREA	1	RX/OTC
<i>naftifine hcl crea</i>	1	
NAFTIN CREA 2 % (<i>Use Naftifine HCl</i>)	NF	
NAFTIN GEL 1 %	3	
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	
OXISTAT CREA (<i>Use Oxiconazole Nitrate</i>)	NF	
OXISTAT LOTN	2	
PENLAC NAIL LACQUER SOLN (<i>Use Ciclopirox</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		

Drug Name	Drug Tier	Requirements/Limits
<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</i>	1	
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (<i>Use Diclofenac Sodium (Actinic Keratoses)</i>)	NF	PA; QL(3.34 gm daily)
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA
PRUDOXIN CREA	3	PA
ZONALON CREA	3	PA
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	QL(4 gm daily)
<i>calcipotriene oint</i>	1	QL(4 gm daily)
<i>calcipotriene soln</i>	1	QL(4 ml daily)
CALCITRIOL OINT EX 3 MCG/GM	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (<i>Use Calcipotriene</i>)	NF	QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SORIATANE CAPS 10 MG, 17.5 MG (<i>Use Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	NF	QL(2 ea daily)
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use Tazarotene</i>)	2	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (<i>Use Acyclovir Topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>Use Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (<i>Use Mafenide Acetate</i>)	3	
Corticosteroids - Topical		
ACLOVATE CREA (<i>Use Alclometasone Dipropionate</i>)	NF	
<i>alclometasone dipropionate crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	1	
AMCINONIDE LOTN	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	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>clobetasol propionate crea</i>	1	QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	QL(3 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	QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	QL(3.34 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use Fluticasone Propionate)	NF	
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMACINRX SILAPAK KIT (Use Triamcinolone Acetonide-Dimethicone-Silicone)	NF	PA
DERMATOP CREA (Use Prednicarbate)	NF	
DERMATOP OINT (Use Prednicarbate)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (Use Desonide)	NF	QL(4 gm daily)
DESOWEN LOTN (Use Desonide)	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	
DIFLORASONE DIACETATE CREA	2	
<i>diflorasone diacetate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE LOTN (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
<i>fluocinolone acetonide crea 0.025 %, 0.01 %</i>	1	
<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	
<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	
<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>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	PA

Drug Name	Drug Tier	Requirements/ Limits
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1%, 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	
<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 Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	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 Hydrocortisone Topical)	NF	RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
PSORCON CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	QL(3 gm daily)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	QL(3 gm daily)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	QL(1 gm daily)
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use Desoximetasone)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</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 Desonide)	NF	QL(4 gm daily)
ULTRAVATE CREA (Use Halobetasol Propionate)	NF	
ULTRAVATE OINT (Use Halobetasol Propionate)	NF	
WESTCORT OINT (Use Hydrocortisone Valerate)	NF	
Eczema Agents		

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 300 MG/2ML	4	PA
Emollients		
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	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	
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (Use Finasteride (Alopecia))	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use Tacrolimus (Topical))	NF	AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (Use Podofilox)	NF	
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	
LIDODERM PTCH (Use Lidocaine)	NF	PA
SYNERA PTCH	3	
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (Use Azelaic Acid)	2	PA
METROCREAM CREA (Use Metronidazole (Topical))	NF	
METROGEL GEL (Use Metronidazole (Topical))	NF	
METROLOTION LOTN (Use Metronidazole (Topical))	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)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (Use Permethrin)	NF	
EURAX CREA	3	
EURAX LOTN (Use Crotamiton)	3	
<i>lindane sham</i>	1	
LINDANE SHAM	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>malathion lotn</i>	1	
NATROBA SUSP	1	PA
NIX CREME RINSE LIQD (Use Permethrin)	NF	
OVIDE LOTN (Use Malathion)	NF	
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN	3	PA
SPINOSAD SUSP	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	1	
CHEK-STIX CONTROL STRP	1	
CHEMSTRIP-K STRP	1	
KETOCARE 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	

Drug Name	Drug Tier	Requirements/ Limits
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
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST 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
TRUETRACK TEST STRP	1	QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

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Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CPEP 14200UNIT-4200UNIT- 24600UNIT, 35500UNIT- 10500UNIT-61500UNIT, 54700UNIT-21000UNIT- 83900UNIT, 56800UNIT- 16800UNIT-98400UNIT	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)
DIAMOX CP12 (<i>Use Acetazolamide</i>)	NF	QL(2 ea daily)
KEVEYIS TABS	4	PA
<i>methazolamide tabs</i>	1	QL(6 ea daily)
NEPTAZANE TABS (<i>Use Methazolamide</i>)	NF	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (<i>Use Spironolactone & Hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	1	
Loop Diuretics		
<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 (<i>Use Bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (<i>Use Torsemide</i>)	NF	
EDECIN TABS (<i>Use Ethacrynic Acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	1	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide tabs 500 mg</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)
METHYCLOTHIAZIDE TABS	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
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, 30 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)
ALENDRONATE SODIUM TABS 40 MG	1	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 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>)	4	PA; SP
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	

Drug Name	Drug Tier	Requirements/Limits
FORTEO SOLN	4	PA; QL(0.08 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)
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	NF	
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOLN	4	PA; SP
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	4	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 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 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	4	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
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
GANIRELIX ACETATE SOLN	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
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 FLEXPOR SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	4	PA; SP
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA; SP
SAIZEN CLICK.EASY SOLR	4	PA; SP
SAIZEN SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
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)
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		
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>)	3	
BUPHENYL TABS (<i>Use Sodium Phenylbutyrate</i>)	3	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln iv 1 mcg/ml</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	PA; SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (Use <i>Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 4 MCG/2ML (Use <i>Doxercalciferol</i>)	NF	
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG	4	PA; SP
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use <i>Calcitriol</i>)	NF	
ROCALTROL SOLN (Use <i>Calcitriol</i>)	NF	
SENSIPAR TABS	4	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	3	
<i>sodium phenylbutyrate tabs 500 mg</i>	1	
ZEMPLAR CAPS (Use <i>Paricalcitol</i>)	NF	
ZEMPLAR SOLN (Use <i>Paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use <i>Desmopressin Acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>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 (Use <i>Octreotide Acetate</i>)	4	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN	4	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (Use <i>Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
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	3	
ELESTRIN GEL	3	
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	NF	
<i>estradiol pttw</i>	1	
<i>estradiol ptwk</i>	1	
<i>estradiol tabs</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS	1	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use Estradiol</i>)	3	
PREMARIN SOLR	2	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use Estradiol</i>)	3	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (<i>Use Moxifloxacin HCl</i>)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	3	
AVELOX SOLN IV 400MG/250ML-0.8% (<i>Use Moxifloxacin HCl in Sodium Chloride</i>)	3	
AVELOX TABS OR 400 MG (<i>Use Moxifloxacin HCl</i>)	NF	
CIPRO SUSR 500 MG/5ML (<i>Use Ciprofloxacin</i>)	NF	
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	NF	
CIPRO XR TB24 (<i>Use Ciprofloxacin-Ciprofloxacin HCl</i>)	NF	
CIPROFLOXACIN HCL TABS 100 MG	1	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
FACTIVE TABS	3	
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs or 400 mg</i>	1	
OFLOXACIN TABS 300 MG	1	
<i>ofloxacin tabs 400 mg</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 5 mg/5ml, 10 mg/10ml</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	2	PA
ASACOL HD TBEC	2	QL(6 ea daily)
ASACOL HD TBEC (<i>Use Mesalamine</i>)	2	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	2	
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	
INFLECTRA SOLR	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</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 rti lmt day(s),30 mail lmt day(s),
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	1	
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	

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Drug Name	Drug Tier	Requirements/ Limits
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	2	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	2	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENAGEL TABS	3	
RENVELA PACK (Use Sevelamer Carbonate)	NF	
RENVELA TABS (Use Sevelamer Carbonate)	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	
SHOHL'S SOLUTION MODIFIED SOLN (Use Sodium Citrate & Citric Acid)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	1	
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	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	
FLOMAX CAPS (Use Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	
RAPAFLO CAPS	2	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS	2	QL(6 ea per fill retail,6 ea per fill mail)
ULORIC TABS	3	PA; QL(1 ea daily)
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	4	PA; QL(9 ml daily)
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
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	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	2	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		
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>)	4	PA; QL(3 ea daily); SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	
SIKLOS TABS 100 MG	3	AL(Up to 19 yrs old)
Cobalamins		
<i>cyanocobalamin soln ij</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 25 MCG/ML	4	SP

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Drug Name	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	4	PA; SP
EPOGEN SOLN	3	PA; SP
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NPLATE SOLR	4	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA TABS	4	PA; SP
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 65 mg, 325 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
CYKLOKAPRON SOLN (<i>Use Tranexamic Acid</i>)	1	
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 15 mg, 30 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<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)
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<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 5 mg, 10 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA
ROZEREM TABS	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	0	
MOVIPREP SOLR	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
PREPOPIK PACK	3	
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (<i>Use Bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use Docusate Sodium</i>)	NF	
<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	
XYLOCAINE SOLN IJ 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		
AZITHROMYCIN PACK OR 1 GM	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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	1	
ZITHROMAX SOLR IV 500 MG (Use Azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
BIAXIN SUSR (Use Clarithromycin)	NF	
BIAXIN TABS (Use Clarithromycin)	NF	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CLARITHROMYCIN SUSR 250 MG/5ML	1	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	
Erythromycins		
E.E.S. 400 TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR	3	
<i>erythromycin base cpep</i>	3	
<i>erythromycin base tabs</i>	3	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
ATLAS COLORED LUBRICATEDCONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	QL(2 ea daily)
CAYA DPRH	0	
CLASS ACT LUBRICATED MISC	0	QL(2 ea daily)
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
ELEXA NATURAL FEEL MISC	0	QL(2 ea daily)
ELEXA STIMULATING MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ELEXA ULTRA SENSITIVE MISC	0	QL(2 ea daily)
EXTRA SENSITIVE SPERMICIDAL DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	QL(2 ea daily)
INTENSE SENSATION 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/LUBRICATE D MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATE D 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)

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)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN MAGNUM MISC	0	QL(2 ea daily)
TROJAN MAGNUM WARM SENSATIONS DEVI	0	QL(2 ea daily)
TROJAN MAGNUM XL LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN RIBBED W/SPERMICIDAL MISC	0	QL(2 ea daily)
TROJAN SHARED SENSATION/LUBRICATE D DEVI	0	QL(2 ea daily)
TROJAN SUPRAS SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN TWISTED PLEASURE DEVI	0	QL(2 ea daily)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN VERY SENSITIVE LUBRICATED MISC	0	QL(2 ea daily)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN VERY THIN LUBRICATED MISC	0	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICATED MISC	0	QL(2 ea daily)
TROJAN-ENZ W/SPERMICIDAL MISC	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/SPERMICID E EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E 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)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTIMATE FEELING DEVI	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 SOFT TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
ACTIVE 1ST BLOOD LANCETS 30G/EASY TWIST CAP 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)
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)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCETS MISC	1	QL(6.6667 ea daily)
AT LAST 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	
BAYER MICROLET 2 LANCING DEVICE MISC	1	
BAYER MICROLET LANCETS MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD LANCET DEVICE MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
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)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
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)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
CLOSERCARE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
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 Name	Drug Tier	Requirements/ Limits
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)
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 26G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
EASYTEST II LANCETS MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EASYTEST LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
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 23G 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 LANCING DEVICE MISC	1	
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	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
GLUCOSOURCE LANCET DEVICE MISC	1	
GLUCOSOURCE LANCETS 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)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 ADVANCED LANCING 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	
HEALTHWISE LANCETS 30G MISC	1	QL(6.6667 ea daily)
HEALTHWISE LANCING PEN 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 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)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	

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Drug Name	Drug Tier	Requirements/ Limits
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR 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)
NETGROUP LANCETS 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	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH COMBO PACK MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 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)
PRECISION THIN LANCETS MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PRECISION ULTRA 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCING DEVICE 25G MISC	1	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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 28G/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 TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

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Drug Name	Drug Tier	Requirements/ Limits
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
THINLETS LANCET 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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	1	
ULTICARE THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
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)
ULTRA-THIN II SAFETY AUTOLANCETS 26G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SUPERTHIN 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	

Drug Name	Drug Tier	Requirements/ Limits
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)
W&F LANCETS 26G MISC	1	QL(6.6667 ea daily)
W&F LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
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)
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); RX/OTC
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 PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM 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); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily); RX/OTC
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)

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

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Drug Name	Drug Tier	Requirements/Limits
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)
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)

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

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Drug Name	Drug Tier	Requirements/ Limits
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)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	1	QL(5 ea daily)
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/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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM 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)
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
CAREONE UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily); RX/OTC
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 29GX12MM 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); RX/OTC
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 SAFTEY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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 INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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 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
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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/28G 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/28G 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); 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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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)
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES 31GX1/4" 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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
LITE TOUCH PEN NEEDLES/31G X 3/16" 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
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-100/0.5ML/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-100/1ML/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/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM 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
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM 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); RX/OTC
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

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Drug Name	Drug Tier	Requirements/Limits
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)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 30GX8MM MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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 30GX5/16" MISC	1	QL(5 ea daily)
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	1	QL(5 ea daily); RX/OTC
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
PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
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
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM 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/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVER/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

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily)
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 6 MM MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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 NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES31GX6MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE 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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
ULTILET PEN NEEDLE 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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-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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE 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); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</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	ST; QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use Dihydroergotamine Mesylate</i>)	1	ST; QL(0.267 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	3	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	3	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)

Drug Name	Drug Tier	Requirements/Limits
AXERT TABS 12.5 MG (<i>Use Almotriptan Malate</i>)	3	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
AXERT TABS 6.25 MG (<i>Use Almotriptan Malate</i>)	3	ST; QL(0.3 ea daily); AL(At least 12 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 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	1	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 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS 10 MG (<i>Use Rizatriptan Benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT TABS 5 MG (<i>Use Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 10 MG (Use Rizatriptan Benzoate)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (Use Rizatriptan Benzoate)	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 (Use Eletriptan Hydrobromide)	3	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)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<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 5 MG, 2.5 MG	2	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

MINERALS & ELECTROLYTES

Bicarbonates

<i>sodium acetate soln 4 meq/ml</i>	1	
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Calcium

<i>calcium chloride (dihydrate) soln</i>	1	
<i>calcium gluconate soln 10 %</i>	1	

Electrolyte Mixtures

DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-B/DEXTROSE 5% SOLN	1	
IONOSOL-MB/DEXTROSE 5% SOLN	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</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	
PLASMA-LYTE-56/D5W 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 SOLN 40MEQ/L-5%	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5%	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
<i>magnesium sulfate soln iv 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 20 gm/500ml, 40 gm/1000ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 4 GM/50ML, 4 GM/100ML, 20 GM/500ML, 40 GM/1000ML (<i>Use Magnesium Sulfate</i>)	1	
Phosphate		
<i>potassium phosphates soln</i>	1	
POTASSIUM PHOSPHATES SOLN	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>)	NF	
K-TAB TBCR 8 MEQ	1	
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (<i>Use Potassium Chloride</i>)	NF	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbf</i>	1	
<i>potassium bicarbonate tbf</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	1	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
<i>potassium chloride soln iv 0.4 meq/ml, 2 meq/ml, 20 meq/50ml, 10 meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 8 meq, 10 meq</i>	1	
Sodium		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	PA
DEPEN TITRATABS TABS	3	QL(8 ea daily)
SYPRINE CAPS (<i>Use Trientine HCl</i>)	4	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 20 MG	4	
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG, 2.5 MG	4	PA; QL(1 ea daily); SP
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 INTRAVENOUS SOLR (<i>Use Mycophenolate Mofetil HCl</i>)	3	
CELLCEPT TABS 500 MG (<i>Use Mycophenolate Mofetil</i>)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) soln</i>	1	
CYCLOSPORINE MODIFIED CAPS	1	
CYCLOSPORINE MODIFIED CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	1	
<i>cyclosporine soln</i>	1	
IMURAN TABS (<i>Use Azathioprine</i>)	NF	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<i>mycophenolate mofetil hcl solr</i>	3	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (<i>Use Mycophenolate Sodium</i>)	2	
NEORAL CAPS (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	
NEORAL SOLN (<i>Use Cyclosporine Modified (For Microemulsion)</i>)	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 5 MG (<i>Use Tacrolimus</i>)	NF	
PROGRAF CAPS OR 1 MG (<i>Use Tacrolimus</i>)	2	
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use Cyclosporine</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
SIMULECT SOLR	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	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	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLN	1	
DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
Potassium Removing Agents		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	NF	
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE HCL SOLN MT 4 %	1	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<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 (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	0	RX/OTC
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	NF	
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	
CHLORZOXAZONE TABS 500 MG	1	QL(6 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tabs</i>	1	QL(3 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NF	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)
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NF	QL(6 ea daily)
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
SKELAXIN TABS (Use Metaxalone)	NF	QL(4 ea daily)
SOMA TABS (Use Carisoprodol)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	NF	
ZANAFLEX TABS (Use Tizanidine HCl)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	NF	
Nasal Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<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	RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLUNISOLIDE SOLN	1	
<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)
NASACORT ALLERGY 24HR AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	PA; QL(1.14 gm daily)
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	NF	RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		

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Drug Name	Drug Tier	Requirements/Limits
RILUTEK TABS (<i>Use Riluzole</i>)	3	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORT SOLR	3	PA
XEOMIN SOLR 50 UNIT	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
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		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	NF	
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	NF	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	NF	
IOPIDINE SOLN 1 %	3	

Drug Name	Drug Tier	Requirements/ Limits
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
<i>levofloxacin (ophth) soln</i>	1	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TOBREX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	2	
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	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Steroids		
ALREX SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	1	
DUREZOL EMUL	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	

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Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
MAXITROL SUSP (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED MILD SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ALOCRIAL SOLN	3	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
AZOPT SUSP	2	
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
DORZOLAMIDE HCL SOLN	2	
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln</i>	1	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	1	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
RESCULA SOLN	3	PA
TRAVATAN Z SOLN	2	
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	1	
CIPROFLOXACIN SOLN OT 0.2 %	1	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	PA
COLY-MYCIN S SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN	3	PA; QL(0.5 ea daily)
Otic Steroids		

Drug Name	Drug Tier	Requirements/ Limits
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, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
HIZENTRA SOLN	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	1	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin sodium solr iv 10 gm</i>	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR 5000000 UNIT (<i>Use Penicillin G Potassium</i>)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXCILLIN/CLAVULANATE POTASSIUM CHEW	1	
<i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm, 1gm-2gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	1	
AUGMENTIN ES-600 SUSR (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN XR TB12 (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
PIPERACILLIN/TAZOBAC TAM SOLR	1	
UNASYN SOLR (<i>Use Ampicillin & Sulbactam Sodium</i>)	NF	
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (<i>Use Piperacillin Sodium-Tazobactam Sodium</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr 1 gm, 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use Norethindrone Acetate</i>)	0	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (<i>Use Megestrol Acetate (Appetite)</i>)	3	PA
<i>megestrol acetate (appetite) susp</i>	3	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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-Cataplectic 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)
EXELON CAPS OR 1.5 MG (<i>Use Rivastigmine Tartrate</i>)	NF	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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		
PERPHENAZINE/AMITRIP TYLINE TABS	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		
<i>tetrabenazine tabs</i>	4	PA; SP
XENAZINE TABS (<i>Use Tetrabenazine</i>)	4	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	4	PA; QL(2 ea daily); SP
AUBAGIO TABS	3	PA
AVONEX KIT 30 MCG/VIAL	4	PA; QL(0.0714 ea daily); SP
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT 30 MCG/0.5ML	4	PA; QL(0.0714 ml daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use Glatiramer Acetate</i>)	4	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use Glatiramer Acetate</i>)	4	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; QL(1 ea daily); SP
<i>glatiramer acetate sosal 20 mg/ml</i>	4	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosal 40 mg/ml</i>	4	PA; QL(0.429 ml daily); SP
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
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR 120 MG	4	PA; QL(4 ea daily)
TECFIDERA CPDR 240 MG	4	PA; QL(2 ea daily)
TECFIDERA STARTER PACK MISC	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
ZINBRYTA SOSY	4	QL(0.0357 ml daily)
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		
FLUOXETINE CAPS 10 MG	1	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (<i>Use Pimozide</i>)	NF	
<i>pimozide tabs</i>	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<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)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
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
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ADOXA TABS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
ADOXA TABS 50 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 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 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG, 75 MG, 100 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 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
MONODOX CAPS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
MONODOX CAPS 75 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS 250 MG, 500 MG (<i>Use Tetracycline HCl</i>)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use Methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use Thyroid</i>)	NF	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	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	1	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID TABS 81.25 MG, 113.75 MG	2	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (<i>Use Liothyronine Sodium</i>)	NF	
WP THYROID TABS 81.25 MG, 113.75 MG	2	

Drug Name	Drug Tier	Requirements/Limits
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE SOLN IJ 0.4 MG/ML	1	
<i>atropine sulfate soln ij 1 mg/ml</i>	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML	1	
BENTYL CAPS OR 10 MG (<i>Use Dicyclomine HCl</i>)	NF	
BENTYL TABS OR 20 MG (<i>Use Dicyclomine HCl</i>)	NF	
<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	
ROBINUL FORTE TABS (<i>Use Glycopyrrolate</i>)	NF	
ROBINUL SOLN IJ 4 MG/20ML (<i>Use Glycopyrrolate</i>)	NF	
ROBINUL TABS OR 1 MG (<i>Use Glycopyrrolate</i>)	NF	
H-2 Antagonists		

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
FAMOTIDINE PREMIXED SOLN	1	
<i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</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	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	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, 75 mg/5ml, 150 mg/10ml</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 IJ 25 MG/ML (Use <i>Ranitidine HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZANTAC TABS OR 150 MG (Use <i>Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC TABS OR 300 MG (Use <i>Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use <i>Sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>Rabeprazole Sodium</i>)	NF	QL(1 ea daily)
CVS OMEPRAZOLE TBEC	1	QL(2 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
EQ OMEPRAZOLE TBEC	1	QL(2 ea daily)
EQL OMEPRAZOLE TBEC	1	QL(2 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)
GNP OMEPRAZOLE TBEC	1	QL(2 ea daily)
HM OMEPRAZOLE TBEC	1	QL(2 ea daily)
KLS OMEPRAZOLE TBEC	1	QL(2 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
OMEPRAZOLE TBEC 20 MG	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>)	1	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i>)	1	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	NF	
PRILOSEC CPDR 10 MG, 40 MG (Use <i>Omeprazole</i>)	NF	QL(2 ea daily)
PRILOSEC CPDR 20 MG (Use <i>Omeprazole</i>)	NF	QL(2 ea daily); RX/OTC
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>Pantoprazole Sodium</i>)	NF	
PX OMEPRAZOLE TBEC	1	QL(2 ea daily)
RA OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SB OMEPRAZOLE TBEC	1	QL(2 ea daily)
SM OMEPRAZOLE TBEC	1	QL(2 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
TGT OMEPRAZOLE TBEC	1	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>Misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 20MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Use <i>Nitrofurantoin</i>)	NF	
HIPREX TABS (Use <i>Methenamine Hippurate</i>)	NF	
MACROBID CAPS (Use <i>Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use <i>Nitrofurantoin Macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</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 <i>Tolterodine Tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (Use <i>Tolterodine Tartrate</i>)	NF	
DITROPAN XL TB24 (Use <i>Oxybutynin Chloride</i>)	NF	
ENABLEX TB24 (Use <i>Darifenacin Hydrobromide</i>)	3	PA; QL(1 ea daily)
<i>oxybutynin chloride syr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<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	2	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg, 10 mg, 50 mg</i>	1	QL(4 ea daily)
URECHOLINE TABS 25 MG (Use Bethanechol Chloride)	NF	
URECHOLINE TABS 5 MG, 10 MG, 50 MG (Use Bethanechol Chloride)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENOMUNE-A/C/Y/W-135 INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	

Drug Name	Drug Tier	Requirements/ Limits
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2017-2018 SUSY	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 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 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;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,

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Drug Name	Drug Tier	Requirements/ Limits
FLUAD 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;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,
FLUBLOK 2015-2016 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK 2016-2017 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK 2017-2018 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2017- 2018 SOSY	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,
FLUCELVAX 2015-2016 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUCELVAX QUADRIVALENT 2016- 2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2017- 2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2017- 2018 SUSY	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,
FLULAVAL QUADRIVALENT 2016- 2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2016- 2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2017- 2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2017- 2018 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;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,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUVIRIN 2015-2016 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2015-2016 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSY	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;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,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTTRIMIN CREA (Use Clotrimazole Vaginal)	NF	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>)	NF	
TERCONAZOLE CREA	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use <i>Estradiol Vaginal</i>)	3	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use <i>Estradiol Vaginal</i>)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALICK SOAJ 0.3 MG/0.3ML	2	
<i>epinephrine (anaphylaxis) soaj</i>	2	
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>Ergocalciferol</i>)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol caps or 50000 unit</i>	0	
<i>ergocalciferol soln or 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL (At least 65 yrs old)
Water Soluble Vitamins		
<i>niacin cpcr or 250 mg, 500 mg</i>	1	
<i>niacin tabs or 50 mg, 100 mg, 250 mg, 500 mg</i>	1	
<i>niacin tbcrcr or 250 mg, 500 mg, 750 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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28G	74	ACTI-LANCE LITE SAFETY		NEEDLES 31GX5MM.....	87
1ST TIER UNILET COMFORTOUCH LANCETS		LANCETS 28G.....	75	ADVOCATE INSULIN PEN	
30G	74	ACTI-LANCE SPECIAL		NEEDLES 31GX8MM.....	87
abacavir sulfate.....	41	SAFETY LANCETS 17G... 75		ADVOCATE INSULIN	
abacavir sulfate-lamivudine ..	41	ACTI-LANCE SPECIAL		SYRINGE/U-	
abacavir sulfate-lamivudine-		SAFETY LANCETS 17G... 75		100/0.3ML/29GX1/2"	87
zidovudine	41	ACTI-LANCE SPECIAL		ADVOCATE INSULIN	
ABELCET.....	26	SAFETY LANCETS 17G... 75		SYRINGE/U-	
ABILIFY.....	41	ACTI-LANCE UNIVERSAL		100/0.3ML/30GX5/16"	87
abiraterone acetate.....	35	SAFETY LANCETS 23G... 75		ADVOCATE INSULIN	
ABRAXANE.....	38	ACTIGALL.....	67	SYRINGE/U-	
acamprosate calcium.....	129	ACTIMMUNE.....	37	100/0.3ML/31GX5/16"	87
acarbose.....	22	ACTIQ.....	6	ADVOCATE INSULIN	
ACCOLATE.....	13	ACTIVE 1ST BLOOD		SYRINGE/U-	
ACCU-CHEK FASTCLIX		LANCETS30G/EASY TWIST		100/0.5ML/29GX1/2"	87
LANCETS.....	74	CAP.....	75	ADVOCATE INSULIN	
ACCU-CHEK MULTICLIX		ACTONEL.....	63	SYRINGE/U-	
LANCETS.....	74	ACTOPLUS MET.....	22	100/0.5ML/30GX5/16"	87
ACCU-CHEK SAFE-T-PRO		ACTOS.....	23	ADVOCATE INSULIN	
LANCETS.....	74	ACULAR.....	126	SYRINGE/U-	
ACCU-CHEK SAFE-T-PRO		ACULAR LS.....	126	100/0.5ML/31GX5/16"	87
PLUSLANCETS.....	74	acyclovir.....	45	ADVOCATE INSULIN	
ACCU-CHEK SOFT TOUCH		acyclovir topical.....	57	SYRINGE/U-100/1ML/29GX1/2"	
LANCETS.....	74	ADACEL.....	132	87
ACCU-CHEK SOFTCLIX		ADAGEN.....	3	ADVOCATE INSULIN	
LANCETS.....	74	ADALAT CC.....	46	SYRINGE/U-100/1ML/30GX5/16"	
ACCUPRIL.....	29	adapalene.....	53	88
ACCURETIC.....	30	ADAPALENE.....	53	ADVOCATE INSULIN	
acebutolol hcl.....	45	adapalene-benzoyl		SYRINGE/U-100/1ML/31GX5/16"	
ACEON.....	29	peroxide.....	53	88
		ADCETRIS.....	34	ADVOCATE LANCETS.....	75
		ADCIRCA.....	48	ADVOCATE LANCETS 30G.....	75
		ADDERALL.....	1	ADVOCATE LANCING	
		ADDERALL XR.....	1	DEVICE.....	75
		adefovir dipivoxil.....	44	ADVOCATE RAPID-SAFE	
		ADEMPAS.....	48	LANCING DEVICE.....	75
		ADIPEX-P.....	1	ADVOCATE SAFETY	
				LANCETS.....	75
				ADVOCATE SAFETY LANCETS	
				26G.....	75
				AFINITOR.....	36
				AFLURIA 2016-2017.....	135

AFLURIA 2017-2018.....	135	alprazolam.....	12	ANAFRANIL.....	22
AFLURIA 2018-2019.....	135	ALREX.....	125	anagrelide hcl.....	69
AFLURIA PF 2016-2017.....	135	ALTABAX.....	55	ANAPROX DS.....	4
AFLURIA PF 2017-2018.....	135	ALTACE.....	29	anastrozole.....	35
AFLURIA PF 2018-2019.....	135	ALTERNATE SITE LANCING		ANCOBON.....	26
AFLURIA QUADRIVALENT		DEVICE.....	75	ANDRODERM.....	9
2016-2017.....	135	ALTOPREV.....	29	ANDROXY.....	9
AFLURIA QUADRIVALENT		ALVESCO.....	14	ANORO ELLIPTA.....	14
2017-2018.....	135	amantadine hcl.....	38	ANTABUSE.....	129
AFLURIA QUADRIVALENT		AMARYL.....	24	ANTI-STICK INSULIN	
2018-2019.....	135	AMBIEN.....	70	SYRINGE/U-100/0.5ML/28G X	
AGAMATRIX ULTRA-THIN		AMBISOME.....	26	1/2".....	88
LANCETS 33G.....	75	AMCINONIDE.....	57	ANTI-STICK INSULIN	
AGGRENOL.....	69	AMERGE.....	118	SYRINGE/U-100/0.5ML/29G X	
AGRYLIN.....	69	amikacin sulfate.....	3	1/2".....	88
AIMSCO LUBRICATED.....	72	amiloride &		ANTI-STICK INSULIN	
AKYNZEO.....	26	hydrochlorothiazide.....	62	SYRINGE/U-100/1ML/29G X	
albendazole.....	10	amiloride hcl.....	62	1/2".....	88
ALBENZA.....	10	aminophylline.....	15	ANUSOL-HC.....	10
albuterol sulfate.....	14	amiodarone hcl.....	13	ANZEMET.....	25
ALCAINE.....	125	AMITIZA.....	67	APIDRA.....	23
alclometasone dipropionate.....	57	amitriptyline hcl.....	22	APIDRA SOLOSTAR.....	23
ALDACTAZIDE.....	62	amlodipine besylate.....	46	apraclonidine hcl.....	124
ALDACTONE.....	62	amlodipine besylate-		aprepitant.....	26
ALDARA.....	60	atorvastatin calcium.....	47	APRISO.....	67
ALDURAZYME.....	64	amlodipine besylate-benazepril		APTIOM.....	16
alendronate sodium.....	63	hcl.....	30	APTIVUS.....	41,42
ALENDRONATE SODIUM.....	63	amlodipine besylate-olmesartan		AQUA LANCE ADJUSTABLE	
alendronate sodium.....	63	medoxomil.....	30	LANCING DEVICE.....	75
alfuzosin hcl.....	68	amlodipine besylate-		AQUALANCE LANCETS ULTRA	
ALIMTA.....	34	valsartan.....	30	THIN 30G.....	75
ALINIA.....	10	amlodipine-valsartan-		ARALAST NP.....	131
ALKERAN.....	33	hydrochlorothiazide.....	30	ARANESP ALBUMIN	
ALLEGRA ALLERGY.....	27	AMOXAPINE.....	22	FREE.....	69,70
ALLEGRA ALLERGY		amoxicillin.....	127	ARAVA.....	5
CHILDRENS.....	27	AMOXICILLIN.....	127	ARCALYST.....	4
ALLEGRA-D 12 HOUR		amoxicillin.....	127	ARCAPTA NEOHALER.....	14
ALLERGY & CONGESTION.....	52	amoxicillin & pot		ARICEPT.....	129
ALLEGRA-D 24 HOUR		clavulanate.....	128	ARIMIDEX.....	35
ALLERGY & CONGESTION.....	53	AMOXICILLIN/CLAVULANATE		aripiprazole.....	41
allopurinol.....	69	POTASSIUM.....	128	ARIXTRA.....	15
almotriptan malate.....	118	amphetamine-		armodafinil.....	2
ALOCRIAL.....	126	dextroamphetamine.....	1	ARMOUR THYROID.....	132
alogliptin benzoate.....	23	AMPHOTERICIN B.....	26	AROMASIN.....	35
ALOMIDE.....	126	ampicillin.....	127	ARRANON.....	34
ALORA.....	66	AMPICILLIN.....	127,128	arsenic trioxide.....	37
alosetron hcl.....	67	ampicillin & sulbactam		ARTHROTEC 50.....	4
ALOXI.....	25	sodium.....	128	ARTHROTEC 75.....	4
ALPHAGAN P.....	124	ampicillin sodium.....	127,128	ARZERRA.....	34
		AMPYRA.....	129		
		ANADROL-50.....	9		

ASACOL HD.....	67	ATLAS LUBRICATED CONDOM.....	72	azacitidine.....	34
ASMANEX TWISTHALER 120 METERED DOSES.....	14	ATLAS LUBRICATED CONDOM/SPERMICIDE..	72	AZACTAM.....	11
ASMANEX TWISTHALER 14 METERED DOSES.....	14	atomoxetine hcl.....	2	AZASAN.....	121
ASMANEX TWISTHALER 30 METERED DOSES.....	14	atorvastatin calcium.....	29	AZASITE.....	125
ASMANEX TWISTHALER 60 METERED DOSES.....	14	atovaquone.....	10	AZATHIOPRINE.....	121
ASMANEX TWISTHALER 7 METERED DOSES.....	14	atovaquone-proguanil hcl..	32	azathioprine.....	121
aspirin.....	6	ATRIPLA.....	42	azelaic acid.....	60
aspirin-dipyridamole.....	69	ATROPINE SULFATE.....	132	azelastine hcl.....	123
ASSURE COMFORT LANCETS ULTRA THIN 28G.....	75	atropine sulfate.....	132	azelastine hcl (ophth).....	126
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....	75	ATROPINE SULFATE.....	132	AZELEX.....	53
ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....	75	ATROVENT HFA.....	13	AZILECT.....	39
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....	75	AUBAGIO.....	129	AZITHROMYCIN.....	71
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....	75	AUGMENTIN.....	128	azithromycin.....	71,72
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....	75	AUGMENTIN ES-600.....	128	AZOPT.....	126
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....	88	AUGMENTIN XR.....	128	AZOR.....	31
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....	88	AURORA LANCET SUPER THIN30G.....	75	aztreonam.....	11
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	88	AURORA LANCET THIN 23G.....	75	AZULFIDINE.....	67
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	88	AURORA PEN NEEDLES 29GX12MM.....	88	AZULFIDINE EN-TABS.....	67
ASSURE LANCE LANCETS 75 21G.....	75	AURORA PEN NEEDLES 31G X6MM.....	88	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	88
ASSURE LANCE PLUS SAFETYLANCETS 25G.....	75	AURORA PEN NEEDLES 31G X8MM.....	88	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	88
ASSURE LANCE PLUS SAFETYLANCETS 30G.....	75	AURORA UNIFINE PENTIPS/32GX5/32".....	88	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	88
ASSURE LANCETS.....	75	AURORA UNIFINE PENTIPS/MINI/31GX3/16".....	88	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	88
ASTEPRO.....	123	AUTO-LANCET.....	75	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	88
AT LAST LANCETS.....	75	AUTO-LANCET MINI.....	75	bacitracin.....	10
ATACAND.....	30	AUTOLET IMPRESSION LANCING DEVICE.....	75	BACITRACIN.....	125
ATACAND HCT.....	31	AUTOLET LANCING DEVICE.....	75	baclofen.....	122
atazanavir sulfate.....	42	AUTOLET MINI.....	75	BACTRIM.....	10
ATELVIA.....	63	AUTOLET PLUS.....	75	BACTRIM DS.....	10
atenolol.....	45	AVALIDE.....	31	BACTROBAN.....	55
atenolol & chlorthalidone.....	31	AVANDIA.....	23	BALCOLTRA.....	49
ATGAM.....	121	AVAPRO.....	30	balsalazide disodium.....	67
ATIVAN.....	12	AVASTIN.....	34	BANZEL.....	16
ATLAS COLORED LUBRICATEDCONDOM.....	72	AVELOX.....	66	BARACLUDE.....	44
		AVELOX ABC PACK.....	66	BASAGLAR KWIKPEN.....	23
		AVODART.....	68	BAYER MICROLET 2 LANCING DEVICE.....	75
		AVONEX.....	129	BAYER MICROLET LANCETS.....	75
		AVONEX PEN.....	129	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	88
		AXERT.....	118		
		AYGESTIN.....	128		

BD AUTOSHIELD 29G X 5/16".....	88	BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	89	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	90
BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	88	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	89	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.3ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	89	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	89	BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	89	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	89	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	90
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	89	BD LANCET DEVICE.....	76
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	89	BD LANCET ULTRAFINE 30G.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	89	BD LANCET ULTRAFINE 33G.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	89	BD MICROTAINER LANCETS.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/29G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	89	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	90
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	89	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	90
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64".....	89	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	90
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	89	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	90
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	89	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	89	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	90
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	89	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	89	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	90
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	89	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	89	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	90
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	89	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	90	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	90
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	89	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	90	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	90
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	89			BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	90
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	89			BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	90
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	89			BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	90
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	89				

BELSOMRA	71	BLEPH-10	125	BYETTA	23
BELVIQ	2	BONIVA	63	BYSTOLIC	46
benazepril & hydrochlorothiazide	31	BOOSTRIX	132	cabergoline	65
benazepril hcl	29	BORTEZOMIB	36	CADUET	47
BENICAR	30	BOSULIF	36	CAFERGOT	118
BENICAR HCT	31	BOTOX	124	CALAN	46
BENTYL	132	BP CLEANSING WASH	54	CALAN SR	46
BENZACLIN	53	BRAFTOVI	36	calcipotriene	56
BENZACLIN WITH PUMP	53	BREO ELLIPTA	14	calcipotriene-betamethasone dipropionate	57
BENZAMYCIN	53	BREVICON-28	49	calcitonin (salmon)	63
BENZEFOAM	53	BRILINTA	69	CALCITRIOL	56
BENZEFOAM ULTRA	53	brimonidine tartrate	124	calcitriol	64
benzonatate	52	BROMFENAC	126	calcium acetate (phosphate binder)	68
benzoyl peroxide	53,54	bromfenac sodium (ophth)	126	calcium chloride (dihydrate)	119
BENZOYL PEROXIDE CLEANSER	53	bromocriptine mesylate	39	calcium gluconate	119
benzoyl peroxide- erythromycin	54	BROVANA	14	calcium polycarbophil	71
benztropine mesylate	38	budesonide	51	CAMPATH	34
BEPREVE	126	budesonide (inhalation)	14	CAMPTOSAR	38
BESIVANCE	125	budesonide (nasal)	123	CANASA	67
BETAGAN	124	BULLSEYE MINI SAFETY LANCETS	76	CANCIDAS	26
betamethasone dipropionate (topical)	57	BULLSEYE SAFETY LANCETS	76	candesartan cilexetil	30
betamethasone dipropionate augmented	57	bumetanide	62	candesartan cilexetil- hydrochlorothiazide	31
betamethasone valerate	57	BUMEX	62	CAPASTAT SULFATE	33
BETAPACE	46	BUNAVAIL	9	capecitabine	34
BETAPACE AF	46	BUPHENYL	64	CAPRELSA	36
BETASERON	130	BUPRENEX	9	captopril	29
betaxolol hcl	45	BUPRENORPHINE	9	CARAFATE	133
betaxolol hcl (ophth)	124	buprenorphine hcl	9	CARBAGLU	64
bethanechol chloride	135	buprenorphine hcl-naloxone hcl dihydrate	9	carbamazepine	16,17
BEVYXXA	15	bupropion hcl	19	CARBATROL	17
bexarotene	37	bupropion hcl (smoking deterrent)	130	carbidopa	38
BEYAZ	49	buspirone hcl	12	carbidopa-levodopa	39
BIAXIN	72	busulfan	33	CARBIDOPA/LEVODOPA/ENTA CAPONE	39
bicalutamide	35	BUSULFEX	33	carbinoxamine maleate	27
BICNU	33	butalbital-acetaminophen	5	carboplatin	33
BIDIL	47	butalbital-acetaminophen- caffeine	5	CARDIOCOM LANCING DEVICE	76
BIKTARVY	42	butalbital-acetaminophen- caffeine w/ codeine	8	CARDIZEM	46
BILTRICIDE	10	butalbital-aspirin-caffeine	5	CARDIZEM CD	46
bimatoprost	127	butalbital-aspirin-caffeine w/cod	8	CARDIZEM LA	46
bisacodyl	71	butenafine hcl	55	CARDURA	30
bisoprolol & hydrochlorothiazide	31	butorphanol tartrate	9	CAREFINE PEN NEEDLE 32GX4MM	90
bisoprolol fumarate	46	BUTRANS	9	CAREFINE PEN NEEDLES 29GX1/2"	90
bleomycin sulfate	36				

CAREFINE PEN NEEDLES 30GX5/16".....	90	CARETOUCH PEN NEEDLES 31G X 6 MM.....	91	cefuroxime sodium.....	48
CAREFINE PEN NEEDLES 31GX6MM.....	90	CARETOUCH PEN NEEDLES 31GX 5MM.....	91	CELEBREX.....	4
CAREFINE PEN NEEDLES 31GX8MM.....	90	CARETOUCH PEN NEEDLES 31GX 8MM.....	91	celecoxib.....	4
CAREFINE PEN NEEDLES 32GX5MM.....	90	CARETOUCH PEN NEEDLES 32GX 4MM.....	91	CELEXA.....	20
CAREFINE PEN NEEDLES 32GX6MM.....	90	CARETOUCH PEN NEEDLES 32GX 5MM.....	91	CELLCEPT.....	121
CAREONE ADVANCED LANCINGDEVICE.....	76	CARETOUCH TWIST LANCETS 28G.....	76	CELLCEPT INTRAVENOUS.....	121
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	90	CARETOUCH TWIST LANCETS 30G.....	76	CELONTIN.....	19
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	91	CARETOUCH TWIST LANCETS 33G.....	76	cephalexin.....	48
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	91	carisoprodol.....	122	CEPHALEXIN.....	48
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	91	carmustine.....	33	CERDELGA.....	69
CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	91	carteolol hcl (ophth).....	124	CEREBYX.....	18
CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	91	carvedilol.....	45	CEREZYME.....	69
CAREONE LANCET THIN.....	76	CASODEX.....	35	CESAMET.....	26
CAREONE LANCET ULTRA THIN.....	76	caspofungin acetate.....	26	cetirizine hcl.....	27
CAREONE UNIFINE PENTIPS 29GX12MM.....	91	CASPOFUNGIN ACETATE.....	26	cetirizine-pseudoephedrine.....	53
CAREONE UNIFINE PENTIPS 31GX5MM.....	91	CATAPRES.....	30	CETRAXAL.....	127
CAREONE UNIFINE PENTIPS 31GX6MM.....	91	CAYA.....	72	CETROTIDE.....	64
CAREONE UNIFINE PENTIPS 31GX8MM.....	91	CAYSTON.....	11	cevimeline hcl.....	122
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	91	CEDAX.....	49	CHANTIX.....	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	91	cefactor.....	48	CHANTIX CONTINUING MONTHPAK.....	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	91	CEFACTOR.....	48	CHANTIX STARTING MONTH PAK.....	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	91	cefadroxil.....	48	CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	61
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	91	CEFAZOLIN SODIUM.....	48	CHEK-STIX CONTROL.....	61
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	91	cefazolin sodium.....	48	CHEMET.....	25
CARETOUCH LANCING DEVICEWITH EJECTOR.....	76	cefepime.....	49	CHEMSTRIP-K.....	61
		CEFDITOREN PIVOXIL.....	49	CHILDRENS ADVIL.....	4
		cefepime hcl.....	49	CHILDRENS MOTRIN.....	4
		cefepime.....	49	CHLORAMPHENICOL SODIUM SUCCINATE.....	11
		CEFOTAN.....	48	chlordiazepoxide hcl.....	12
		cefotaxime sodium.....	49	chlordiazepoxide hcl-clidinium bromide.....	132
		CEFOTAXIME SODIUM.....	49	chlorhexidine gluconate (mouth- throat).....	122
		CEFOTETAN.....	48	CHLOROQUINE PHOSPHATE.....	32
		cefotetan disodium.....	48	chloroquine phosphate.....	32
		cefoxitin sodium.....	48	CHLOROTHIAZIDE.....	62
		cefpodoxime proxetil.....	49	chlorothiazide.....	63
		cefprozil.....	48	CHLORPROMAZINE HCL.....	41
		ceftazidime.....	49	chlorpromazine hcl.....	41
		CEFTIBUTEN.....	49	CHLORPROPAMIDE.....	24
		CEFTIN.....	48	chlorthalidone.....	63
		ceftriaxone sodium.....	49	CHLORZOXAZONE.....	122
		cefuroxime axetil.....	48	CHOLBAM.....	67
				cholecalciferol.....	138

cholestyramine	28	CLEOCIN-T	54	CLEVER CHOICE COMFORT	
cholestyramine light	28	CLEVER CHEK LANCETS		EZINSULIN SYRINGE/U-	
CHORIONIC		ULTRATHIN	76	100/1ML/31GX5/16"	92
GONADOTROPIN	64	CLEVER CHEK LANCETS		CLEVER CHOICE COMFORT	
CIALIS	47	ULTRATHIN 30G	76	EZLANCETS 21G	76
ciclopirox	55	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
ciclopirox olamine	55	EZINSULIN PEN NEEDLES		EZLANCETS 23G	76
cidofovir	44	31GX8MM	91	CLEVER CHOICE COMFORT	
cilostazol	69	CLEVER CHOICE COMFORT		EZLANCETS 28G	76
CILOXAN	125	EZINSULIN		CLEVER CHOICE COMFORT	
CIMDUO	42	SYRINGE/0.3ML/29G X		EZPEN NEEDLES	
cimetidine	133	1/2"	91	29GX12MM	92
CIMZIA	67	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
CIMZIA STARTER KIT	67	EZINSULIN		EZPEN NEEDLES	
CIPRO	66	SYRINGE/0.3ML/30G X		31GX5MM	92
CIPRO HC	127	1/2"	91	CLEVER CHOICE COMFORT	
CIPRO XR	66	CLEVER CHOICE COMFORT		EZPEN NEEDLES	
CIPRODEX	127	EZINSULIN		31GX6MM	92
CIPROFLOXACIN	66	SYRINGE/0.3ML/30G X		CLEVER CHOICE COMFORT	
ciprofloxacin	66	5/16"	91	EZPEN NEEDLES	
CIPROFLOXACIN	127	CLEVER CHOICE COMFORT		31GX8MM	92
CIPROFLOXACIN HCL	66	EZINSULIN		CLEVER CHOICE COMFORT	
ciprofloxacin hcl	66	SYRINGE/0.3ML/31G X		EZPEN NEEDLES	
ciprofloxacin hcl (ophth)	125	5/16"	91	32GX4MM	92
ciprofloxacin in d5w	66	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
cisplatin	33	EZINSULIN		EZPEN NEEDLES	
citalopram hydrobromide	20	SYRINGE/0.5ML/28G X		32GX5MM	92
CLAFORAN	49	1/2"	91	CLEVER CHOICE COMFORT	
CLARINEX	27	CLEVER CHOICE COMFORT		EZPEN NEEDLES	
clarithromycin	72	EZINSULIN		32GX6MM	92
CLARITHROMYCIN	72	SYRINGE/0.5ML/29G X		CLICKFINE PEN NEEDLE	
clarithromycin	72	1/2"	91	32GX5/32"	92
CLARITIN	27	CLEVER CHOICE COMFORT		CLICKFINE PEN NEEDLE	
CLARITIN ALLERGY		EZINSULIN		UNIVERSAL/31GX1/4"	92
CHILDRENS	27	SYRINGE/0.5ML/30G X		CLICKFINE PEN NEEDLE	
CLARITIN CHILDRENS	27	1/2"	91	UNIVERSAL/31GX5/16"	92
CLARITIN REDITABS	27	CLEVER CHOICE COMFORT		CLICKFINE PEN	
CLARITIN-D 12 HOUR	53	EZINSULIN		NEEDLES/31GX1/4"	92
CLARITIN-D 24 HOUR	53	SYRINGE/0.5ML/30G X		CLICKFINE PEN	
CLASS ACT LUBRICATED	72	5/16"	92	NEEDLES/31GX5/16"	92
CLEANLET LANCETS 28G	76	CLEVER CHOICE COMFORT		CLICKFINE UNIVERSAL PEN	
CLEMASTINE FUMARATE	27	EZINSULIN		NEEDLES 31GX5/16"	92
CLENPIQ	71	SYRINGE/1.0ML/30G X		CLIMARA	66
CLEOCIN	11,137	1/2"	92	CLIMARA PRO	65
CLEOCIN PEDIATRIC		CLEVER CHOICE COMFORT		clindamycin hcl	11
GRANULES	11	EZINSULIN		clindamycin palmitate	
CLEOCIN PHOSPHATE	11	SYRINGE/1ML/28G X 1/2"	92	hydrochloride	11
		CLEVER CHOICE COMFORT		clindamycin phosphate	11
		EZINSULIN		clindamycin phosphate	
		SYRINGE/1ML/29G X 1/2"	92	(topical)	54
		CLEVER CHOICE COMFORT		clindamycin phosphate	
		EZINSULIN		vaginal	137
		SYRINGE/1ML/30G X		clindamycin phosphate-benzoyl	
		5/16"	92	peroxide	54
				clindamycin phosphate-benzoyl	
				peroxide (refrigerate)	54
				clindamycin phosphate-	
				tretinoin	54

CLINIMIX 2.75%/DEXTROSE 5%.....	124	COLESTID.....	28	CORTISPORIN.....	55
CLINIMIX 4.25%/DEXTROSE 10%.....	124	COLESTID FLAVORED... ..	28	COSENTYX.....	56
CLINIMIX 4.25%/DEXTROSE 25%.....	124	colestipol hcl.....	28	COSENTYX SENSOREADY PEN.....	56
CLINIMIX 4.25%/DEXTROSE 5%.....	124	COLY-MYCIN S.....	127	COSMEGEN.....	36
CLINIMIX 5%/DEXTROSE 25%.....	124	COMBIGAN.....	124	COSOPT.....	124
CLINIMIX E 5%/DEXTROSE 20%.....	124	COMBIVIR.....	42	COUMADIN.....	15
clobazam.....	16	COMETRIQ.....	36	COZAAR.....	30
clobetasol propionate.....	57	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	92	CREON.....	61
clobetasol propionate emollient base.....	57	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	92	CRESEMBA.....	26
CLOCORTOLONE PIVALATE.....	58	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	92	CRESTOR.....	29
CLOCORTOLONE PIVALATE PUMP.....	58	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	CRIVIVAN.....	42
CLODERM.....	58	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	cromolyn sodium.....	13
CLODERM PUMP.....	58	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	cromolyn sodium (ophth)... ..	126
clofarabine.....	34	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	crotamiton.....	60
CLOLAR.....	34	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	93	CUBICIN.....	11
clomipramine hcl.....	22	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	93	CUBICIN RF.....	11
clonazepam.....	16	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	93	CUPRIMINE.....	121
clonidine hcl.....	30	COMFORT ASSURED LANCETS MICRO THIN 33G.....	76	CUTIVATE.....	58
clonidine hcl (adhd).....	2	COMFORT ASSURED LANCETS SUPER THIN 28G.....	76	CUVITRU.....	127
clopidogrel bisulfate.....	69	COMFORT LANCETS.....	76	CVS LANCETS 21G.....	76
clorazepate dipotassium.....	12	COMPLERA.....	42	CVS LANCETS MICRO THIN 33G.....	76
CLOSERCARE.....	76	COMTAN.....	38	CVS LANCETS MICRO-THIN 33G.....	76
clotrimazole.....	122	CONCERTA.....	2	CVS LANCETS ORIGINAL.....	76
clotrimazole (topical).....	55	CONDYLOX.....	60	CVS LANCETS THIN 26G... ..	76
clotrimazole vaginal.....	137	CONTRAVE.....	2	CVS LANCETS ULTRA THIN 30G.....	76
clotrimazole w/ betamethasone.....	55	COPAXONE.....	130	CVS LANCETS ULTRA-THIN 30G.....	76
clozapine.....	40	COPEGUS.....	44	CVS LANCING DEVICE.....	76
CLOZAPINE ODT.....	40	CORDRAN.....	58	CVS OMEPRAZOLE.....	133
CLOZARIL.....	40	COREG.....	45	CVS ULTRA THIN LANCETS.....	76
COAGUCHEK LANCETS... ..	76	CORGARD.....	46	cyanocobalamin.....	69
COARTEM.....	32	CORTEF.....	51	CYCLESSA.....	49
codeine sulfate.....	6	CORTENEMA.....	9	cyclobenzaprine hcl.....	123
CODEINE SULFATE.....	6	CORTISONE ACETATE... ..	51	cyclophosphamide.....	33
COGENTIN.....	38			CYCLOPHOSPHAMIDE... ..	33
COLACE.....	71			cyclophosphamide.....	33
COLAZAL.....	67			CYCLOSERINE.....	33
colchicine.....	69			CYCLOSET.....	23
colchicine w/ probenecid... ..	69			cyclosporine.....	121
COLCRYS.....	69			CYCLOSPORINE MODIFIED.....	121
colesevelam hcl.....	28			cyclosporine modified (for microemulsion).....	121
				CYKLOKAPRON.....	70
				CYMBALTA.....	21

cyproheptadine hcl.....	28	DERMACINRX SILAPAK..	58	DIASTAT ACUDIAL.....	16
CYSTADANE.....	64	DERMATOP.....	58	DIASTAT PEDIATRIC.....	16
CYSTAGON.....	68	DERMOTIC.....	127	diazepam.....	12
CYSTARAN.....	126	DESCOVY.....	42	DIAZEPAM.....	12
cytarabine.....	34	desipramine hcl.....	22	diazepam.....	12
CYTOMEL.....	132	desloratadine.....	27	DIAZEPAM.....	16
CYTOTEC.....	134	DESFLORATADINE ODT..	27	diazepam (anticonvulsant)...	16
CYTOVENE.....	44	desmopressin acetate....	65	DIAZEPAM RECTAL GEL...	16
D.H.E. 45.....	118	desmopressin acetate		DIBENZYLINE.....	30
dacarbazine.....	37	spray.....	65	diclofenac potassium.....	4
DACOGEN.....	34	desmopressin acetate spray		diclofenac sodium.....	4
dactinomycin.....	36	refrigerated.....	65	diclofenac sodium (actinic	
DAKLINZA.....	44	DESOGEN.....	49	keratoses).....	56
dalfampridine.....	130	desogestrel & ethinyl		diclofenac sodium (ophth)..	126
DALIRESP.....	14	estradiol.....	49	diclofenac sodium (topical)..	55
danazol.....	9	desogestrel-ethinyl estradiol		diclofenac w/ misoprostol....	4
DANTRIUM.....	123	(biphasic).....	49	dicloxacillin sodium.....	128
dantrolene sodium.....	123	desogestrel-ethinyl estradiol		dicyclomine hcl.....	132
dapsone.....	11	(triphasic).....	49	didanosine.....	42
daptomycin.....	11	desonide.....	58	DIFFERIN.....	54
DARAPRIM.....	32	DESOWEN.....	58	DIFICID.....	72
darifenacin hydrobromide..	134	desoximetasone.....	58	DIFLORASONE	
DAYPRO.....	4	DESOXYN.....	1	DIACETATE.....	58
DDAVP.....	65	DESQUAM-X WASH.....	54	diflorasone diacetate.....	58
DEBACTEROL.....	122	desvenlafaxine succinate..	21	DIFLUCAN.....	26
decitabine.....	34	DETROL.....	134	diflunisal.....	6
DELESTROGEN.....	66	DETROL LA.....	134	digoxin.....	47
DELFLEX-LC/1.5%		dexamethasone.....	51	DIGOXIN.....	47
DEXTROSE.....	122	DEXAMETHASONE.....	51	digoxin.....	47
DEMADEX.....	62	dexamethasone.....	51	dihydroergotamine	
demeclocycline hcl.....	131	DEXAMETHASONE.....	51	mesylate.....	118
DEMEROL.....	6	DEXAMETHASONE		DILANTIN.....	18
DENAVIR.....	57	INTENSOL.....	51	DILANTIN INFATABS.....	18
DEPACON.....	19	dexamethasone sodium		DILANTIN-125.....	18
DEPAKENE.....	19	phosphate.....	51	DILAUDID.....	6
DEPAKOTE.....	19	DEXAMETHASONE SODIUM		diltiazem hcl.....	46
DEPAKOTE ER.....	19	PHOSPHATE.....	125	DILTIAZEM HCL.....	47
DEPEN TITRATABS.....	121	DEXEDRINE.....	1	diltiazem hcl.....	47
DEPO-ESTRADIOL.....	66	DEXILANT.....	133	diltiazem hcl coated beads..	46
DEPO-MEDROL.....	51	dexamethylphenidate hcl....	2	diltiazem hcl extended release	
DEPO-PROVERA		dextroamphetamine sulfate. 1		beads.....	46
CONTRACEPTIVE.....	51	DEXTROSE		DIOVAN.....	30
DEPO-SUBQ PROVERA		5%/ELECTROLYTE #48		DIOVAN HCT.....	31
104.....	51	VIAFLEX.....	119	DIPENTUM.....	67
DEPO-TESTOSTERONE.....	9	dextrose in lactated		diphenhydramine hcl.....	27
DEPOCYT.....	34	ringers.....	119	diphenoxylate w/ atropine...	24
DERMA-SMOOTH/FS		DIAMOX.....	62	DIPHENOXYLATE/ATROPINE	
SCALP.....	58	DIANEAL LOW		.....	25
		CALCIUM/1.5%DEXTROSE			
		.....	122		
		DIANEAL PD-2/1.5%			
		DEXTROSE.....	122		

DIPROLENE.....	58	DROPLET INSULIN SYRINGE	DRUG MART UNILET
DIPROLENE AF.....	58	U-100/1ML/30G X 5/16"...	LANCETSSUPER THIN 30G76
dipyridamole.....	69	DROPLET INSULIN SYRINGE	DRUG MART UNILET
DISALCID.....	6	U-100/1ML/31G X 15/64"...	LANCETSULTRA THIN 28G.76
disopyramide phosphate.....	13	DROPLET INSULIN SYRINGE	DRUG MART UNILET MICRO
disulfiram.....	129	U-100/1ML/31G X 5/16"...	THIN LANCETS 33G.....
DITROPAN XL.....	134	DROPLET LANCETS ULTRA	DUAC.....
divalproex sodium.....	19	THIN 30G.....	DUAVEE.....
DIVIGEL.....	66	DROPLET LANCING	DUETACT.....
DOCEFREZ.....	38	DEVICE.....	DULCOLAX.....
docetaxel.....	38	DROPLET PEN NEEDLES	duloxetine hcl.....
DOCETAXEL.....	38	29GX12MM.....	DUPIXENT.....
docetaxel.....	38	DROPLET PEN NEEDLES	DURAGESIC.....
docusate calcium.....	71	31GX5MM.....	DUREX EXTRA SENSITIVE.72
docusate sodium.....	71	DROPLET PEN NEEDLES	DUREZOL.....
dofetilide.....	13	31GX6MM.....	dutasteride.....
DOLOPHINE.....	6	DROPLET PEN NEEDLES	DYAZIDE.....
donepezil hydrochloride....	129	31GX8MM.....	DYRENIUM.....
dorzolamide hcl.....	126	DROPLET PEN NEEDLES 32G	DYSPORT.....
DORZOLAMIDE HCL.....	126	X 1/4".....	E-Z JECT LANCETS.....
dorzolamide hcl-timolol		DROPLET PEN NEEDLES 32G	E-Z JECT LANCETS 21G...77
maleate.....	124	X 3/16".....	E-Z JECT LANCETS
DORZOLAMIDE HCL/TIMOLOL		DROPLET PEN NEEDLES 32G	COLOR.....
MALEATE.....	124	X 5/32".....	E-Z JECT LANCETS SUPER
DOVONEX.....	56	DROPLET PEN NEEDLES	THIN 30G.....
doxazosin mesylate.....	30	32GX4MM.....	E-Z JECT LANCETS THIN
doxepin hcl.....	22	DROPLET PEN NEEDLES	26G.....
doxepin hcl (antipruritic)....	56	32GX5MM.....	E-ZJECT LANCETS MICRO-
doxercalciferol.....	64	DROPLET PEN NEEDLES	THIN 33G.....
DOXIL.....	36	32GX6MM.....	E.E.S. 400.....
doxorubicin hcl.....	36	DROPSAFE SAFETY PEN	E.E.S. GRANULES.....
doxorubicin hcl liposomal....	36	NEEDLES/31G X 5/16"...	EASY COMFORT INSULIN
doxycycline (monohydrate).131		DROPSAFE SAFETY PEN	SYRINGE/0.5ML/30G X
doxycycline hyclate.....	131	NEEDLES/31G X 1/4"....	5/16".....
DRISDOL.....	138	drosiprenone-ethinyl	EASY COMFORT INSULIN
dronabinol.....	26	estradiol.....	SYRINGE/0.5ML/31G X
DROPLET INSULIN SYRINGE		drosiprenone-ethinyl estradiol-	5/16".....
U-100/0.3/31G X 5/16".....	93	levomefolate calcium.....	93
DROPLET INSULIN SYRINGE		DROXIA.....	EASY COMFORT INSULIN
U-100/0.3ML/30G X 1/2"....	93	DRUG MART ADJUSTABLE	SYRINGE/1ML/30G X 5/16" .94
DROPLET INSULIN SYRINGE		LANCING DEVICE.....	EASY COMFORT INSULIN
U-100/0.3ML/30G X 5/16"....	93	DRUG MART LANCETS	SYRINGE/1ML/31G X 5/16" .94
DROPLET INSULIN SYRINGE		THIN.....	EASY COMFORT INSULIN
U-100/0.5ML/30G X 1/2"....	93	76	SYRINGE/U-100/0.5ML/30G X
DROPLET INSULIN SYRINGE		DRUG MART ON-THE-GO	1/2".....
U-100/0.5ML/30G X 5/16"....	93	LANCETS GENTLE 30G..	94
DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	EASY COMFORT INSULIN
U-100/0.5ML/31G X 5/16"....	93	PENTIPS 31GX5MM.....	SYRINGE/U-100/1ML/30G X
DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	1/2".....
U-100/1ML/30G X 1/2".....	93	PENTIPS29G X 12MM....	94
		DRUG MART UNIFINE	EASY COMFORT LANCETS77
		PENTIPS31GX6MM.....	EASY COMFORT LANCETS
		DRUG MART UNIFINE	30G/PULL TOP.....
		PENTIPS31GX8MM.....	77
		DRUG MART UNIFINE	EASY COMFORT LANCETS
		PENTIPS32GX4MM.....	30G/THIN TOP.....
		DRUG MART UNIFINE	77
		PENTIPSPLUS 32GX4MM	EASY COMFORT LANCETS
		93	TWIST TOP.....
			77

EASY COMFORT PEN NEEDLES31GX1/4".....	94	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	94	EASY TOUCH LANCETS 32G/TWIST.....	77
EASY COMFORT PEN NEEDLES31GX3/16".....	94	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94	EASY TOUCH LANCETS 33G/TWIST.....	77
EASY COMFORT PEN NEEDLES31GX5/16".....	94	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94	EASY TOUCH LANCING DEVICE/EJECTOR.....	77
EASY COMFORT PEN NEEDLES32GX5/32".....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	95	EASY TOUCH PEN NEEDLE 30G X 5/16".....	95
EASY MINI EJECT LANCING DEVICE.....	77	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	EASY TOUCH PEN NEEDLES 29GX1/2".....	95
EASY MINI LANCING DEVICE.....	77	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95	EASY TOUCH PEN NEEDLES 31GX1/4".....	95
EASY TOUCH 32GX5MM.....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH PEN NEEDLES 31GX5/16".....	95
EASY TOUCH 32GX6MM.....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH PEN NEEDLES 32GX1/4".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	EASY TOUCH PEN NEEDLES 32GX3/16".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	94	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	77	EASY TOUCH PEN NEEDLES 32GX5/32".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	94	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	77	EASY TOUCH PEN NEEDLES/31G X 3/16".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	94	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	77	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	94	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	77	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	94	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	77	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	94	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	77	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	94	EASY TOUCH LANCETS 26G/PULL-TOP.....	77	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	94	EASY TOUCH LANCETS 26G/TWIST.....	77	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	94	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	77	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	95
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	94	EASY TOUCH LANCETS 28G/PULL-TOP.....	77	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	94	EASY TOUCH LANCETS 28G/TWIST.....	77	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	95
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	94	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	77	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	95
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	94	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	77	EASY TWIST & CAP LANCETS.....	77
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	94	EASY TOUCH LANCETS 30G/PULL-TOP.....	77	EASYTEST II LANCETS.....	77
		EASY TOUCH LANCETS 30G/TWIST.....	77	EASYTEST LANCETS.....	78
		EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	77	EC-NAPROSYN.....	4
		EASY TOUCH LANCETS 32G/PULL-TOP.....	77	econazole nitrate.....	55

EDARBI.....	30	ELLENCE.....	36	EQL INSULIN	
EDECRIIN.....	62	ELMIRON.....	68	SYRINGE/0.3ML/31G X	
EDURANT.....	42	ELOCON.....	58	5/16".....	95
efavirenz.....	42	EMADINE.....	126	EQL INSULIN	
EFFEXOR XR.....	21	EMBEDA.....	6	SYRINGE/0.5ML/29G X 1/2".....	95
EFFIENT.....	69	EMBRACE LANCETS ULTRA		EQL INSULIN	
EFUDEX.....	56	THIN 30G.....	78	SYRINGE/0.5ML/30G X	
EGRIFTA.....	64	EMCYT.....	35	5/16".....	95
ELAPRASE.....	65	EMEND.....	26	EQL INSULIN	
ELAVIL.....	22	EMSAM.....	20	SYRINGE/0.5ML/31G X	
ELDEPRYL.....	39	EMTRIVA.....	42	5/16".....	96
ELELYSO.....	69	EMVERM.....	10	EQL INSULIN	
ELESTAT.....	126	ENABLEX.....	134	SYRINGE/1ML/29G X 1/2".....	96
ELESTRIN.....	66	enalapril maleate.....	29	EQL INSULIN	
eletriptan hydrobromide.....	118	enalapril maleate &		SYRINGE/1ML/30G X 5/16".....	96
ELEXA NATURAL FEEL.....	72	hydrochlorothiazide.....	31	EQL INSULIN	
ELEXA STIMULATING.....	72	ENBREL.....	5	SYRINGE/1ML/31G X 5/16".....	96
ELEXA ULTRA SENSITIVE.....	73	ENBREL MINI.....	5	EQL OMEPRAZOLE.....	133
ELIDEL.....	60	ENBREL SURECLICK.....	5	EQL SUPER THIN LANCETS	
ELIGARD.....	35	enoxaparin sodium.....	15	30G.....	78
ELIMITE.....	60	entacapone.....	38	EQL THIN LANCETS 26G.....	78
ELIPHOS.....	68	entecavir.....	44	EQUETRO.....	40
ELIQUIS.....	15	ENTEREG.....	68	ERAXIS.....	26
ELIQUIS STARTER PACK.....	15	ENTOCORT EC.....	51	ERBITUX.....	34
ELITE-THIN INSULIN		ENTRESTO.....	47	ergocalciferol.....	138
SYRINGE/0.3ML/31G X		EPCLUSA.....	44	ERGOLOID MESYLATES.....	130
5/16".....	95	EPIDUO.....	54	ERGOMAR.....	118
ELITE-THIN INSULIN		epinastine hcl (ophth).....	126	ergotamine w/ caffeine.....	118
SYRINGE/0.5ML/29G X 1/2".....	95	epinephrine (anaphylaxis).....	138	ERIVEDGE.....	35
ELITE-THIN INSULIN		epirubicin hcl.....	36	ERTACZO.....	55
SYRINGE/0.5ML/30G X		EPIVIR.....	42	ertapenem sodium.....	10
5/16".....	95	EPIVIR HBV.....	44	ERWINAZE.....	37
ELITE-THIN INSULIN		eplerenone.....	32	ERY-TAB.....	72
SYRINGE/1ML/30G X 5/16".....	95	EPOGEN.....	70	ERYPED 200.....	72
ELITE-THIN INSULIN		EPROSARTAN		ERYPED 400.....	72
SYRINGE/U-100/0.5ML/28G X		MESYLATE.....	30	erythromycin (acne aid).....	54
1/2".....	95	EPZICOM.....	42	erythromycin (ophth).....	125
ELITE-THIN INSULIN		EQ OMEPRAZOLE.....	133	erythromycin base.....	72
SYRINGE/U-100/0.5ML/31G X		EQL COLOR LANCETS		erythromycin ethylsuccinate.....	72
5/16".....	95	21G.....	78	ERYTHROMYCIN	
ELITE-THIN INSULIN		EQL COLOR LANCETS		ETHYLSUCCINATE.....	72
SYRINGE/U-100/1ML/28G X		MICRO THIN 33G.....	78	escitalopram oxalate.....	20
1/2".....	95	EQL INSULIN		ESGIC.....	5
ELITE-THIN INSULIN		SYRINGE/0.3ML/29G X		esomeprazole magnesium.....	133
SYRINGE/U-100/1ML/29G X		1/2".....	95	estazolam.....	70
1/2".....	95	EQL INSULIN		ESTRACE.....	66,138
ELITE-THIN INSULIN		SYRINGE/0.3ML/30G X		estradiol.....	66
SYRINGE/U-100/1ML/31G X		5/16".....	95	estradiol vaginal.....	138
5/16".....	95			estradiol valerate.....	66
ELIXOPHYLLIN.....	15			ESTROGEL.....	66
ELLA.....	51			ESTROPIPATE.....	66

ESTROSTEP FE.....	49	EXFORGE.....	31	fentanyl.....	6
eszopiclone.....	70	EXFORGE HCT.....	31	fentanyl citrate.....	6
ethacrynic acid.....	62	EXJADE.....	25	FER-IN-SOL.....	70
ethambutol hcl.....	33	EXTAVIA.....	130	FERRIPROX.....	25
ethosuximide.....	19	EXTRA SENSITIVE		ferrous fumarate-folic acid... 70	
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EVAMIST.....	66	ULTRA-SOFT.....	78	FIASP FLEXTOUCH.....	23
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EVOCLIN.....	54	ezetimibe.....	29	FIFTY50 LANCING DEVICE... 78	
EVOXAC.....	122	ezetimibe-simvastatin..... 28		FIFTY50 PEN NEEDLES 31G	
EXALGO.....	6	FABRAZYME.....	65	X3/16" (5MM).....	96
EXEL COMFORT POINT		FACTIVE.....	66	FIFTY50 PEN NEEDLES 31G	
INSULIN PEN NEEDLES 29G X		famciclovir.....	45	X5/16" (8MM).....	96
12MM.....	96	famotidine.....	133	FIFTY50 PEN NEEDLES	
EXEL COMFORT POINT		FAMOTIDINE		31GX5MM.....	96
INSULIN PEN NEEDLES 31G X		PREMIXED.....	133	FIFTY50 PEN	
6MM.....	96	FAMVIR.....	45	NEEDLES/31GX8MM.....	96
EXEL COMFORT POINT		FANAPT.....	40	FIFTY50 PEN	
INSULIN PEN NEEDLES 31G X		FANAPT TITRATION		NEEDLES/32GX4MM.....	96
8MM.....	96	PACK.....	40	FIFTY50 PEN	
EXEL COMFORT POINT		FANTASY LUBRICATED... 73		NEEDLES/32GX6MM.....	96
INSULIN SYRINGE/0.3ML/29G X		FANTASY		FIFTY50 SAFETY SEAL	
1/2".....	96	LUBRICATED/SPERMICIDE		LANCETS 30G.....	78
EXEL COMFORT POINT		73	FIFTY50 SAFETY SEAL	
INSULIN SYRINGE/0.3ML/30G X		FARESTON.....	35	LANCETS 32G.....	78
5/16".....	96	FARXIGA.....	24	FIFTY50 SUPERIOR	
EXEL COMFORT POINT		FASLODEX.....	35	COMFORTINSULIN	
INSULIN SYRINGE/0.5ML/28G X		FAZACLO.....	40	SYRINGE/0.3ML/31G X	
1/2".....	96	FC FEMALE CONDOM... 73		5/16".....	96
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1/2".....	96	FELBATOL.....	18	SYRINGE/0.5ML/31G X	
EXEL COMFORT POINT		FELDENE.....	4	5/16".....	96
INSULIN SYRINGE/0.5ML/30G X		felodipine.....	47	FIFTY50 SUPERIOR	
5/16".....	96	FEMARA.....	35	COMFORTINSULIN	
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1/2".....	96	FEMHRT LOW DOSE... 65		33G.....	78
EXEL COMFORT POINT		FEMRING.....	138	FINACEA.....	60
INSULIN SYRINGE/1ML/30G X		fenofibrate.....	29	finasteride.....	68
5/16".....	96	fenofibrate micronized... 29		finasteride (alopecia)..... 60	
EXELDERM.....	55	fenopropfen calcium... 4		FINE 30.....	78
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FLAGYL.....	10	fluocinolone acetonide		FORA LANCETS.....	78
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FLECTOR.....	55	fluocinonide emulsified		DEVICE/CLEARCAP.....	78
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FLOVENT HFA.....	14	FLUOXETINE		fosinopril sodium &	
FLOWTUSS.....	53	HYDROCHLORIDE.....	20	hydrochlorothiazide.....	31
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FLUAD 2018-2019.....	136	flurbiprofen sodium.....	126	LANCING DEVICE.....	78
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FLUARIX QUADRIVALENT		fluticasone propionate		32GX4MM.....	96
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FLUARIX QUADRIVALENT		fluvastatin sodium.....	29	PENTIPS PLUS 31GX5MM..	96
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2017-2018.....	136	FML.....	125	LANCETS.....	78
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2018-2019.....	136	FML LIQUIFILM.....	125	frovatriptan succinate.....	118
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galantamine hydrobromide.....	129	GENTLE-LET LANCETS		GLOBAL INJECT EASE INSULIN	
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galantamine hydrobromide.....	129	GENTLE-LET LANCETS		GLOBAL INJECT EASE INSULIN	
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GAMMAGARD S/D IGA LESS		POINT.....	79	1/2".....	97
THAN 1MCG/ML.....	127	GENVOYA.....	42	GLOBAL INJECT EASE INSULIN	
GAMMAKED.....	127	GEODON.....	40	SYRINGE/U-100/1ML/30G X	
GAMUNEX-C.....	127	GILENYA.....	130	1/2".....	97
ganciclovir sodium.....	44	GILOTRIF.....	36	GLOBAL INJECT EASE INSULIN	
GANIRELIX ACETATE.....	64	glatiramer acetate.....	130	SYRINGE/U-100/1ML/30G X	
gatifloxacin (ophth).....	125	GLEEVEC.....	36	5/16".....	97
GEL-KAM ORAL CARE		GLEOSTINE.....	33	GLOBAL INJECT EASE INSULIN	
RINSE.....	122	glimepiride.....	24	SYRINGE/U-100/1ML/31G X	
gemcitabine hcl.....	34	glipizide.....	24	5/16".....	97
gemfibrozil.....	29	glipizide-metformin hcl.....	22	GLOBAL INJECT EASE	
GEMZAR.....	34	GLOBAL EASE INJECT PEN		LANCETS 28G.....	79
GENERESS FE.....	49	NEEDLES 29GX12MM.....	97	GLOBAL INJECT EASE	
GENOTROPIN.....	64	GLOBAL EASE INJECT PEN		LANCETS 30G.....	79
GENOTROPIN MINIQUICK.....	64	NEEDLES 31GX8MM.....	97	GLOBAL INSULIN SYRINGE/U-	
gentamicin in saline.....	3	GLOBAL EASE INJECT PEN		100/0.3ML/30G X 1/2".....	97
gentamicin sulfate.....	3	NEEDLES 32GX4MM.....	97	GLOBAL INSULIN SYRINGES/U-	
gentamicin sulfate (ophth).....	125	GLOBAL EASE INJECT PEN		100/0.3ML/30GX5/16".....	98
gentamicin sulfate (topical).....	55	NEEDLES 31GX5MM.....	97	GLOBAL LANCING DEVICE.....	79
GENTAMICIN SULFATE/0.9%		GLOBAL EASY GLIDE		GLUCAGEN DIAGNOSTIC.....	61
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LANCETS.....	78	GLOBAL EASY GLIDE PEN		KIT.....	23
GENTEEL LANCING		NEEDLES 32GX4MM.....	97	GLUCOCOM LANCETS	
DEVICE/BUFF BLACK.....	78	GLOBAL INJECT EASE		28G.....	79
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DEVICE/BUTTERFLY BLUE.....	78	100/0.3ML/29G X 1/2".....	97	30G.....	79
GENTEEL LANCING		GLOBAL INJECT EASE		GLUCOCOM LANCETS	
DEVICE/GLORIOUS GOLD.....	78	INSULIN SYRINGE/U-		33G.....	79
GENTEEL LANCING		100/0.3ML/30G X 1/2".....	97	GLUCOPHAGE.....	23
DEVICE/PLAYFUL PURPLE.....	78	GLOBAL INJECT EASE		GLUCOPHAGE XR.....	23
GENTEEL LANCING		INSULIN SYRINGE/U-		GLUCOPRO INSULIN	
DEVICE/PRECIOUS		100/0.3ML/30G X 5/16".....	97	SYRINGE/U-100/0.3ML/30G X	
PLATINUM.....	78	GLOBAL INJECT EASE		1/2".....	98
GENTEEL LANCING		INSULIN SYRINGE/U-		GLUCOPRO INSULIN	
DEVICE/PRINCESS PINK.....	78	100/0.3ML/31G X 5/16".....	97	SYRINGE/U-100/0.3ML/30G X	
GENTEEL LANCING		GLOBAL INJECT EASE		5/16".....	98
DEVICE/STATELY SILVER.....	78	INSULIN SYRINGE/U-		GLUCOPRO INSULIN	
GENTEEL LANCING		100/0.5ML/28G X 1/2".....	97	SYRINGE/U-100/0.3ML/31G X	
DEVICE/WILLOWY WHITE.....	78	GLOBAL INJECT EASE		5/16".....	98
GENTLE-LET GP LANCETS.....	78	INSULIN SYRINGE/U-		GLUCOPRO INSULIN	
		100/0.5ML/29G X 1/2".....	97	SYRINGE/U-100/0.5ML/30G X	
		GLOBAL INJECT EASE		1/2".....	98
		INSULIN SYRINGE/U-		GLUCOPRO INSULIN	
		100/0.5ML/30G X 1/2".....	97	SYRINGE/U-100/0.5ML/30G X	
				5/16".....	98

GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	98	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	98	GOODSENSE LANCETS MICRO-THIN 33G.....	79
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	98	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	98	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	79
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98	GNP LANCETS.....	79	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	79
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	GNP LANCETS 21G.....	79	GOODSENSE LANCETS ULTRA-THIN 30G.....	79
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GLUCOSOURCE LANCETS	79	GNP LANCETS SUPER THIN 30G.....	79	GOODSENSE LANCING DEVICE.....	79
GLUCOTROL.....	24	GNP LANCETS THIN.....	79	granisetron hcl.....	25
GLUCOTROL XL.....	24	GNP LANCETS THIN 26G	79	GRASTEK.....	3
GLUCOVANCE.....	22	GNP MICRO THIN LANCETS 33G.....	79	GRIS-PEG.....	26
glyburide.....	24	GNP OMEPRAZOLE.....	133	griseofulvin microsize.....	26
glyburide micronized.....	24	GNP SUPER THIN LANCETS/30G.....	79	griseofulvin ultramicrosize.....	26
glyburide-metformin.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	guanfacine hcl.....	30
glycine (gu irrigant).....	68	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	98	guanfacine hcl (adhd).....	2
glycopyrrolate.....	132	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	98	GUANIDINE HCL.....	32
GLYNASE.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	GYNAZOLE-1.....	137
GLYSET.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	GYNE-LOTRIMIN.....	137
GLYXAMBI.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	99	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	99
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	98	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	99	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	99
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	99	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	99
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	99	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	99
GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	99
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	99	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	99
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	99	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	79
GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	79
GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	99	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	79
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	99	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	79
GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	GOLYTELY.....	71	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	99
GNP INSULIN SYRINGE/1ML/28G X 1/2".....	98	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	79	HAEMOLANCE.....	79
GNP INSULIN SYRINGE/1ML/29G X 1/2".....	98			HAEMOLANCE LOW FLOW LANCETS.....	79
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HAEMOLANCE PLUS HIGH FLOW.....	79	HEMANGEOL.....	46	HYCANTIN.....	38
HAEMOLANCE PLUS LOW FLOW.....	79	heparin sod (porcine) in d5w.....	16	hydralazine hcl.....	32
HAEMOLANCE PLUS MAX FLOW.....	79	heparin sodium (porcine).....	16	HYDREA.....	37
HAEMOLANCE PLUS PEDIATRIC FLOW.....	79	HEPARIN SODIUM/NACL 0.45%.....	16	hydrochlorothiazide.....	63
HALAVEN.....	38	HEPSERA.....	44	HYDROCODONE BITARTRATE/GUAIFENESIN.....	53
HALCION.....	70	HERCEPTIN.....	34	hydrocodone-acetaminophen.....	8
HALDOL.....	40	HETLIOZ.....	71	hydrocodone-ibuprofen.....	8
HALDOL DECANOATE 100.....	40	HEXALEN.....	33	hydrocortisone.....	52
HALDOL DECANOATE 50.....	40	HIGH SENSATION SPERMICIDAL.....	73	hydrocortisone (intrarectal).....	9
halobetasol propionate.....	58	HIPREX.....	134	hydrocortisone (rectal).....	10
HALOG.....	58	HIZENTRA.....	127	hydrocortisone (topical).....	59
haloperidol.....	40	HM OMEPRAZOLE.....	133	hydrocortisone acetate (rectal).....	10
haloperidol decanoate.....	40	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	99	hydrocortisone butyrate.....	59
haloperidol lactate.....	40	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	99	hydrocortisone valerate.....	59
HARVONI.....	44	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	99	hydrocortisone w/acetic acid.....	127
HEALTH CARE LANCING DEVICE.....	79	HUMALOG.....	23	hydromorphone hcl.....	6
HEALTHWISE LANCETS 30G.....	79	HUMALOG JUNIOR KWIKPEN.....	23	HYDROMORPHONE HYDROCHLORIDE.....	6
HEALTHWISE LANCING PEN.....	79	HUMALOG KWIKPEN.....	23	hydroxychloroquine sulfate.....	32
HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	99	HUMALOG MIX 50/50.....	23	hydroxyurea.....	37
HEALTHWISE PEN NEEDLES 29GX12MM.....	99	HUMALOG MIX 50/50 KWIKPEN.....	23	hydroxyzine hcl.....	12
HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	99	HUMALOG MIX 75/25.....	23	HYDROXYZINE PAMOATE.....	12
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	99	HUMALOG MIX 75/25 KWIKPEN.....	23	hydroxyzine pamoate.....	12
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	79	HUMATROPE.....	64	HYPER-SAL.....	53
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	99	HUMATROPE COMBO PACK.....	64	HYPERSAL.....	53
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	99	HUMIRA.....	4	HYQVIA.....	127
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	99	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3	HYZAAR.....	31
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	99	HUMIRA PEN.....	3	ibandronate sodium.....	63
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	99	HUMIRA PEN-CD/UC/HS STARTER.....	4	IBUDONE.....	8
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	80	HUMIRA PEN-PS/UV STARTER.....	4	ibuprofen.....	4
HECTOROL.....	65	HUMULIN 70/30.....	23	IDAMYCIN PFS.....	36
		HUMULIN 70/30 KWIKPEN.....	23	idarubicin hcl.....	36
		HUMULIN N.....	23	IFEX.....	33
		HUMULIN N KWIKPEN.....	23	ifosfamide.....	33
		HUMULIN R.....	23	ILEVRO.....	126
		HUMULIN R U-500 (CONCENTRATED).....	24	imatinib mesylate.....	36
		HY-VEE LANCETS.....	80	IMBRUVICA.....	36
		HY-VEE THIN LANCETS.....	80	imipenem-cilastatin.....	10
				imipramine hcl.....	22
				imipramine pamoate.....	22
				imiquimod.....	60
				IMITREX.....	118
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IMITREX STATDOSE SYSTEM.....	118	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	100	INSUPEN ULTRAFIN 29GX12MM.....	101
IMODIUM A-D.....	25	INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	INSUPEN ULTRAFIN 30GX8MM.....	101
IMURAN.....	121	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	100	INSUPEN ULTRAFIN 31GX6MM.....	101
IN TOUCH LANCING DEVICE.....	80	INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100	INSUPEN ULTRAFIN 31GX8MM.....	101
IN TOUCH STERILE LANCETS30G.....	80	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100	INTELENCE.....	42
INCRELEX.....	64	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	100	INTENSE SENSATION.....	73
INCRUSE ELLIPTA.....	13	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100	INTRON A.....	37
indapamide.....	63	INSULIN SYRINGES/0.5ML/27GX1/2".....	100	INTRON A W/DILUENT.....	37
INDERAL LA.....	46	INSULIN SYRINGES/0.5ML/28GX1/2".....	100	INTUNIV.....	2
indomethacin.....	5	INSULIN SYRINGES/0.5ML/29GX1/2".....	100	INVANZ.....	10
INFLECTRA.....	67	INSULIN SYRINGES/0.5ML/30GX5/16".....	100	INVEGA.....	40
INLYTA.....	36	INSULIN SYRINGES/0.5ML/31GX5/16".....	100	INVIRASE.....	42
INSPIRA.....	32	INSULIN SYRINGES/0.5ML/31GX.....	100	INVOKAMET.....	22
INSULIN SYRINGE/0.3ML/29G X 1".....	100	INSULIN SYRINGES/0.5ML/31GX5/16".....	101	INVOKANA.....	24
INSULIN SYRINGE/0.3ML/29G X 1/2".....	100	INSULIN SYRINGES/1ML/27GX1/2".....	101	IONOSOL-B/DEXTROSE 5%.....	119
INSULIN SYRINGE/0.3ML/30G X 5/16".....	100	INSULIN SYRINGES/1ML/27GX1/2".....	101	IONOSOL-MB/DEXTROSE 5%.....	119
INSULIN SYRINGE/0.3ML/31G X 5/16".....	100	INSULIN SYRINGES/1ML/28GX1/2".....	101	IOPIDINE.....	124
INSULIN SYRINGE/0.5ML/27G X 1/2".....	100	INSULIN SYRINGES/1ML/29GX1/2".....	101	ipratropium bromide.....	13
INSULIN SYRINGE/0.5ML/28G X 1/2".....	100	INSULIN SYRINGES/1ML/30GX1/2".....	101	ipratropium bromide (nasal).....	123
INSULIN SYRINGE/0.5ML/30G X 1/2".....	100	INSULIN SYRINGES/1ML/31GX5/16".....	101	ipratropium-albuterol.....	14
INSULIN SYRINGE/0.5ML/30G X 5/16".....	100	INSUPEN 29G X 12MM.....	101	irbesartan.....	30
INSULIN SYRINGE/0.5ML/31G X 5/16".....	100	INSUPEN 31G X 5MM.....	101	irbesartan-hydrochlorothiazide.....	31
INSULIN SYRINGE/1ML/28G X 1/2".....	100	INSUPEN 31G X 8MM.....	101	irinotecan hcl.....	38
INSULIN SYRINGE/1ML/29G X 1/2".....	100	INSUPEN 32G X 4MM.....	101	irrigation solutions, physiological.....	122
INSULIN SYRINGE/1ML/30G X 5/16".....	100	INSUPEN PEN NEEDLES 32G X4MM.....	101	ISENTRESS.....	42
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	100	INSUPEN SENSITIVE 32GX6MM.....	101	ISENTRESS HD.....	42
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	100			ISOLYTE-P/DEXTROSE 5%.....	119
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	100			ISOLYTE-S.....	120
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	100			ISONIAZID.....	33
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	100			isoniazid.....	33
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	100			ISOPTO CARPINE.....	124
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	100			ISORDIL TITRADOSE.....	12
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	100			isosorbide dinitrate.....	12
				ISOSORBIDE DINITRATE ER.....	12
				isosorbide mononitrate.....	12
				isotretinoin.....	54
				isradipine.....	47
				ISTODAX (OVERFILL).....	36
				itraconazole.....	26
				ivermectin.....	10

IXEMPRA KIT.....	38	KIMONO SENSATION LUBRICATED.....	73	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	101
JADENU.....	25	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	73	KROGER LANCETS.....	80
JADENU SPRINKLE.....	25	KIMONO SPECIAL.....	73	KROGER LANCETS 21G... ..	80
JAKAFI.....	36	KINERET.....	4	KROGER LANCETS MICRO THIN33G.....	80
JANUVIA.....	23	KINNEY LANCETS.....	80	KROGER LANCETS SUPER THIN.....	80
JARDIANCE.....	24	KINNEY THIN LANCETS... ..	80	KROGER LANCETS THIN... ..	80
JEVTANA.....	38	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" 101		KROGER LANCETS THIN 26G.....	80
JUBLIA.....	55	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" 101		KROGER LANCETS ULTRATHIN30G.....	80
JULUCA.....	42	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	101	KROGER LANCING DEVICE.....	80
JYNARQUE.....	65	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	KROGER PEN NEEDLES 29G X12MM.....	101
K-TAB.....	120	KITABIS PAK.....	3	KROGER PEN NEEDLES 31G X8MM.....	101
KADIAN.....	6	KLARON.....	54	KROGER PEN NEEDLES 31GX1/4".....	102
KALETRA.....	42	KLONOPIN.....	16	KUVAN.....	65
KALYDECO.....	131	KLOR-CON M15.....	120	KYLEENA.....	51
KAMELEON LUBRICATED... ..	73	KLS OMEPRAZOLE.....	133	KYPROLIS.....	36
KAPVAY.....	2	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	101	labetalol hcl.....	45
KAYEXALATE.....	122	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	101	LAC-HYDRIN.....	60
KCL 0.3%/D5W/NACL 0.9%.....	120	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	LAC-HYDRIN TWELVE... ..	60
KEFLEX.....	48	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	LACRISERT.....	124
KENALOG-40.....	52	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	lactated ringer's.....	120
KEPIVANCE.....	37	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	lactated ringer's (irrigation) .	122
KEPPRA.....	17	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	lactic acid (ammonium lactate).....	60
KEPPRA XR.....	17	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	lactulose.....	71
KERYDIN.....	55	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	lactulose (encephalopathy) .	67
KETOCARE.....	61	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LAMICTAL.....	17
ketoconazole.....	26	KROGER INSULIN SYRINGE/1ML/30G X 1/2".....	101	LAMICTAL CHEWABLE DISPERSIBLE.....	17
ketoconazole (topical).....	55	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101	LAMICTAL ODT.....	17
KETONE TEST STRIPS.....	61	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LAMISIL.....	26
ketoprofen.....	5	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101	lamivudine.....	42
ketorolac tromethamine.....	5	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	101	lamivudine (hbv).....	44
ketorolac tromethamine (ophth).....	126	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	101	lamivudine-zidovudine.....	42
KETOSTIX.....	61	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	lamotrigine.....	17
ketotifen fumarate (ophth) .	126	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101	LANCET DEVICE ADJUSTABLE.....	80
KEVEYIS.....	62	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101	LANCET DEVICE WITH EJECTOR.....	80
KIMONO COLORS.....	73	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LANCETS.....	80
KIMONO LUBRICATED.....	73	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101	LANCETS 26G TWIST TOP... ..	80
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	73			LANCETS 28G.....	80
KIMONO PLUS SPERMICIDE LUBRICATED.....	73			LANCETS 30G.....	80
KIMONO PLUS SPERMICIDE/LUBRICATED	73				
KIMONO PS LUBRICATED... ..	73				
KIMONO PS PLUS SPERMICIDE/LUBRICATED	73				

LANCETS 30G TWIST TOP	80	LEADER INSULIN		LEVEMIR FLEXTOUCH	24
LANCETS 30G/TWIST TOP	80	SYRINGE/0.5ML/30G X		levetiracetam	17
LANCETS 31G TWIST TOP	80	5/16"	102	levobunolol hcl	124
LANCETS 33G UNIVERSAL		LEADER INSULIN		levocetirizine dihydrochloride	27
DESIGN	80	SYRINGE/0.5ML/31G X		levofloxacin	66
LANCETS MICRO THIN		5/16"	102	levofloxacin (ophth)	125
33G	80	LEADER INSULIN		levofloxacin in d5w	66
LANCETS SAFETY SEAL		SYRINGE/1ML/28G X		levonorgestrel & eth	
21G	80	1/2"	102	estradiol	49
LANCETS SAFETY SEAL		LEADER INSULIN		levonorgestrel (emergency	
26G	80	SYRINGE/1ML/29G X		oc)	51
LANCETS SAFETY SEAL		1/2"	102	levonorgestrel-eth estradiol	
28G	80	LEADER INSULIN		(triphasic)	50
LANCETS SAFETY SEAL		SYRINGE/1ML/30G X		levonorgestrel-ethinyl estradiol	
30G	80	5/16"	102	(91-day)	50
LANCETS SUPER THIN		LEADER INSULIN		levonorgestrel-ethinyl estradiol	
28G	80	SYRINGE/1ML/31G X		(continuous)	50
LANCETS THIN		5/16"	102	LEVORPHANOL TARTRATE	6
LANCETS TWIST TOP	80	LEADER UNIFINE PENTIPS		LEVOTHYROXINE	
LANCETS ULTRA FINE	80	PLUS/MINI/31GX3/16"	102	SODIUM	132
LANCETS ULTRA THIN	80	LEADER UNIFINE PENTIPS		levothyroxine sodium	132
LANCETS ULTRA THIN		PLUS/SHORT/31GX5/16"		LEXAPRO	20
30G	80	102		LEXIVA	42
LANCETS BULLSEYE		LEADER UNIFINE		LIALDA	67
SAFETY	80	PENTIPS/MINI/31GX3/16"	102	LIBERTY MEDICAL LANCETS	
LANCING DEVICE	80	102		30G	80
LANCING DEVICE		LEADER UNIFINE		LIBERTY MINI LANCING	
ADJUSTABLE	80	PENTIPS/NANO/32GX5/32"	102	DEVICE	80
LANOXIN	47	102		LIBRAX	132
lansoprazole	133	LEADER UNIFINE		lidocaine	60
lanthanum carbonate	68	PENTIPS/PLUS/32GX5/32"	102	lidocaine hcl	60
LANZO	80	102		LIDOCAINE HCL	122
LASIX	62	LEDIPASVIR/SOFOSBUVIR	44	lidocaine hcl (local anesth.)	71
LASTACRAFT	126	leflunomide	5	lidocaine hcl (mouth-throat)	122
latanoprost	127	LENVIMA 10 MG DAILY		lidocaine-prilocaine	60
LATUDA	40	DOSE	36	LIDODERM	60
LEADER ADVANCED LANCING		LENVIMA 14 MG DAILY		LIFESCAN UNISTIK 2 DEEP	
DEVICE	80	DOSE	36	PENETRATION	80
LEADER INSULIN		LENVIMA 20 MG DAILY		LIFESCAN UNISTIK II	
SYRINGE/0.3ML/29G X		DOSE	36	LANCETS	81
1/2"	102	LENVIMA 24 MG DAILY		LILETTA	51
LEADER INSULIN		DOSE	36	LINCOCIN	11
SYRINGE/0.3ML/30G X		LETAIRIS	48	lincomycin hcl	11
5/16"	102	letrozole	35	lindane	60
LEADER INSULIN		leucovorin calcium	37	LINDANE	60
SYRINGE/0.3ML/31G X		LEUCOVORIN CALCIUM	37	linezolid	11
5/16"	102	leucovorin calcium	37	LINZESS	67
LEADER INSULIN		LEUKERAN	33	liothyronine sodium	132
SYRINGE/0.5ML/28G X		LEUKINE	70	LIPITOR	29
1/2"	102	leuprolide acetate	35	lisinopril	29
LEADER INSULIN		levabuterol hcl	14		
SYRINGE/0.5ML/29G X		levabuterol tartrate	14		
1/2"	102	LEVAQUIN	66		
		LEVEMIR	24		

lisinopril & hydrochlorothiazide	31	LIVE BETTER LANCET SUPERTHIN 30G	81	LOVENOX	16
LITE TOUCH LANCETS	81	LIVE BETTER LANCET ULTRATHIN 28G	81	loxapine succinate	40
LITE TOUCH LANCING PEN	81	LO LOESTRIN FE	50	LUCEMYRA	129
LITE TOUCH PEN NEEDLES/31G X 3/16"	102	LOCOID	59	LULICONAZOLE	56
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	102	LODINE	5	LUMIGAN	127
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	102	LODOSYN	38	LUMIZYME	65
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	102	LOESTRIN 1.5/30-21	50	LUNESTA	70
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	102	LOESTRIN 1/20-21	50	LUPANETA PACK	64
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	102	LOESTRIN FE 1.5/30	50	LUPRON DEPOT (1-MONTH)	35
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	102	LOESTRIN FE 1/20	50	LUPRON DEPOT (3-MONTH)	35
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	102	LOFIBRA	29	LUPRON DÉPÔT (4-MONTH)	35
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102	LOMOTIL	25	LUPRON DÉPÔT (6-MONTH)	35
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	102	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	103	LUPRON DÉPÔT-PED (1-MONTH)	64
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102	LONGS LANCETS STANDARD	81	LUPRON DÉPÔT-PED (3-MONTH)	64
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	LONGS LANCETS THIN	81	LUXIQ	59
LITETOUCH LANCETS MICRO THIN 33G	81	LONGS LANCETS ULTRA THIN	81	LUZU	56
LITETOUCH PEN NEEDLES 29GX12.7MM	102	loperamide hcl	25	LYNPARZA	36
LITETOUCH PEN NEEDLES 31G X 6MM	103	LOPID	29	LYRICA	17
LITETOUCH PEN NEEDLES 31GX8MM SHORT	103	lopinavir-ritonavir	42	LYRICA CR	130
LITHIUM	39	LOPRESSOR	46	LYSODREN	35
lithium carbonate	39	LOPROX	55	LYSTEDA	70
LITHIUM CARBONATE	39	LOPROX SHAMPOO	55	MACROBID	134
lithium carbonate	39	loratadine	27	MACRODANTIN	134
LITHOBID	39	loratadine & pseudoephedrine	53	mafenide acetate	57
LIVALO	29	lorazepam	12	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	103
LIVE BETTER ADVANCED LANCING DEVICE	81	LORTAB	8	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	103
		losartan potassium	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	103
		losartan potassium & hydrochlorothiazide	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	103
		LOSEASONIQUE	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	103
		LOTEMAX	125	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	103
		LOTENSIN	29	magnesium sulfate	120
		LOTENSIN HCT	31	MAGNESIUM SULFATE	120
		LOTREL	31	MALARONE	32
		LOTRIMIN AF	56	malathion	61
		LOTRIMIN AF FOR HER	56	MAPROTILINE HCL	19
		LOTRIMIN AF JOCK ITCH	56		
		LOTRIMIN ULTRA	56		
		LOTRISONE	56		
		LOTRONEX	67		
		lovastatin	29		
		LOVAZA	28		

MARATHON MEDICAL PENTIPS29GX12MM.....	103	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM... ..	103	MEIJER PEN NEEDLES 31G X6MM.....	103
MARATHON MEDICAL PENTIPS31GX5MM.....	103	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM... ..	103	MEIJER PEN NEEDLES 31G X8MM.....	103
MARATHON MEDICAL PENTIPS31GX8MM.....	103	MEDISENSE THIN LANCETS.....	81	MEIJER SUPER THIN LANCETS.....	81
MARATHON MEDICAL PENTIPS32GX4MM.....	103	MEDLANCE PLUS EXTRA LANCETS 21G.....	81	MEKINIST.....	36
MARINOL.....	26	MEDLANCE PLUS LANCETS.....	81	MEKTOVI.....	36
MARPLAN.....	20	MEDLANCE PLUS LANCETS LITE 25G.....	81	meloxicam.....	5
MATULANE.....	37	MEDLANCE PLUS LITE LANCETS 25G.....	81	melphalan.....	34
MAVIK.....	29	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	81	melphalan hcl.....	33
MAVYRET.....	44	MEDLANCE PLUS SUPERLITE 30G.....	81	memantine hcl.....	129
MAXALT.....	118	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	81	MENACTRA.....	135
MAXALT-MLT.....	119	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	81	MENEST.....	66
MAXI-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28GX1/2".....	103	MEDLANCE PLUS/LITE 25G.....	81	MENOMUNE-A/C/Y/W-135	135
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	103	MEDLANCE/EXTRA.....	81	MENOSTAR.....	66
MAXIDEX.....	125	MEDLANCE/LITE.....	81	MENTAX.....	56
MAXIPIME.....	49	MEDLANCE/UNIVERSAL.....	81	MENVEO.....	135
MAXITROL.....	126	MEDROL.....	52	meperidine hcl.....	6
MAXX LUBRICATED.....	73	MEDROL DOSEPAK.....	52	MEPERIDINE HCL.....	7
MAXX PLUS SPERMICIDE LUBRICATED.....	73	medroxyprogesterone acetate.....	128	meperidine hcl.....	7
MAXZIDE.....	62	medroxyprogesterone acetate (contraceptive).....	51	meprobamate.....	12
MAXZIDE-25.....	62	mefenamic acid.....	5	MEPRON.....	10
meclizine hcl.....	25	mefloquine hcl.....	32	mercaptopurine.....	34
MECLOFENAMATE SODIUM 5 MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	103	MEFLOQUINE HCL.....	32	meropenem.....	10
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	103	MEGACE ES.....	128	MERREM.....	10
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	81	MEGACE ORAL.....	35	mesalamine.....	67
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	81	megestrol acetate.....	35	MESTINON.....	32
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	81	megestrol acetate (appetite).....	128	MESTINON TIMESPAN.....	33
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	81	MEIJER COLOR LANCETS UNIVERSAL 33G.....	81	METADATE CD.....	2
MEDICHOICE SAFETY LANCETEXTRA.....	81	MEIJER LANCETS.....	81	METAPROTERENOL SULFATE.....	14
MEDICHOICE SAFETY LANCETNORMAL.....	81	MEIJER LANCETS THIN.....	81	metaxalone.....	123
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM... ..	103	MEIJER LANCETS UNIVERSAL21G.....	81	metformin hcl.....	23
		MEIJER LANCETS UNIVERSAL30G.....	81	methadone hcl.....	7
		MEIJER LANCETS UNIVERSAL33G.....	81	METHADONE HCL.....	7
		MEIJER PEN NEEDLES 29G X12MM.....	103	methadone hcl.....	7
				METHADONE HCL.....	7
				methadone hcl.....	7
				METHADOSE.....	7
				METHADOSE SUGAR-FREE.....	7
				methamphetamine hcl.....	1
				methazolamide.....	62
				methenamine hippurate.....	134
				methimazole.....	132

METHITEST	9	MINASTRIN 24 FE	50	MONOJECT INSULIN	
methocarbamol	123	MINI LANCING DEVICE	81	SYRINGE/1ML/31G X	
METHOTREXATE SODIUM	34	MINIPRESS	30	5/16"	104
methotrexate sodium	34	MINIVELLE	66	MONOJECT INSULIN	
methoxsalen rapid	56	MINOCIN	131	SYRINGE/DETACH	
methscopolamine bromide	132	minocycline hcl	131	NEEDLE/1ML/25G X 5/8" ..	104
METHYCLOTHIAZIDE	63	minoxidil	32	MONOJECT INSULIN	
methyl dopa	30	MIRAPEX	39	SYRINGE/DETACH	
METHYLDOPATE HCL	30	MIRCERA	70	NEEDLE/1ML/27G X 1/2" ..	104
METHYLIN	2	MIRCETTE	50	MONOJECT INSULIN	
methylphenidate hcl	2	MIRENA	51	SYRINGE/PERM	
METHYLPHENIDATE		mirtazapine	19	NEEDLE/1ML/28G X 1/2" ..	104
HYDROCHLORIDE ER	2	MIRVASO	60	MONOJECT INSULIN	
methylprednisolone	52	misoprostol	134	SYRINGE/PERM NEEDLE/U-	
methylprednisolone acetate	52	mitomycin	36	100/0.5ML/28G X 1/2"	104
methylprednisolone sod		mitoxantrone hcl	36	MONOJECT INSULIN	
succ	52	MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	
METIPRANOLOL	124	100/0.3ML/30G X 5/16" ..	103	NEEDLE/0.3ML/29GX1/2" ..	104
metoclopramide hcl	67	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
metolazone	63	100/0.3ML/31G X 5/16" ..	103	SYRINGE/SAFETY/PERM	
metoprolol succinate	46	MM INSULIN SYRINGE/U-		NEEDLE/0.5ML/29G X 1/2" ..	104
metoprolol tartrate	46	100/1/2ML/30G X 5/16" ..	103	MONOJECT INSULIN	
METROCREAM	60	MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	
METROGEL	60	100/1/2ML/31G X 5/16" ..	103	NEEDLE/1ML/29G X 1/2" ..	104
METROGEL-VAGINAL	137	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
METROLOTION	60	100/1ML/30G X 5/16"	103	SYRINGE/SOFTPACK/1ML/27G	
metronidazole	10	MM INSULIN SYRINGE/U-		X 1/2"	104
metronidazole (topical)	60	100/1ML/31G X 5/16"	103	MONOJECT INSULIN	
metronidazole vaginal	138	MM LANCING DEVICE	81	SYRINGE/SOFTPACK/U-	
MEVACOR	29	MM PEN NEEDLES 31G X		100/0.5ML/28G X 1/2"	104
mexiletine hcl	13	1/4"	103	MONOJECT INSULIN	
MIACALCIN	63	MM PEN NEEDLES 31G X		SYRINGE/U-100/0.3ML/30G X	
MICARDIS	30	3/16"	103	5/16"	104
MICARDIS HCT	31	MM PEN NEEDLES 31G X		MONOJECT INSULIN	
MICONAZOLE 3	138	5/16"	103	SYRINGE/U-100/0.5ML/28G X	
MICRO-K	120	MM PEN NEEDLES 32G X		1/2"	104
MICROLET LANCETS	81	5/32"	103	MONOJECT INSULIN	
MICROLET NEXT	81	MM TWIST LANCETS	82	SYRINGE/U-100/1ML/28G X	
MICROTAINER SAFETY FLOW		MOBIC	5	1/2"	104
LANCET/STERILE/SINGLE-USE		modafinil	3	MONOJECT INSULIN	
.....	81	MODERIBA 1200 DOSE		SYRINGE/U-100/1ML/30G X	
MICROZIDE	63	PACK	44	5/16"	104
midodrine hcl	138	MODERIBA 800 DOSE		MONOJECT INSULIN	
miglitol	22	PACK	44	SYRINGE/REGULAR LUER	
miglustat	69	moexipril hcl	30	TIP/SOFTPACK/1ML	104
MIGRANAL	118	mometasone furoate	59	MONOJECT ULTRA COMFORT	
MILLIPRED	52	mometasone furoate		INSULIN SYRINGE/0.3ML/29G X	
MILLIPRED DP	52	(nasal)	123	1/2"	104
		MONISTAT SOOTHING CARE		MONOJECT ULTRA COMFORT	
		ITCH RELIEF	59	INSULIN SYRINGE/0.3ML/30G X	
		MONODOX	131	5/16"	104
		MONOJECT INSULIN			
		SYRINGE/1ML	104		

MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	104	MPD SAFETY LANCET 28G/1.8MM.....	82	naproxen.....	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	104	MPD SAFETY LANCET 30G/1.8MM.....	82	naproxen sodium.....	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	104	MPD SAFETY LANCETS 23G/1.8MM.....	82	naratriptan hcl.....	119
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	104	MS CONTIN.....	7	NARCAN.....	25
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	104	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	105	NARDIL.....	20
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	105	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	105	NASACORT ALLERGY 24HR.....	123
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	105	MS INSULIN SYRINGE/1ML/31G X 5/16".....	105	NASACORT ALLERGY 24HR CHILDRENS.....	123
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	105	MULTAQ.....	13	NASONEX.....	123
MONOLET LANCETS.....	82	MULTI-LANCET DEVICE.....	82	NATACYN.....	125
MONOLET OPD LANCETS.....	82	mupirocin.....	55	NATAZIA.....	50
MONOLETTOR SAFETY LANCETS.....	82	mupirocin calcium (topical).....	55	nateglinide.....	24
montelukast sodium.....	13	MUSTARGEN.....	34	NATROBA.....	61
MONUROL.....	134	MYALEPT.....	65	NATURE-THROID.....	132
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	105	MYAMBUTOL.....	33	NAVELBINE.....	38
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	105	MYCAMINE.....	26	NEBUPENT.....	10
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	105	MYCOBUTIN.....	33	NEBUSAL.....	53
MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	105	mycophenolate mofetil.....	121	NECON 1/50-28.....	50
morphine sulfate.....	7	hcl.....	121	NECON 10/11-28.....	50
MORPHINE SULFATE.....	7	mycophenolate mofetil sodium.....	121	NEFAZODONE HCL.....	21
MOTOFEN.....	25	MYDRIACYL.....	124	nefazodone hcl.....	21
MOVIPREP.....	71	MYFORTIC.....	121	NEFAZODONE HYDROCHLORIDE.....	21
MOXEZA.....	125	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	82	NEO-SYNALAR.....	55
moxifloxacin hcl.....	67	MYLERAN.....	34	neomycin sulfate.....	3
moxifloxacin hcl (ophth).....	125	MYRBETRIQ.....	135	neomycin-bacitracin zn- polymyxin.....	125
moxifloxacin hcl in sodium chloride.....	67	MYSOLINE.....	17	neomycin-polymy- dexameth.....	126
MOZOBIL.....	70	nabumetone.....	5	neomycin-polymyxin-hc (otic).....	127
MPD SAFETY LANCET 21G/1.8MM.....	82	nadolol.....	46	NEOMYCIN/POLYMYXIN/HYDR OCORTISONE.....	126
		naftifine hcl.....	56	NEORAL.....	121
		NAFTIN.....	56	NEPTAZANE.....	62
		NAGLAZYME.....	65	NESINA.....	23
		nalbuphine hcl.....	9	NETGROUP LANCETS.....	82
		NALFON.....	5	NEULASTA.....	70
		naloxone hcl.....	25	NEULASTA ONPRO KIT.....	70
		naltrexone hcl.....	25	NEUPOGEN.....	70
		NAMENDA.....	129	NEUPRO.....	39
		NAMENDA TITRATION PAK.....	129	NEURONTIN.....	17
		NAPROSYN.....	5	NEVANAC.....	126
				nevirapine.....	42,43
				NEXAVAR.....	37
				NEXIUM.....	133
				NEXIUM 24HR.....	133
				NEXPLANON.....	51

niacin	138	norethindrone acet & eth		NOVOLOG FLEXPEN	24
niacin (antihyperlipidemic)	29	estra	50	NOVOLOG MIX 70/30	24
NIACIN TR	138	norethindrone acetate	128	NOVOLOG MIX 70/30	
niacinamide	138	norethindrone acetate-ethinyl		PREFILLED FLEXPEN	24
NIASPAN	29	estradiol	66	NOVOLOG PENFILL	24
nicardipine hcl	47	norethindrone acetate-ethinyl		NOVOTWIST 32GX5MM	105
NICODERM CQ	130	estradiol-fe	50	NOXAFIL	26
NICORETTE	130	norethindrone-eth estradiol		NPLATE	70
NICORETTE MINI	130	(triphasic)	50	NUCYNTA	7
NICORETTE STARTER		norgestimate-ethinyl		NUCYNTA ER	7
KIT	130	estradiol	50	NUDEXTA	130
nicotine	131	norgestimate-ethinyl estradiol		NULOJIX	121
nicotine polacrilex	131	(triphasic)	50	NUTROPIN AQ NUSPIN 10	64
NICOTINE TRANSDERMAL		norgestrel & ethinyl		NUVARING	51
SYSTEM	131	estradiol	50	NUVIGIL	3
NICOTROL INHALER	131	NORINYL 1+35	50	nystatin	26
NICOTROL NS	131	NORMOSOL-M IN D5W	120	nystatin (mouth-throat)	122
nifedipine	47	NORMOSOL-R	120	nystatin (topical)	56
NILANDRON	35	NORPACE	13	nystatin-triamcinolone	56
nilutamide	35	NORPRAMIN	22	OBREDON	53
nimodipine	47	nortriptyline hcl	22	OCREVUS	130
NINLARO	37	NORTRIPTYLINE HCL	22	octreotide acetate	65
NIPENT	37	nortriptyline hcl	22	OCUFEN	126
nisoldipine	47	NORVASC	47	OCUFLOX	125
NISOLDIPINE ER	47	NORVIR	43	ODEFSEY	43
NITRO-BID	12	NOVA MAX PLUS KETONE		ODOMZO	35
NITRO-DUR	12	TESTSTRIPS	61	OFLOXACIN	67
nitrofurantoin	134	NOVA SAFETY LANCETS		ofloxacin	67
nitrofurantoin macrocrystal	134	23G	82	ofloxacin (ophth)	125
nitrofurantoin monohyd		NOVA SAFETY LANCETS		ofloxacin (otic)	127
macro	134	28G	82	OGESTREL	50
nitroglycerin	12	NOVA SUREFLEX		olanzapine	40
NITROGLYCERIN	12	LANCETS	82	olmesartan medoxomil	30
nitroglycerin	12	NOVA SUREFLEX LANCING		olmesartan medoxomil-	
NITROSTAT	12	DEVICE	82	amlodipine-hydrochlorothiazide	31
NIX CREME RINSE	61	NOVAREL	64	olmesartan medoxomil-	
nizatidine	133	NOVOFINE 30GX8MM	105	hydrochlorothiazide	31
NIZATIDINE	133	NOVOFINE 32GX6MM	105	olopatadine hcl	126
NIZORAL	56	NOVOFINE AUTOCOVER		olopatadine hcl (nasal)	123
NOR-QD	51	30GX8MM	105	OLUX	59
NORCO	8	NOVOFINE PLUS		omega-3-acid ethyl esters	28
NORDITROPIN FLEXPEN	64	32GX4MM	105	omeprazole	133,134
norethin acet & estrad-fe	50	NOVOLIN 70/30	24	OMEPRAZOLE	134
norethindrone & eth estradiol	50	NOVOLIN 70/30		omeprazole magnesium	134
norethindrone & ethinyl estradiol-		FLEXPEN	24	omeprazole-sodium	
fe	50	NOVOLIN 70/30 FLEXPEN	24	bicarbonate	134
norethindrone		RELION	24	OMNIFLEX DIAPHRAGM	73
(contraceptive)	51	NOVOLIN 70/30 RELION	24		
		NOVOLIN N	24		
		NOVOLIN N RELION	24		
		NOVOLIN R	24		
		NOVOLIN R RELION	24		
		NOVOLOG	24		

OMNIPRED.....	126	oxandrolone.....	9	PAXIL CR.....	21
OMNITROPE.....	64	oxaprozin.....	5	PC LANCETS SUPER THIN	
ON CALL LANCETS.....	82	oxazepam.....	12	30G.....	82
ON CALL LANCING		oxcarbazepine.....	17,18	PC UNIFINE PENTIPS 29G	
DEVICE.....	82	oxiconazole nitrate.....	56	X1/2".....	105
ON CALL PLUS LANCETS.....	82	OXISTAT.....	56	PC UNIFINE PENTIPS 31G	
ON CALL PLUS LANCING		OXSORALEN ULTRA.....	56	X5MM MINI.....	105
DEVICE.....	82	oxybutynin chloride.....	134	PC UNIFINE PENTIPS 31G	
ONCASPAR.....	37	oxycodone hcl.....	7	X6MM ULTRA SHORT.....	105
ondansetron.....	25	OXYCODONE HCL ER.....	7	PC UNIFINE PENTIPS 31G	
ondansetron hcl.....	25	oxycodone w/		X8MM SHORT.....	105
ONETOUCH CLUB LANCETS		acetaminophen.....	8	PEDIAPRED.....	52
FINE POINT.....	82	OXYCODONE/ACETAMINOPH		peg 3350-kcl-sod bicarb-sod	
ONETOUCH COMBO PACK	82	EN.....	8	chloride-sod sulfate.....	71
ONETOUCH DELICA LANCETS		OXYCODONE/IBUPROFEN	8	PEG-INTRON REDIPEN.....	44
EXTRA FINE 33G.....	82	OXYCONTIN.....	7	PEGANONE.....	19
ONETOUCH DELICA LANCETS		oxymorphone hcl.....	7	PEGASYS.....	44
FINE 30G.....	82	OXYMORPHONE		PEGASYS PROCLICK.....	44
ONETOUCH DELICA LANCING		HYDROCHLORIDE ER.....	7	PEGINTRON.....	44
DEVICE.....	82	paclitaxel.....	38	PEN NEEDLES 29G X	
ONETOUCH FINEPOINT		PACLITAXEL.....	38	12MM.....	105
LANCETS.....	82	paliperidone.....	40	PEN NEEDLES 29GX1/2".....	105
ONETOUCH ULTRASOFT		palonosetron hcl.....	25	PEN NEEDLES 30GX5/16".....	105
LANCETS.....	82	PALONOSETRON		PEN NEEDLES 30GX8MM.....	105
ONFI.....	16	HYDROCHLORIDE.....	25	PEN NEEDLES 31G X 1/4"	
ONGLYZA.....	23	PAMELOR.....	22	SHORT.....	105
OPANA.....	7	pamidronate disodium.....	63	PEN NEEDLES 31G X	
OPSUMIT.....	48	PAMIDRONATE		3/16".....	105
ORAP.....	130	DISODIUM.....	63	PEN NEEDLES 31G X	
ORAPRED ODT.....	52	PANCREAZE.....	62	5MM.....	105
ORENCIA.....	5	PANOXYL-4 CREAMY		PEN NEEDLES 31G X	
ORENITRAM.....	48	WASH.....	54	6MM.....	105
ORFADIN.....	65	PANRETIN.....	56	PEN NEEDLES 31G X	
orphenadrine citrate.....	123	pantoprazole sodium.....	134	8MM.....	105
ORTHO MICRONOR.....	51	PARAFON FORTE DSC.....	123	PEN NEEDLES 31GX5/16".....	105
ORTHO TRI-CYCLEN.....	50	PARAGARD INTRAUTERINE		PEN NEEDLES 31GX6MM	
ORTHO TRI-CYCLEN LO.....	50	COPPER CONTRACEPTIVE		(1/4").....	105
ORTHO-CYCLEN.....	50	T380A.....	51	PEN NEEDLES 31GX8MM.....	105
ORTHO-NOVUM 1/35.....	50	parenteral electrolytes.....	120	PEN NEEDLES 31GX8MM	
ORTHO-NOVUM 7/7/7.....	50	paricalcitol.....	65	(5/16").....	105
oseltamivir phosphate.....	45	PARLODEL.....	39	PEN NEEDLES 32G X	
OSMOPREP.....	71	PARNATE.....	20	4MM.....	105
OSPHENA.....	64	paromomycin sulfate.....	3	PEN NEEDLES 32G X	
OTEZLA.....	5	paroxetine hcl.....	20	5MM.....	105
OTOVEL.....	127	PASER.....	33	PEN NEEDLES 32G X	
OVCON-35.....	50	PATADAY.....	126	6MM.....	105
OVIDE.....	61	PATANASE.....	123	PEN NEEDLES 32GX4MM.....	105
oxacillin sodium.....	128	PATANOL.....	126	penicillin g potassium.....	128
oxaliplatin.....	34	PAXIL.....	21	PENICILLIN G POTASSIUM IN	
OXANDRIN.....	9			ISO-OSMOTIC	
				DEXTROSE.....	128
				PENICILLIN G PROCAINE.....	128
				PENICILLIN G SODIUM.....	128
				penicillin v potassium.....	128

PENICILLIN V		PHENYTEK.....	19	potassium chloride in	
POTASSIUM.....	128	phenytoin.....	19	dextrose.....	120
penicillin v potassium.....	128	phenytoin sodium.....	19	potassium chloride in dextrose &	
PENLAC NAIL LACQUER...56		phenytoin sodium		sodium chloride.....	120
PENTAM 300.....	10	extended.....	19	potassium chloride in nacl..	120
pentazocine w/ naloxone.....	9	PHOSLYRA.....	68	potassium chloride	
PENTIPS 29G X 12MM....	105	PHOSPHOLINE IODIDE..	124	microencapsulated crystals	
PENTIPS 29GX12MM.....	105	PHOTOFRIN.....	37	er.....	120
PENTIPS 31G X 5MM.....	106	PICATO.....	56	POTASSIUM	
PENTIPS 31G X 8MM.....	106	pilocarpine hcl.....	124	CHLORIDE/DEXTROSE...120	
PENTIPS 31GX5MM.....	106	pilocarpine hcl (oral).....	122	POTASSIUM	
PENTIPS 31GX6MM.....	106	pimozide.....	130	CHLORIDE/DEXTROSE/LACTA	
PENTIPS 31GX8MM.....	106	pindolol.....	46	TED RINGERS.....	120
PENTIPS 32G X 4MM.....	106	pioglitazone hcl.....	23	potassium citrate	
PENTIPS 32GX4MM.....	106	pioglitazone hcl-		(alkalinizer).....	68
pentoxifylline.....	69	glimepiride.....	22	potassium phosphates.....	120
PEPCID.....	133	pioglitazone hcl-metformin		POTASSIUM	
PEPCID AC MAXIMUM		hcl.....	22	PHOSPHATES.....	120
STRENGTH.....	133	piperacillin sodium-tazobactam		POTIGA.....	18
PERCOCET.....	8	sodium.....	128	PRADAXA.....	16
PERFECT LANCETS 30G...82		PIPERACILLIN/TAZOBACTAM		pramipexole dihydrochloride..	39
PERFECT PRESSURE		.....	128	PRANDIN.....	24
ACTIVATED SAFETY LANCETS		piroxicam.....	5	prasugrel hcl.....	69
28G.....	82	PLAN B ONE-STEP.....	51	PRAVACHOL.....	29
PERIDEX.....	122	PLAQUENIL.....	32	pravastatin sodium.....	29
perindopril erbumine.....	30	PLASMA-LYTE A.....	120	praziquantel.....	10
PERJETA.....	34	PLASMA-LYTE-148.....	120	prazosin hcl.....	30
permethrin.....	61	PLASMA-LYTE-56/D5W..	120	PRECISION SURE-DOSE	
perphenazine.....	41	PLAVIX.....	69	INSULIN SYRINGE/0.3ML/30G X	
PERPHENAZINE/AMITRIPTYLIN		PLEGRIDY.....	130	5/16".....	106
E.....	129	PLEGRIDY STARTER		PRECISION SURE-DOSE	
PFIZERPEN.....	128	PACK.....	130	INSULIN SYRINGE/0.5ML/28G X	
PHARMACIST CHOICE ULTRA		PNEUMOVAX 23.....	135	1/2".....	106
THIN LANCETS.....	82	PNEUMOVAX 23/1		PRECISION SURE-DOSE	
PHARMACIST CHOICE ULTRA		DOSE.....	135	INSULIN SYRINGE/0.5ML/30G X	
THIN LANCETS 28G.....	82	podofilox.....	60	3/8".....	106
PHARMACIST CHOICE ULTRA		polymyxin b sulfate.....	11	PRECISION SURE-DOSE	
THIN LANCETS 30G.....	82	polymyxin b-trimethoprim..	125	INSULIN SYRINGE/1ML/28G X	
PHARMACIST CHOICE ULTRA		POLYTRIM.....	125	1/2".....	106
THIN LANCETS 31G.....	82	POMALYST.....	35	PRECISION SURE-DOSE	
PHARMACIST CHOICE ULTRA		PONSTEL.....	5	PLUSINSULIN	
THIN LANCETS 33G.....	82	potassium acetate.....	120	SYRINGE/0.3ML/29G X	
PHARMACY COUNTER		potassium bicarb &		1/2".....	106
LANCETS.....	82	chloride.....	120	PRECISION SURE-DOSE	
phenazopyridine hcl.....	68	potassium bicarbonate...120		PLUSINSULIN	
phendimetrazine tartrate.....	1	potassium chloride.....	120	SYRINGE/1ML/29G X 1/2"..	106
phenelzine sulfate.....	20	POTASSIUM CHLORIDE..	120	PRECISION THIN	
PHENERGAN.....	28	potassium chloride.....	120	LANCETS.....	82
phenobarbital.....	70	POTASSIUM CHLORIDE		PRECISION THINS GP	
phenoxybenzamine hcl.....	30	potassium chloride.....	120	LANCET.....	82
phentermine hcl.....	2	POTASSIUM CHLORIDE		PRECISION ULTRA	
		ER.....	120	LANCET.....	82
				PRECISION XTRA.....	61

PRECOSE.....	22	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	106	PRO COMFORT PEN NEEDLES/32G X 6MM.....	107
PRED FORTE.....	126	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	64	PROAIR HFA.....	14
PRED MILD.....	126	PREMARIN.....	66	probenecid.....	69
prednicarbate.....	59	PREMIUM CONDOMS LUBRICATED.....	73	procainamide hcl.....	13
prednisolone.....	52	PREMPHASE.....	66	PROCARDIA.....	47
prednisolone acetate (ophth).....	126	PREMPRO.....	66	PROCARDIA XL.....	47
PREDNISOLONE SODIUM PHOSPHATE.....	52	PREPOPIK.....	71	prochlorperazine.....	41
prednisolone sodium phosphate.....	52	PRESSURE ACTIVATED SAFETYLANCET 21G.....	83	prochlorperazine maleate.....	41
PREDNISOLONE SODIUM PHOSPHATE.....	126	PREVACID.....	134	PROCRIT.....	70
PREDNISON.....	52	PREVACID 24HR.....	134	PROCTOCORT.....	10
prednisone.....	52	PREVNAR 13.....	135	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	107
PREDNISON.....	52	PREZCOBIX.....	43	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	107
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	106	PREZISTA.....	43	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	107
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	106	PRIFTIN.....	33	PRODIGY LANCING DEVICE.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	106	PRILOSEC.....	134	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	106	PRILOSEC OTC.....	134	PRODIGY SAFETY LANCETS.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	106	PRIMAQUINE PHOSPHATE.....	32	PRODIGY TWIST TOP LANCETS.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	106	PRIMAXIN IV.....	10	progesterone micronized.....	128
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	106	primidone.....	18	PROGLYCEM.....	23
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	106	PRINIVIL.....	30	PROGRAF.....	121
PREFERRED PLUS LANCETS COLORED 21G.....	82	PRISTIQ.....	21	PROLASTIN-C.....	131
PREFERRED PLUS LANCETS SUPER THIN 30G.....	82	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	106	PROLEUKIN.....	37
PREFERRED PLUS LANCETS THIN 26G.....	83	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	107	PROLIA.....	63
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	106	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	107	PROMACTA.....	70
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	106	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	107	promethazine hcl.....	28
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	106	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	107	PROMETRIUM.....	129
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	106	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	107	propafenone hcl.....	13
		PRO COMFORT LANCETS 30G.....	83	proparacaine hcl.....	125
		PRO COMFORT LANCETS 31G.....	83	PROPECIA.....	60
		PRO COMFORT PEN NEEDLES/31G X 8MM.....	107	propranolol hcl.....	46
		PRO COMFORT PEN NEEDLES/32G X 4MM.....	107	PROPRANOLOL HCL.....	46
		PRO COMFORT PEN NEEDLES/32G X 5MM.....	107	propranolol hcl.....	46
				propylthiouracil.....	132
				PROSCAR.....	68
				PROTONIX.....	134
				PROTOPIC.....	60
				protriptyline hcl.....	22
				PROVENTIL HFA.....	14
				PROVERA.....	129
				PROVIGIL.....	3

PROZAC	21	QC PEN NEEDLES 31G X 6MM	107	RAPAMUNE	121
PROZAC WEEKLY	21	QC PEN NEEDLES 31G X 8MM	107	rasagiline mesylate	39
PRUDOXIN	56	QC UNIFINE PENTIPS 32GX4MM	107	RAZADYNE	129
PSORCON	59	QC UNILET LANCETS 28G/ULTRA THIN	83	RAZADYNE ER	129
PSS SELECT GP LANCETS	83	QC UNILET LANCETS 33G/MICRO THIN	83	READYLANCE SAFETY LANCETS/21G/2.2MM	83
PSS SELECT SAFETY LANCETS	83	QUALAQUIN	32	READYLANCE SAFETY LANCETS/23G/1.8MM	83
PTS PANELS KETONE TEST	61	QUESTRAN	28	READYLANCE SAFETY LANCETS/26G/1.8MM	83
PULMICORT	14	QUESTRAN LIGHT	28	READYLANCE SAFETY LANCETS/28G/1.8MM	83
PULMICORT FLEXHALER	14	quetiapine fumarate	40,41	READYLANCE SAFETY LANCETS/30G/1.6MM	83
PULMOZYME	131	quinapril hcl	30	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	107
PUSH BUTTON SAFETY LANCETS 21G	83	quinapril-hydrochlorothiazide	31	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	108
PUSH BUTTON SAFETY LANCETS 28G	83	QUINIDINE SULFATE	13	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	108
PX ADVANCED LANCING DEVICE	83	quinine sulfate	32	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	108
PX EXTRA SHORT PEN NEEDLES 31GX6MM	107	QVAR	14	REALITY LANCETS	83
PX INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	107	QVAR REDIHALER	14	REALITY LATEX CONDOMS/LUBRICATED	73
PX INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	107	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	83	REALITY LATEX/ULTRA TEXTURED	73
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	107	RA E-ZJECT LANCETS 28G	83	REALITY LATEX/ULTRA THIN	73
PX INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	107	RA E-ZJECT LANCETS THIN 26G	83	REALITY TRIGGER LANCETS	83
PX INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	107	RA E-ZJECT LANCETS THIN 28G	83	REBETOL	44
PX INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	107	RA E-ZJECT LANCETS ULTRATHIN 30G	83	REBIF	130
PX LANCET AUTO INJECTOR	83	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	107	REBIF REBIDOSE	130
PX LANCETS ULTRA THIN 28G	83	RA INSULIN SYRINGE/1ML/29G X 1/2"	107	REBIF REBIDOSE TITRATIONPACK	130
PX MINI PEN NEEDLES 31GX5MM	107	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	107	REBIF TITRATION PACK	130
PX OMEPRAZOLE	134	RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16"	107	RECLAST	63
PX PEN NEEDLE 29GX12MM	107	RA LANCING DEVICE	83	RECTIV	10
PX PEN NEEDLE 31GX8MM	107	RA OMEPRAZOLE	134	REGLAN	67
PX SHORTLENGTH PEN NEEDLES/31GX8MM	107	RA PEN NEEDLES 31G X 5MM3/16"	107	REGRANEX	61
pyrazinamide	33	RA PEN NEEDLES 31G X 8MM5/16"	107	RELENZA DISKHALER	45
PYRIDIDIUM	68	rabeprazole sodium	134	RELION 2-IN-1 LANCING DEVICE 25G	83
pyridostigmine bromide	33	raloxifene hcl	64	RELION 2-IN-1 LANCING DEVICE 30G	83
QC ADVANCED LANCING DEVICE	83	ramipril	30	RELION INSULIN SYRINGE 1ML/31GX15/64"	108
QC LANCETS SUPER THIN	83	RANEXA	12	RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2"	108
QC LANCETS ULTRA THIN	83	ranitidine hcl	133	RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	108
QC PEN NEEDLES 29G X 12MM	107	RAPAFLO	68	RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	108

RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	108	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	22	RITALIN.....	3
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	108	REPATHA.....	29	RITALIN LA.....	3
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	108	REPATHA SURECLICK... ..	29	ritonavir.....	43
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	REPREXAIN.....	9	RITUXAN.....	35
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	REQUIP.....	39	rivastigmine tartrate.....	129
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	108	REQUIP XL.....	39	rizatriptan benzoate.....	119
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	108	RESCRIPTOR.....	43	ROBAXIN.....	123
RELION KETONE.....	61	RESCULA.....	127	ROBAXIN-750.....	123
RELION KETONE TEST STRIPS.....	61	RESECTISOL.....	68	ROBINUL.....	132
RELION LANCETS MICRO-THIN33G.....	83	RESTASIS.....	125	ROBINUL FORTE.....	132
RELION LANCETS STANDARD 21G.....	83	RESTASIS MULTIDOSE.....	125	ROCALTROL.....	65
RELION LANCETS THIN 26G.....	83	RESTORIL.....	70	ROMIDEPSIN.....	37
RELION LANCETS ULTRA-THIN30G.....	83	RETIN-A.....	54	ropinirole hydrochloride.....	39
RELION LANCING DEVICE.....	83	RETIN-A MICRO.....	54	rosuvastatin calcium.....	29
RELION MINI PEN NEEDLES 31GX6MM.....	108	RETIN-A MICRO PUMP... ..	54	ROXICODONE.....	7
RELION PEN NEEDLES 29GX12MM.....	108	RETROVIR.....	43	ROZEREM.....	71
RELION PEN NEEDLES 31GX6MM.....	108	RETROVIR IV INFUSION.....	43	RYCLORA.....	27
RELION PEN NEEDLES 31GX8MM.....	108	REVATIO.....	48	RYTHMOL.....	13
RELION PEN NEEDLES 32GX4MM.....	108	REVLIMID.....	121	RYTHMOL SR.....	13
RELION SHORT PEN NEEDLES31GX8MM.....	108	REXALL LANCETS ULTRA THIN.....	84	SABRIL.....	18
RELION ULTRA THIN LANCETS30G.....	84	REXULTI.....	41	SAFE-T-LANCE LOW FLOW 25G.....	84
RELION ULTRA THIN PLUS LANCETS 32G.....	84	REYATAZ.....	43	SAFE-T-LANCE NORMAL FLOW21G.....	84
RELION ULTRA THIN PLUS LANCETS 33G.....	84	RHINOCORT AQUA.....	123	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	84
RELISTOR.....	68	RIBASPHERE.....	44	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	84
RELPAK.....	119	RIBASPHERE RIBAPAK.. ..	44	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	84
REMERON.....	19	ribavirin (hepatitis c).....	44	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	108
REMERON SOLTAB.....	19	RIDAURA.....	4	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	108
REMICADE.....	67	rifabutin.....	33	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	108
REMODULIN.....	48	RIFADIN.....	33	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	108
RENAGEL.....	68	RIFAMATE.....	33	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	108
RENFLEXIS.....	67	rifampin.....	33	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	108
REVELA.....	68	RIFATER.....	33	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	108
REOPRO.....	69	RIGHTEST GD500 LANCING DEVICE.....	84	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	108
repaglinide.....	24	RIGHTEST GL300 LANCETS.....	84		
		RILUTEK.....	124		
		riluzole.....	124		
		rimantadine hydrochloride.....	45		
		ringer's.....	120		
		ringer's irrigation.....	122		
		risedronate sodium.....	63		
		RISPERDAL.....	40		
		RISPERDAL CONSTA.....	40		
		RISPERDAL M-TAB.....	40		
		risperidone.....	40		

SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	108	SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/30G X 5/16".....	109	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31 GX8MM.....	109
SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	108	scopolamine.....	25	SHOPKO UNILET LANCETS SUPER THIN 30G.....	84
SAFETY LANCET 21G/PRESSURE ACTIVATED.....	84	SEASONIQUE.....	50	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	84
SAFETY LANCET 28G/PRESSURE ACTIVATED.....	84	SECTRAL.....	46	SHUR-SEAL.....	137
SAFETY LANCETS.....	84	SEGLUROMET.....	22	SIDE BUTTON SAFETY LANCET21G.....	84
SAFETY LANCETS 21G.....	84	SELECT-LITE LANCING DEVICE.....	84	SIGNIFOR.....	65
SAFETY LANCETS 28G.....	84	selegiline hcl.....	39	SIKLOS.....	69
SAFETY LET LANCETS.....	84	selenium sulfide.....	57	sildenafil citrate.....	47
SAFETY SEAL LANCETS 28G.....	84	SELZENTRY.....	43	sildenafil citrate (pulmonary hypertension).....	48
SAFETY SEAL LANCETS 30G.....	84	SENSIPAR.....	65	SILVADENE.....	57
SAFYRAL.....	50	SEREVENT DISKUS.....	14	silver sulfadiazine.....	57
SAIZEN.....	64	SEROQUEL.....	41	SIMBRINZA.....	125
SAIZEN CLICK.EASY.....	64	SEROQUEL XR.....	41	SIMPLE DIAGNOSTICS LANCING DEVICE.....	84
SAIZENPREP RECONSTITUTIONKIT.....	64	SEROSTIM.....	64	SIMPONI.....	4
SALAGEN.....	122	sertraline hcl.....	21	SIMULECT.....	122
salsalate.....	6	sevelamer carbonate.....	68	simvastatin.....	29
SAMSCA.....	65	SHINGRIX.....	137	SINEMET.....	39
SANDIMMUNE.....	121	SHOHL'S SOLUTION MODIFIED.....	68	SINEMET CR.....	39
SANDOSTATIN.....	65	SHOPKO AUTOLET LANCING DEVICE.....	84	SINEMET CR.....	39
SANTYL.....	60	SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	84	SINGLE-LET.....	84
SAPHRIS.....	41	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	109	SINGULAIR.....	13
SAPS HEALTH TWIST TOP LANCETS 30G.....	84	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	109	sirolimus.....	122
SAPSCARE TWIST TOP LANCETS 30G.....	84	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12 MM.....	109	SIRTURO.....	33
SAVELLA.....	129	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	109	SIVEXTRO.....	11
SAVELLA TITRATION PACK.....	129	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/3 2GX4MM.....	109	SKELAXIN.....	123
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	109	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31 GX5MM.....	109	SKLICE.....	61
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	109	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12 MM.....	109	SKYLA.....	51
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	109			SLO-NIACIN.....	138
SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	109			SM INSULIN SYRINGE/1ML/31G X 5/16".....	109
SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	109			SM MICRO THIN LANCETS 33G.....	84
SB LANCETS THIN.....	84			SM OMEPRAZOLE.....	134
SB LANCETS ULTRA THIN.....	84			SM TRUEDRAW LANCING DEVICE.....	84
SB OMEPRAZOLE.....	134			SMART DIABETES VANTAGE LANCING DEVICE.....	84
SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/29G X 1/2".....	109			SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	84

sodium acetate.....	119	stavudine.....	43	SURE COMFORT INSULIN	
sodium chloride.....	121	STEGLATRO.....	24	SYRINGE/U-100/0.3ML/31G X	
sodium chloride (gu irrigant).....	68	STELARA.....	57	5/16".....	109
sodium chloride (inhalant).....	53	STENDRA.....	47	SURE COMFORT INSULIN	
sodium citrate & citric acid.....	68	STERILANCE TL.....	85	SYRINGE/U-100/0.5ML/28G X	
sodium phenylbutyrate.....	65	STIMATE.....	65	1/2".....	109
sodium polystyrene		STIVARGA.....	37	SURE COMFORT INSULIN	
sulfonate.....	122	STRATTERA.....	2	SYRINGE/U-100/0.5ML/29G X	
SOFOSBUVIR/VELPATASVIR		STREPTOMYCIN		1/2".....	109
.....	45	SULFATE.....	3	SURE COMFORT INSULIN	
SOLARAZE.....	56	STRIBILD.....	43	SYRINGE/U-100/0.5ML/30G X	
SOLOSEC.....	3	STRIVERDI RESPIMAT.....	14	5/16".....	109
SOLU-CORTEF.....	52	STROMECTOL.....	10	SURE COMFORT INSULIN	
SOLU-MEDROL.....	52	SUBOXONE.....	9	SYRINGE/U-100/0.5ML/31G X	
SOLUS V2 LANCING		SUCRAID.....	62	5/16.....	110
DEVICE.....	85	sucralfate.....	133	SURE COMFORT INSULIN	
SOLUS V2 PRESSURE		SULAR.....	47	SYRINGE/U-100/1ML/28G X	
ACTIVATED SAFETY LANCETS		sulfacetamide sodium		1/2".....	110
28G.....	85	(acne).....	54	SURE COMFORT INSULIN	
SOLUS V2 TWIST LANCETS		sulfacetamide sodium		SYRINGE/U-100/1ML/29G X	
30G.....	85	(ophth).....	125	1/2".....	110
SOMA.....	123	sulfacetamide sodium w/		SURE COMFORT INSULIN	
SOMATULINE DEPOT.....	65	sulfur.....	55	SYRINGE/U-100/1ML/30G X	
SOMAVERT.....	64	SULFADIAZINE.....	131	1/2".....	110
SONATA.....	70,71	sulfamethoxazole-trimethoprim		SURE COMFORT INSULIN	
SORBITOL.....	68	.....	10	SYRINGE/U-100/1ML/30G X	
SORBITOL-MANNITOL.....	68	SULFAMYLON.....	57	5/16".....	110
SORIATANE.....	57	sulfasalazine.....	67	SURE COMFORT INSULIN	
sotalol hcl.....	46	sulindac.....	5	SYRINGE/U-100/1ML/31G X	
sotalol hcl (afib/afI).....	46	SUMADAN WASH.....	55	5/16".....	110
SOVALDI.....	45	sumatriptan.....	119	SURE COMFORT LANCETS	
SPECTRACEF.....	49	sumatriptan succinate.....	119	18G.....	85
SPINOSAD.....	61	SUMATRIPTAN		SURE COMFORT LANCETS	
SPIRIVA HANDIHALER.....	13	SUCCINATE.....	119	21G.....	85
SPIRIVA RESPIMAT.....	13	sumatriptan succinate.....	119	SURE COMFORT LANCETS	
spironolactone.....	62	SUPER THIN LANCETS.....	85	23G.....	85
spironolactone &		SUPRAX.....	49	SURE COMFORT LANCETS	
hydrochlorothiazide.....	62	SUPREP BOWEL PREP		28G.....	85
SPORANOX.....	26	KIT.....	71	SURE COMFORT LANCETS	
SPORANOX PULSEPAK.....	26	SURE COMFORT INSULIN		30G.....	85
SPRYCEL.....	37	SYRINGE/U-100/0.3ML/29G X		SURE COMFORT LANCING	
STALEVO 100.....	39	1/2".....	109	PEN.....	85
STALEVO 125.....	39	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 150.....	39	SYRINGE/U-100/0.3ML/30G X		NEEDLES29GX1/2"	
STALEVO 200.....	39	1/2".....	109	12.7MM.....	110
STALEVO 50.....	39	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 75.....	39	SYRINGE/U-100/0.3ML/30G X		NEEDLES30GX5/16"	
stannous fluoride.....	122	5/16".....	109	SHORT.....	110
STARLIX.....	24	SURE COMFORT INSULIN		SURE COMFORT PEN	
		SYRINGE/U-100/0.3ML/31G X		NEEDLES31GX3/16"	
		5/16.....	109	(5MM).....	110
				SURE COMFORT PEN	
				NEEDLES31GX5/16"	
				(8MM).....	110
				SURE COMFORT PEN	
				NEEDLES32GX5/32".....	110

TENORETIC 50	31	TOBI	3	TOPCARE ULTRA COMFORT	
TENORMIN	46	TOBRADEX	126	INSULIN SYRINGE/1ML/30G X	
TERAZOL 7	138	tobramycin	3	5/16"	111
terazosin hcl	30	TOBRAMYCIN	3	TOPCARE ULTRA COMFORT	
terbinafine hcl	26	tobramycin (ophth)	125	INSULIN SYRINGE/1ML/31G X	
terbutaline sulfate	15	TOBRAMYCIN SULFATE	3	5/16"	112
TERCONAZOLE	138	tobramycin sulfate	3	TOPCARE ULTRA COMFORT	
terconazole vaginal	138	tobramycin-		INSULIN SYRINGE/U-	
TESSALON PERLES	52	dexamethasone	126	100/0.3ML/29G X 1/2"	112
testosterone cypionate	9	TOBREX	125	TOPCARE ULTRA COMFORT	
testosterone enanthate	9	TODAY SPONGE	137	INSULIN SYRINGE/U-	
tetrabenazine	129	TODAYS HEALTH ADVANCED		100/0.5ML/29G X 1/2"	112
tetracycline hcl	131	LANCING DEVICE	85	TOPCARE ULTRA COMFORT	
TETRACYCLINE HCL	131	TODAYS HEALTH MINI PEN		INSULIN SYRINGE/U-	
TGT LANCET MICRO THIN		NEEDLES 31G X 1/4"	111	100/1ML/29G X 1/2"	112
33G	85	TODAYS HEALTH ORIGINAL		TOPCO INSULIN SYRINGE/U-	
TGT LANCET THIN 26G	85	PEN NEEDLES 29G X		100/0.3ML/29G X 1/2"	112
TGT LANCET ULTRA THIN		1/2"	111	TOPCO INSULIN SYRINGE/U-	
30G	85	TODAYS HEALTH SHORT		100/0.5ML/28G X 1/2"	112
TGT LANCING DEVICE	85	PEN NEEDLES 31G X		100/0.5ML/29G X 1/2"	112
TGT OMEPRAZOLE	134	5/16"	111	TOPCO INSULIN SYRINGE/U-	
THALOMID	121	TODAYS HEALTH SUPER		100/1ML/28G X 1/2"	112
theophylline	15	THINLANCETS 30G	85	TOPCO INSULIN SYRINGE/U-	
THINLETS GP LANCETS	85	TODAYS HEALTH ULTRA		100/1ML/29G X 1/2"	112
THINLETS LANCET	85	THINLANCETS 28G	85	TOPICORT	59
thioridazine hcl	41	TOFRANIL	22	topiramate	18
thiotepa	34	TOLAZAMIDE	24	topotecan hcl	38
thiothixene	41	TOLBUTAMIDE	24	TOPROL XL	46
THYMOGLOBULIN	122	tolcapone	38	TORISEL	37
thyroid	132	TOLMETIN SODIUM	5	torsemide	62
THYROLAR-1	132	tolterodine tartrate	135	TOVIAZ	135
THYROLAR-1/2	132	TOPAMAX	18	TRACLEER	48
THYROLAR-1/4	132	TOPAMAX SPRINKLE	18	TRADJENTA	23
THYROLAR-2	132	TOPCARE CLICKFINE		tramadol hcl	7
THYROLAR-3	132	UNIVERSAL PEN EEDLES		tramadol-acetaminophen	9
tiagabine hcl	18	31GX1/4"	111	trandolapril	30
TIAZAC	47	TOPCARE CLICKFINE		trandolapril-verapamil hcl	31
TIGAN	25	UNIVERSAL PEN EEDLES		TRANDOLAPRIL/VERAPAMIL	
tigecycline	11	31GX5/16"	111	HCL ER	31
TIGECYCLINE	11	TOPCARE LANCETS MICRO-		tranexamic acid	70
TIKOSYN	13	THIN 33G	85	TRANSDERM-SCOP	25
TIMOLOL MALEATE	46	TOPCARE ULTRA COMFORT		TRANXENE T	12
timolol maleate (ophth)	124	INSULIN SYRINGE/0.3ML/30G		tranylcypramine sulfate	20
TIMOPTIC	124	X 5/16"	111	TRAVATAN Z	127
TIMOPTIC-XE	124	TOPCARE ULTRA COMFORT		TRAVEL LANCETS 30G	85
TIVICAY	43	INSULIN SYRINGE/0.3ML/31G		TRAVEL LANCETS ADVANCED	
tizanidine hcl	123	X 5/16"	111	28G	85
		TOPCARE ULTRA COMFORT		trazodone hcl	21
		INSULIN SYRINGE/0.5ML/30G		TREANDA	34
		X 5/16"	111	TRECTOR	33
		TOPCARE ULTRA COMFORT		TRELEGY ELLIPTA	15
		INSULIN SYRINGE/0.5ML/31G			
		X 5/16"	111		

TRELSTAR	35	TROJAN SHARED SENSATION/LUBRICATED	73	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	112
TRELSTAR MIXJECT	35	TROJAN SUPRAS SPERMICIDAL	73	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	112
tretinoin	55	TROJAN TWISTED PLEASURE	73	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	112
tretinoin (chemotherapy)	37	TROJAN ULTRA PLEASURE/LUBRICATED	73	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	112
tretinoin microsphere	55	TROJAN VERY SENSITIVE LUBRICATED	73	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	112
TREXALL	34	TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT	73	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	112
TREZIX	9	TROJAN VERY THIN LUBRICATED	73	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	112
TRI-NORINYL 28	50	TROJAN VERY THIN SPERMICIDAL LUBRICANT	74	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	112
TRIAMCINOLONE ACETONIDE	52	TROJAN-ENZ LUBRICANT	74	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	113
triamcinolone acetonide	52	TROJAN-ENZ LUBRICATED	74	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	113
triamcinolone acetonide (mouth)	122	TROJAN-ENZ W/SPERMICIDAL	74	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	113
triamcinolone acetonide (nasal)	123	tropicamide	124	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	113
triamcinolone acetonide (topical)	59	trospium chloride	135	TRUEPLUS LANCETS 26G	85
triamcinolone acetonide-dimethicone-silicone	59	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	112	TRUEPLUS LANCETS 28G	85
triamterene & hydrochlorothiazide	62	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	112	TRUEPLUS LANCETS 28G SUPER THIN	85
TRIAMTERENE/HYDROCHLOROTHIAZIDE	62	TRUE COMFORT PEN NEEDLES 31G X 5MM	112	TRUEPLUS LANCETS 30G	85
triazolam	71	TRUE COMFORT PEN NEEDLES 31G X 6MM	112	TRUEPLUS LANCETS 30G ULTRA THIN	85
TRIBENZOR	32	TRUE COMFORT PEN NEEDLES 32G X 4MM	112	TRUEPLUS LANCETS 33G	85
TRICOR	29	TRUE COMFORT TWIST TOP LANCETS 30G	85	TRUEPLUS LANCETS 33G MICRO THIN	85
TRIDESILON	59	TRUE METRIX BLOOD GLUCOSE TEST STRIPS	61	TRUEPLUS PEN NEEDLES 29GX12MM	113
trientine hcl	121	TRUE METRIX CONTROL SOLUTION LEVEL 3	85	TRUEPLUS PEN NEEDLES 31GX5MM	113
trifluoperazine hcl	41	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS	61	TRUEPLUS PEN NEEDLES 31GX6MM	113
trifluridine	125	TRUEDRAW LANCING DEVICE	85	TRUEPLUS PEN NEEDLES 31GX8MM	113
trihexyphenidyl hcl	38	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM	112	TRUEPLUS PEN NEEDLES 32GX4MM	113
TRILEPTAL	18	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	112	TRUEPLUS SAFETY LANCETS 28G	85
trimethobenzamide hcl	26	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	112		
trimethoprim	10				
trimipramine maleate	22				
TRINTELLIX	21				
TRIOSTAT	132				
TRISENOX	37				
TRIUMEQ	43				
TRIZIVIR	43				
TROJAN EXTENDED PLEASURE/LUBRICATED	73				
TROJAN MAGNUM	73				
TROJAN MAGNUM WARM SENSATIONS	73				
TROJAN MAGNUM XL LUBRICATED	73				
TROJAN PLEASURE MESH/SPERMICIDAL	73				
TROJAN RIBBED W/SPERMICIDAL	73				

TRUETEST BLOOD GLUCOSE TEST.....	61	UCERIS.....	10	ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	113
TRUETEST BLOOD GLUCOSE TEST STRIPS.....	61	ULESFA.....	61	ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	113
TRUETEST STRIPS.....	61	ULORIC.....	69	ULTICARE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	113
TRUETRACK BLOOD GLUCOSE TEST.....	61	ULTI-LANCE AUTOMATIC/CLEAR TIP.....	86	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	113
TRUETRACK TEST.....	61	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	114
TRULICITY.....	23	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	114
TRUSOPT.....	126	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	114
TRUSTEX COLOR CONDOMS + LUBE.....	74	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	114
TRUSTEX LUBRICATED.....	74	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	114
TRUSTEX LUBRICATED EXTRALARGE.....	74	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	114
TRUSTEX LUBRICATED EXTRASTRENGTH.....	74	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	114
TRUSTEX LUBRICATED/RIBBED/STUDDED.....	74	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	114
TRUSTEX LUBRICATED/SPERMICIDE.....	74	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	114
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	74	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	114
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	74	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	113	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	114
TRUSTEX NATURAL CONDOMS.....	74	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	113	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16".....	114
+LUBE/LUBRICATED.....	74	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	113	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16".....	114
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED.....	74	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	113	ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16".....	114
TRUSTEX/RIA LUBRICATED.....	74	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	113	ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	114
TRUSTEX/RIA LUBRICATED SPERMICIDE.....	74	ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	113	ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	114
TRUSTEX/RIA LUBRICATED/SPERMICIDE.....	74	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	113	ULTICARE MICRO PEN NEEDLES/31G X 1/4".....	114
TRUVADA.....	43	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	113	ULTICARE MICRO PEN NEEDLES/31G X 5/16".....	114
TUDORZA PRESSAIR.....	13	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	113		
TWYNSTA.....	32	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	113		
TYBOST.....	43	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	113		
TYGACIL.....	11	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	113		
TYKERB.....	37	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	113		
TYLENOL/CODEINE #3.....	9	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	113		
TYLENOL/CODEINE #4.....	9				
TYMLOS.....	63				
TYSABRI.....	130				
TYZEKA.....	45				
TYZINE PEDIATRIC NASAL DROPS.....	123				

ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	114	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	115
ULTICARE MICRO PEN NEEDLES/32G X 5/32".....	114	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	116
ULTICARE MINI PEN NEEDLES 31GX6MM.....	114	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	116
ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	114	ULTILET LANCETS.....	86	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	116
ULTICARE MINI PEN NEEDLES/31G X 6MM.....	114	ULTILET LANCETS 33G..	86	ULTRA-THIN II AUTO LANCET.....	86
ULTICARE MINI PEN NEEDLES31GX6MM.....	114	ULTILET PEN NEEDLE 29GX12.7MM.....	115	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	116
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	114	ULTILET PEN NEEDLE 31GX5MM.....	115	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	116
ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	114	ULTILET PEN NEEDLE 31GX8MM.....	115	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	116
ULTICARE PEN NEEDLES/29GX 12.7MM.....	114	ULTILET PEN NEEDLE 32GX4MM.....	115	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	116
ULTICARE SHORT PEN NEEDLES 31GX8MM.....	114	ULTILET PEN NEEDLE 32GX4MM/SHORT.....	115	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	116
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	114	ULTILET SAFETY LANCETS 21G X 2.2MM.....	86	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	116
ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	114	ULTILET SAFETY LANCETS 23G.....	86	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	116
ULTICARE THIN LANCETS 30G.....	86	ULTILET SHORT PEN NEEDLES 31GX5/16".....	115	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	116
ULTILET CLASSIC LANCETS.....	86	ULTILET SHORT PEN NEEDLES31GX3/16".....	115	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	116
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	115	ULTIMATE FEELING.....	74	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	116
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	115	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	115	ULTRA-THIN II INSULIN SYRINGE/U- 100/1ML/30GX5/16".....	116
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	115	ULTRA THIN LANCETS 31G.....	86	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	116
ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	115	ULTRA-CARE LANCETS 30G.....	86	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	116
ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	115	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	116
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	115	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2".....	116
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	115	ULTRA-THIN II LANCETS 28G.....	86
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	115	ULTRA-THIN II LANCETS 30G.....	86
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".....	116
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	115	ULTRA-THIN II PEN NEEDLES 29GX1/2".....	116
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	115	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	115	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16".....	116
				ULTRA-THIN II SAFETY AUTOLANCETS 26G.....	86
				ULTRABAG/DIANEAL LOW CALCIUM/1.5%.....	122
				ULTRABAG/DIANEAL PD- 2/1.5% DEXTROSE.....	122

ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	116	UNIFINE PENTIPS PLUS 31GX6MM.....	117	UTIBRON NEOHALER.....	15
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	116	UNIFINE PENTIPS PLUS 31GX8MM.....	117	UVADEX.....	37
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	116	UNIFINE PENTIPS PLUS 32GX4MM.....	117	V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	117
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	116	UNILET COMFORTOUCH LANCET.....	86	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	117
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	116	UNILET EXCELITE.....	86	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	117
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	116	UNILET EXCELITE II.....	86	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	117
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	116	UNILET G.P. LANCET.....	86	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	117
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	116	UNILET G.P. SUPERLITE LANCET.....	86	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	117
ULTRACARE PEN NEEDLES/31G X 1/4".....	116	UNILET GP 28 ULTRA THIN.....	86	VAGIFEM.....	138
ULTRACARE PEN NEEDLES/31G X 3/16".....	116	UNILET LANCET.....	86	valacyclovir hcl.....	45
ULTRACARE PEN NEEDLES/31G X 5/16".....	116	UNILET LANCETS MICRO- THIN33G.....	86	VALCYTE.....	44
ULTRACARE PEN NEEDLES/32G X 1/14".....	116	UNILET LANCETS SUPER- THIN30G.....	86	valganciclovir hcl.....	44
ULTRACARE PEN NEEDLES/32G X 3/16".....	116	UNILET LANCETS ULTRA- THIN 28G.....	86	VALIUM.....	12
ULTRACARE PEN NEEDLES/32G X 5/32".....	117	UNILET SUPERLITE LANCET.....	86	valproate sodium.....	19
ULTRACET.....	9	UNISTIK 3 GENTLE.....	86	valproic acid.....	19
ULTRAM.....	8	UNISTIK PRO SAFETY LANCET 21G.....	86	valsartan.....	30
ULTRAVATE.....	59	UNISTIK PRO SAFETY LANCET 25G.....	86	valsartan-hydrochlorothiazide	32
UNASYN.....	128	UNISTIK PRO SAFETY LANCET 28G.....	86	VALSTAR.....	36
UNIFINE PENTIPS 29GX12MM.....	117	UNISTIK SAFETY LANCETS 28G.....	86	VALTREX.....	45
UNIFINE PENTIPS 31G X 3/16".....	117	UNISTIK SAFETY LANCETS 30G.....	86	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	117
UNIFINE PENTIPS 31GX5MM.....	117	UNISTIK TOUCH SAFETY LANCETS 21G.....	86	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	117
UNIFINE PENTIPS 31GX6MM.....	117	UNISTIK TOUCH SAFETY LANCETS 23G.....	86	VALUE PLUS LANCETS STANDARD 21G.....	86
UNIFINE PENTIPS 31GX8MM.....	117	UNISTIK TOUCH SAFETY LANCETS 28G.....	86	VALUE PLUS LANCETS SUPERTHIN 30G.....	86
UNIFINE PENTIPS 32GX4MM.....	117	UNISTIK TOUCH SAFETY LANCETS 30G.....	86	VALUE PLUS LANCETS THIN 26G.....	86
UNIFINE PENTIPS 32GX6MM.....	117	UNIVERSAL 1 LANCETS THIN26G.....	86	VALUE PLUS LANCING DEVICE.....	86
UNIFINE PENTIPS PLUS 29GX12MM.....	117	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	86	VALUMARK LANCET SUPER THIN 30G.....	86
UNIFINE PENTIPS PLUS 31GX5MM.....	117	UNIVERSAL 1 LANCETS/33G/MICRO-THIN	86	VALUMARK LANCET ULTRA THIN 28G.....	86
		URECHOLINE.....	135	VALUMARK PEN NEEDLES 29GX12MM.....	117
		UROCIT-K 10.....	68	VALUMARK PEN NEEDLES 31GX 6MM.....	117
		UROXATRAL.....	68	VALUMARK PEN NEEDLES 31GX 8MM.....	117
		URSO 250.....	67	VANCOGIN HCL.....	11
		URSO FORTE.....	67	vancomycin hcl.....	11
		ursodiol.....	67		

VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	117	VIDEXPEDIATRIC	43	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM	117
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16"	117	vigabatrin	18	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM	118
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"	117	VIGAMOX	125	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	118
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16"	117	VIIBRYD	21	WEGMANS UNIFINE PENTIPS PLUS/ULTRA	
VARUBI	26	VIIBRYD STARTER PACK	21	SHORT/31GX6MM	118
VASCEPA	28	VIMPAT	18	WELCHOL	28
VASERETIC	32	vincristine sulfate	38	WELLBUTRIN SR	19,20
VASOTEC	30	vinorelbine tartrate	38	WELLBUTRIN XL	20
VECAMYL	32	VIRACEPT	43	WESTCORT	59
VECTIBIX	35	VIRAMUNE	43	WIDE-SEAL SILICONE DIAPHRAGM KIT 60	74
VECTICAL	57	VIRAMUNE XR	43,44	WIDE-SEAL SILICONE DIAPHRAGM KIT 65	74
VELCADE	37	VIREAD	44	WIDE-SEAL SILICONE DIAPHRAGM KIT 70	74
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VERELAN	47	VITUZ	53	XALKORI	37
VERELAN PM	47	VIVELLE-DOT	66	XANAX	12
VERIPRED 20	52	VOLTAREN	55	XANAX XR	13
VESICARE	135	VORAXAZE	38	XARELTO	15
VFEND	26	voriconazole	26	XELJANZ	4
VIAGRA	47	VOSPIRE ER	15	XELODA	34
VIBRAMYCIN	131	VOTRIENT	37	XENAZINE	129
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VIDA MIA AUTOLET LANCINGDEVICE	86	VPRIV	69	XGEVA	63
VIDA MIA UNIFINE PENTIPS32GX4MM	117	VYTORIN	28	XIFAXAN	10
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM	117	VYVANSE	1	XIGDUO XR	22
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VIDA MIA UNILET LANCETS ULTRA THIN 28G	87	WALGREENS ADVANCED TRAVELLANCETS 28G	87	XOPENEX	15
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Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Peach State Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Peach State Health Plan, 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 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Peach State Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1180 (TTY/TDD 1-877-941-9231)로 전화하십시오.
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Peach State Health Plan 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 1-877-687-1180 (TTY/TDD 1-877-941-9231)。
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Peach State Health Plan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1180 (TTY/TDD 1-877-941-9231) ઉપર કોલ કરો.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Peach State Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Amharic:	እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Ambetter from Peach State Health Plan ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የሚገኘው መብት አለዎት፤ ፡ አስተርጓሚ ለማነጋገር በ 1-877-687-1180 (TTY/TDD 1-877-941-9231) ይደውሉ፤ ፡
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Peach State Health Plan 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 1-877-687-1180 (TTY/TDD 1-877-941-9231) पर कॉल करें।
French Creole:	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Peach State Health Plan, ou gen tout dwa pou w jwenn ed ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Peach State Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Peach State Health Plan، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Peach State Health Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1180 (TTY/TDD 1-877-941-9231).
Persian:	اگر شما، یا کسی که به او کمک می کنید سوالی در مورد Ambetter from Peach State Health Plan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1-877-687-1180 (TTY/TDD 1-877-941-9231) تماس بگیرید.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Peach State Health Plan 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 1-877-687-1180 (TTY/TDD 1-877-941-9231) an.
Japanese:	Ambetter from Peach State Health Plan 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、1-877-687-1180 (TTY/TDD 1-877-941-9231)までお電話ください。



FROM |  peach state
health plan.