



FROM |  **sunshine health.**
Insured by Celtic Insurance Company

2019 Prescription Drug List

Effective December 1, 2019



Formulary Introduction

FORMULARY

The Ambetter from Sunshine Health 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	QL(2 ea daily)
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	QL(2 ea daily)
DESOXYN TABS (Use Methamphetamine HCl)	NF	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

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps 15 mg, 30 mg, 37.5 mg</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)
DAYTRANA PTCH	3	PA; QL(1 ea daily)
<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)
METHYLIN SOLN (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 cpcr 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 tb24 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tb24 36 mg, 54 mg</i>	1	QL(2 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	1	QL(1 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	
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (<i>Use Tobramycin</i>)	NF	PA
<i>tobramycin nebu</i>	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	4	PA;
HUMIRA PEN PNKT	4	PA;
HUMIRA PEN-CD/UC/HS STARTER PNKT	4	PA;
HUMIRA PEN-PS/UV STARTER PNKT	4	PA;
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA;
HUMIRA PSKT 10 MG/0.2ML, 20 MG/0.4ML	4	PA; QL(0.0571 ea daily)
SIMPONI SOAJ 100 MG/ML	4	PA; SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
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
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
ARTHROTEC 50 TBEC (Use Diclofenac w/ Misoprostol)	NF	
ARTHROTEC 75 TBEC (Use Diclofenac w/ Misoprostol)	NF	
CELEBREX CAPS 400 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib caps 400 mg</i>	1	PA; QL(1 ea daily)
<i>celecoxib caps 50 mg, 100 mg, 200 mg</i>	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use Oxaprozin)	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 (Use Naproxen)	NF	
EC-NAPROXEN TBEC 500 MG (Use Naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use Piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps</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 Etodolac)	NF	

Drug Name	Drug Tier	Requirements/Limits
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>)	NF	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	
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)

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	PA
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; QL(0.143 ml daily); SP
ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 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	
FIORINAL CAPS (Use <i>Butalbital-Aspirin-Caffeine</i>)	NF	
Salicylates		
<i>aspirin chew or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>aspirin tabs or 325 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<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)
ARYMO ER TBEA	3	QL(3 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 30 MG (<i>Use Codeine Sulfate</i>)	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
EMBEDA CPR	3	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 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	
HYSINGLA ER T24A	3	QL(2 ea daily)
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)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml</i>	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	New starts limited to 7 day supply; QL(500 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
MEPERIDINE HCL TABS OR 50 MG, 100 MG	2	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 tbs or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
MORPHABOND ER T12A	3	QL(2 ea 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 (Use Morphine Sulfate)	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbc 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 (Use Oxymorphone HCl)	NF	PA; QL(12 ea daily)
OXAYDO TABA 5 MG	3	QL(12 ea daily)
OXYCODONE HCL ER T12A	2	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)
OXYCODONE HYDROCHLORIDE ER T12A	2	QL(2 ea daily)
OXYCONTIN T12A	2	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)
OXYMORPHONE HYDROCHLORIDE ER TB12	3	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ROXICODONE TABS (Use Oxycodone HCl)	NF	New starts limited to 7 day supply; QL(12 ea daily)
ROXYBOND TABA	3	QL(12 ea daily)
SUBSYS LIQD	3	PA
<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)
ULTRAM TABS (Use Tramadol HCl)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	3	QL(2 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

Drug Name	Drug Tier	Requirements/ Limits
<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 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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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 (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	New starts limited to 7 day supply; QL(13 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (Use Buprenorphine HCl)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg, 2mg-0.5mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg, 12mg-3mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	1	PA; QL(0.143 ea daily)
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	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
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	3	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR	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 (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA; QL(3 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use Oxandrolone)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use Testosterone Cypionate)	NF	
METHITEST TABS	3	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
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		

Drug Name	Drug Tier	Requirements/Limits
<i>albendazole tabs</i>	1	
ALBENZA TABS (Use Albendazole)	3	
BILTRICIDE TABS (Use Praziquantel)	3	
EMVERM CHEW	2	QL(2 ea daily, 6 ea per fill retail, 6 ea per fill mail) 1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	
STROMEKTOL TABS (Use Ivermectin)	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 Metronidazole)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR (Use Pentamidine Isethionate)	3	
<i>pentamidine isethionate solr</i>	1	
<i>trimethoprim tabs</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NF	

Drug Name	Drug Tier	Requirements/Limits
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR IJ (<i>Use Ertapenem Sodium</i>)	3	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use Meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use Daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use Daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
VANCOCIN CAPS (<i>Use Vancomycin HCl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
VANCOCIN HCL CAPS (<i>Use Vancomycin HCl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 gm, 10 gm, 500 mg, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use Clindamycin HCl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln ij 9 gm/60ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
<i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (<i>Use Lincomycin HCl</i>)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		

Drug Name	Drug Tier	Requirements/ Limits
AZACTAM SOLR (Use Aztreonam)	NF	
<i>aztreonam solr</i>	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (Use Linezolid)	NF	
ZYVOX TABS OR 600 MG (Use Linezolid)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use Ranolazine)	NF	
RANEXA TB12 500 MG (Use Ranolazine)	2	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	1	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	

Drug Name	Drug Tier	Requirements/ Limits
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	NF	
<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)	NF	
ANTIANGIETY 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 syrp or 10 mg/5ml</i>	1	
<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)

Drug Name	Drug Tier	Requirements/Limits
<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	
OXAZEPAM CAPS 10 MG, 30 MG	1	
TRANXENE T TABS (<i>Use Clorazepate Dipotassium</i>)	NF	
VALIUM TABS (<i>Use Diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (<i>Use Alprazolam</i>)	NF	QL(4 ea daily)
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 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<i>Use Propafenone HCl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 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		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOLR 100 MG	4	PA
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.86 7 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	

Drug Name	Drug Tier	Requirements/Limits
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>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
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	

Drug Name	Drug Tier	Requirements/Limits
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 REDHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use Fluticasone-Salmeterol</i>)	2	
ADVAIR HFA AERO	2	
ALBUTEROL SULFATE ER TB12 4 MG	1	
ALBUTEROL SULFATE HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<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	
ANORO ELLIPTA AEPB	3	PA

Drug Name	Drug Tier	Requirements/ Limits
ARCAPTA NEOHALER CAPS	2	PA
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>fluticasone-salmeterol aepb</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<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
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	
UTIBRON NEOHALER CAPS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
VENTOLIN HFA AERS	2	1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU (Use <i>Levalbuterol HCl</i>)	NF	PA
XOPENEX HFA AERO	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (Use <i>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 (Use <i>Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail,42 ea per 42 days mail)
ELIQUIS STARTER PACK TABS	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		

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

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium soln 5 mg/0.4ml	4	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
fondaparinux sodium soln 7.5 mg/0.6ml	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
heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	1	
HEPARIN SODIUM/NACL 0.45% SOLN 12500UNIT/250ML-0.45%	1	
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(1.6 ml daily)
Thrombin Inhibitors		
PRADAXA CAPS 75 MG, 150 MG	2	QL(2 ea daily)

ANTICONVULSANTS - Drugs to Treat Seizures

AMPA Glutamate Receptor Antagonists

Drug Name	Drug Tier	Requirements/Limits
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 RECTAL GEL GEL	3	
KLONOPIN TABS (Use Clonazepam)	NF	
ONFI SUSP 2.5 MG/ML (Use Clobazam)	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use Clobazam)	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)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 25 MG, 50 MG, 75 MG, 100 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL ODT TBDP 25 MG, 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, 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 (Use Pregabalin)	2	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG (Use Pregabalin)	2	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML (Use Pregabalin)	2	PA; 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)

Drug Name	Drug Tier	Requirements/ Limits
oxcarbazepine tabs 150 mg, 300 mg	1	QL(3 ea daily)
oxcarbazepine tabs 600 mg	1	QL(4 ea daily)
pregabalin caps 225 mg, 300 mg	1	PA; QL(2 ea daily)
pregabalin caps 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	1	PA; QL(3 ea daily)
pregabalin soln 20 mg/ml	1	PA; QL(30 ml daily)
primidone tabs	1	
TEGRETOL SUSP (Use Carbamazepine)	2	
TEGRETOL TABS (Use Carbamazepine)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (Use Carbamazepine)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (Use Carbamazepine)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (Use Topiramate)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use Topiramate)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (Use Topiramate)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (Use Topiramate)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use Topiramate)	NF	QL(6 ea daily)
topiramate csp 15 mg	1	QL(6 ea daily)
topiramate csp 25 mg	1	QL(8 ea daily)
topiramate tabs 100 mg	1	QL(4 ea daily)
topiramate tabs 200 mg	1	QL(2 ea daily)
topiramate tabs 25 mg, 50 mg	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (Use Oxcarbazepine)	NF	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL TABS 150 MG, 300 MG (Use Oxcarbazepine)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (Use Oxcarbazepine)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (Use Zonisamide)	NF	QL(6 ea daily)
zonisamide caps	1	QL(6 ea daily)
Carbamates		
felbamate susp 600 mg/5ml	1	QL(30 ml daily)
felbamate tabs 400 mg	1	QL(9 ea daily)
felbamate tabs 600 mg	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (Use Felbamate)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (Use Felbamate)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (Use Tiagabine HCl)	NF	
SABRIL PACK (Use Vigabatrin)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (Use Vigabatrin)	4	PA; QL(6 ea daily); SP
tiagabine hcl tabs 2 mg, 4 mg	1	
vigabatrin pack	4	PA; QL(6 ea daily); SP
vigabatrin tabs	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (Use Fosphenytoin Sodium)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use Phenytoin)	2	
DILANTIN-125 SUSP (Use Phenytoin)	2	
fosphenytoin sodium soln	1	
PEGANONE TABS	3	
PHENYTEK CAPS (Use Phenytoin Sodium Extended)	2	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin sodium soln	1	
phenytoin susp	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
ethosuximide caps 250 mg	1	QL(6 ea daily)
ethosuximide soln 250 mg/5ml	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (Use Ethosuximide)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use Ethosuximide)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (Use Valproate Sodium)	NF	
DEPAKENE CAPS (Use Valproic Acid)	NF	
DEPAKENE SOLN (Use Valproate Sodium)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tabs 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 100 MG (<i>Use Bupropion HCl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use Bupropion HCl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use Bupropion HCl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use Phenelzine Sulfate</i>)	NF	
PARNATE TABS (<i>Use Tranylcypromine Sulfate</i>)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use Citalopram Hydrobromide</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>flvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>flvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea 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)
<i>paroxetine hcl tabs 10 mg</i>	1	QL(6 ea daily)
<i>paroxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tabs 30 mg</i>	1	QL(2 ea daily)
<i>paroxetine hcl tabs 40 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 12.5 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tb24 25 mg, 37.5 mg</i>	1	QL(2 ea daily)
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)
<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	

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE TABS	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	2	PA
VIIBRYD TABS	2	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use 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 (<i>Use Venlafaxine HCl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (<i>Use Desvenlafaxine Succinate</i>)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (<i>Use Desvenlafaxine Succinate</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
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 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
DOXEPIN HCL CAPS 150 MG	1	
<i>doxepin hcl conc 10 mg/ml</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	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use Miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use Acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	NF	QL(2 ea daily)
DUETACT TABS (<i>Use Pioglitazone HCl-Glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5mg-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)

Drug Name	Drug Tier	Requirements/Limits
REPAGLINIDE/METFORMIN 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
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 (<i>Use Metformin HCl</i>)	NF	
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<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)

Drug Name	Drug Tier	Requirements/Limits
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 10 MCG/0.04ML	2	PA; Limit 2.4ml per month;QL(0.08 ml daily)
BYETTA SOPN 5 MCG/0.02ML	2	PA; Limit 1.2ml per month;QL(0.04 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	3	PA
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	
HUMULIN R U-500 (CONCENTRATED) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
LEVEMIR FLEXTOUCH SOPN	2	

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	3	PA
TRESIBA SOLN	3	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS 1 MG (<i>Use Repaglinide</i>)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (<i>Use Repaglinide</i>)	NF	QL(8 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		

Drug Name	Drug Tier	Requirements/Limits
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)
glimepiride tabs 1 mg, 2 mg	1	QL(4 ea daily)
glimepiride tabs 4 mg	1	QL(2 ea daily)
glipizide tabs 5 mg, 10 mg	1	QL(4 ea daily)
glipizide tb24 5 mg, 10 mg, 2.5 mg	1	QL(2 ea daily)
GLUCOTROL TABS (Use Glipizide)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use Glipizide)	NF	QL(2 ea daily)
glyburide micronized tabs	1	QL(4 ea daily)
glyburide tabs	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		
diphenoxylate w/ atropine tabs	1	
DIPHENOXYLATE/ATROPINE LIQD	1	

Drug Name	Drug Tier	Requirements/Limits
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	NF	RX/OTC
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
loperamide hcl caps 2 mg	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
deferasirox tabs	4	PA; SP
deferasirox tbso	4	PA; SP
EXJADE TBSO (Use Deferasirox)	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS 180 MG	4	PA; SP
JADENU TABS 90 MG, 360 MG (Use Deferasirox)	4	PA; SP
Antidotes and Specific Antagonists		
deferoxamine mesylate solr	4	PA
DESFERAL SOLR (Use Deferoxamine Mesylate)	4	PA
VISTOGARD PACK	4	PA
Opioid Antagonists		
naloxone hcl soln 0.4 mg/ml, 4 mg/10ml	1	
naltrexone hcl tabs	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
ALOXI SOLN (<i>Use Palonosetron HCl</i>)	3	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML	3	
ZOFRAN ODT TBDP 4 MG (<i>Use Ondansetron</i>)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (<i>Use Ondansetron</i>)	NF	
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (<i>Use Ondansetron HCl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (<i>Use Ondansetron HCl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		

Drug Name	Drug Tier	Requirements/ Limits
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (<i>Use Trimethobenzamide HCl</i>)	NF	
TRANSDERM SCOP PT72 (<i>Use Scopolamine</i>)	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 300MG-0.5MG	3	PA
AKYNZEO SOLR IV 235MG-0.25MG	4	PA
CESAMET CAPS	3	
DICLEGIS TBEC (<i>Use Doxylamine-Pyridoxine</i>)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (<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)

Drug Name	Drug Tier	Requirements/Limits
EMEND SOLR IV 150 MG	4	PA
EMEND SOLR IV 150 MG (Use Fosaprepitant Dimeglumine)	4	PA
<i>fosaprepitant dimeglumine solr</i>	4	PA
FOSAPREPITANT DIMEGLUMINE SOLR	4	PA
VARUBI TABS OR 90 MG	3	PA

ANTIFUNGALS - Drugs to Treat Fungal Infections

Antifungal - Glucan Synthesis Inhibitors

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

Antifungals

ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (Use Flucytosine)	NF	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	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 (Use Terbinafine HCl)	NF	QL(1 ea daily)
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use Fluconazole)	NF	
DIFLUCAN TABS (Use Fluconazole)	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 (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use Itraconazole)	3	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	QL(4 ea daily)
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(4 ea daily)

ANTIHISTAMINES - Drugs to Treat Allergies

Antihistamines - Alkylamines

DEXCHLORPHENIRAMINE MALEATE SOLN	3	
RYCLORA SOLN	3	

Antihistamines - Ethanolamines

<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS 2.68 MG	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX TABS 5 MG (Use <i>Desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>Loratadine</i>)	1	
CLARITIN CAPS (Use <i>Loratadine</i>)	1	
CLARITIN CHEW (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 (Use <i>Loratadine</i>)	1	

Drug Name	Drug Tier	Requirements/Limits
CLARITIN TABS (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 syrp</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
XYZAL ALLERGY 24HR TABS (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use <i>Cetirizine HCl</i>)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use <i>Cetirizine HCl</i>)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use <i>Cetirizine HCl</i>)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use <i>Promethazine HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<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	QL(1 ea daily)
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (<i>Use Omega-3-acid Ethyl Esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS	3	PA
Bile Acid Sequestrants		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (<i>Use Colestipol HCl</i>)	NF	QL(6 gm daily)

Drug Name	Drug Tier	Requirements/Limits
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>Use Colestipol HCl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (<i>Use Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (<i>Use Colestipol HCl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (<i>Use Colestipol HCl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (<i>Use Cholestyramine Light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (<i>Use Cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (<i>Use Cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (<i>Use Colesevelam HCl</i>)	2	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (<i>Use Colesevelam HCl</i>)	2	QL(7 ea daily)
Fibric Acid Derivatives		
<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)
LOPID TABS (<i>Use Gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use Fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use Rosuvastatin Calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
<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	

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

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TABS (<i>Use Valsartan</i>)	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 (<i>Use Telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use Clonidine HCl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (<i>Use Clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (<i>Use Clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (<i>Use Clonidine</i>)	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (<i>Use Candesartan Cilexetil-Hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (<i>Use Irbesartan-Hydrochlorothiazide</i>)	NF	
AZOR TABS (<i>Use Amlodipine Besylate-Olmesartan Medoxomil</i>)	NF	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (<i>Use Olmesartan Medoxomil-Hydrochlorothiazide</i>)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
DIOVAN HCT TABS (<i>Use Valsartan-Hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS (<i>Use Amlodipine-Valsartan-Hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	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)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use Metoprolol & Hydrochlorothiazide)	NF	
<i>losartan potassium & hydrochlorothiazide tabs 100mg-25mg, 100mg-12.5mg</i>	1	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs 50mg-12.5mg</i>	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE TABS	1	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tabs 10mg-12.5mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-12.5mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20mg-25mg</i>	1	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NF	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NF	
ZIAC TABS (Use Bisoprolol & Hydrochlorothiazide)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS 150 MG, 300 MG	2	QL(1 ea daily)
TEKTURNA TABS 150 MG, 300 MG (<i>Use Aliskiren Fumarate</i>)	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPIRA TABS (<i>Use Eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
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	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
MEFLOQUINE HCL TABS	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use Primaquine Phosphate</i>)	3	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN 60 MG/5ML (<i>Use Pyridostigmine Bromide</i>)	2	
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	NF	
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>cycloserine caps</i>	1	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 (<i>Use Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use Rifampin</i>)	NF	
RIFADIN SOLR (<i>Use Rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		

Drug Name	Drug Tier	Requirements/ Limits
Alkylating Agents		
ALKERAN SOLR (Use Melphalan HCl)	NF	
ALKERAN TABS (Use Melphalan)	NF	
BELRAPZO SOLN	4	PA
BENDAMUSTINE HYDROCHLORIDE SOLN	4	PA
BENDEKA SOLN	4	PA
BICNU SOLR (Use Carmustine)	4	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (Use Busulfan)	NF	PA; SP
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carboplatin soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml</i>	4	PA
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cisplatin soln 50 mg/50ml</i>	4	PA
<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
EVOMELA SOLR	4	PA
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)	NF	PA; SP
IFEX SOLR 3 GM	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
IFOSFAMIDE SOLR 3 GM	4	PA
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml</i>	4	PA; SP
<i>oxaliplatin soln 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 100 MG	4	PA
<i>thiotepa solr</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
YONDELIS SOLR	4	PA
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 100 MG	4	PA
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

Drug Name	Drug Tier	Requirements/ Limits
<i>cladribine soln</i>	4	PA
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (Use Clofarabine)	NF	PA; SP
<i>cytarabine soln</i>	4	PA; SP
DACOGEN SOLR (Use Decitabine)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln 50 mg/2ml</i>	4	PA; SP
<i>fludarabine phosphate solr 50 mg</i>	4	PA; SP
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml</i>	4	PA
<i>fluorouracil soln iv 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN	4	PA;
<i>gemcitabine hcl solr 1 gm</i>	4	PA
<i>gemcitabine hcl solr 2 gm</i>	4	PA;
<i>gemcitabine hcl solr 200 mg</i>	4	PA; SP
GEMZAR SOLR 1 GM (Use Gemcitabine HCl)	4	PA
GEMZAR SOLR 200 MG (Use Gemcitabine HCl)	NF	PA; SP
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use Azacitidine)	NF	PA; SP
XELODA TABS (Use Capecitabine)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
AVASTIN SOLN 400 MG/16ML	4	PA
CYRAMZA SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
BAVENCIO SOLN	4	PA
BESPONSA SOLR	4	PA
BLINCYTO SOLR	4	PA
CAMPATH SOLN	4	PA
DARZALEX SOLN	4	PA
EMPLICITI SOLR	4	PA
ERBITUX SOLN	4	PA; SP
GAZYVA SOLN	4	PA
HERCEPTIN SOLR 440 MG	4	PA; SP
IMFINZI SOLN	4	PA
KADCYLA SOLR	4	PA
KEYTRUDA SOLN	4	PA
LARTRUVO SOLN	4	PA
LIBTAYO SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
LUMOXITI SOLR	4	PA
MYLOTARG SOLR	4	PA
OPDIVO SOLN	4	PA
PERJETA SOLN	4	PA; SP
PORTRAZZA SOLN	4	PA
POTELIGEO SOLN	4	PA
RITUXAN SOLN	4	PA; SP
TECENTRIQ SOLN 1200 MG/20ML	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VECTIBIX SOLN 400 MG/20ML	4	PA
YERVOY SOLN	4	PA; SP
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; QL(4 ea daily); SP
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (<i>Use Exemestane</i>)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use Toremifene Citrate</i>)	2	
FASLODEX SOLN (<i>Use Fulvestrant</i>)	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
FULVESTRANT SOLN	4	PA; QL(0.357 ml daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<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
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use Nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
VANTAS KIT	4	PA
XTANDI CAPS	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (Use 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
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (Use Dactinomycin)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
DAUNORUBICIN HCL SOLN	4	PA;
<i>daunorubicin hcl soln</i>	4	PA;
DAUNORUBICIN HYDROCHLORIDE SOLN	4	PA;
DOXIL INJ (Use Doxorubicin HCl Liposomal)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ELLENCE SOLN 50 MG/25ML (Use Epirubicin HCl)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (Use Idarubicin HCl)	NF	PA
IDAMYCIN PFS SOLN 5 MG/5ML, 10 MG/10ML (Use Idarubicin HCl)	NF	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<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
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (Use Valrubicin)	4	PA; SP
Antineoplastic Combinations		
VYXEOS SUSR	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; QL(1 ea daily); SP
BALVERSA TABS	4	PA
BELEODAQ SOLR	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	NF	PA; QL(2 ea daily); SP
ICLUSIG TABS	4	PA
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
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
IRESSA TABS	4	PA
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 12MG DAILY DOSE CPPK	4	PA
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 4 MG DAILY DOSE CPPK	4	PA
LENVIMA 8 MG DAILY DOSE CPPK	4	PA
LORBRENA TABS	4	PA
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
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
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)
TALZENNA CAPS	4	PA
TARCEVA TABS (<i>Use Erlotinib HCl</i>)	4	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
TIBSOVO TABS	4	PA
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
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VIZIMPRO TABS	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
ZYKADIA CAPS	4	PA; QL(5 ea daily)
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
DACARBAZINE SOLR 100 MG	4	PA
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydroxyurea caps</i>	1	
INTRON A SOLN 10 MU/ML, 6000000 UNIT/ML	4	PA
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>)	NF	PA; SP
TICE BCG SUSR	4	PA
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN 10 MG/10ML	4	PA; SP
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
ELITEK SOLR	4	PA
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
KHAPZORY SOLR	4	PA
<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	
<i>mesna soln</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
MESNEX SOLN IV 100 MG/ML (Use Mesna)	4	PA
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	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
IXEMPRA KIT SOLR 45 MG	4	PA
JEVTANA SOLN	4	PA; SP
MARQIBO SUSP	4	PA
NAVELBINE SOLN 10 MG/ML (Use Vinorelbine Tartrate)	NF	PA; SP
NAVELBINE SOLN 50 MG/5ML (Use Vinorelbine Tartrate)	NF	PA
<i>paclitaxel conc 100 mg/16.7ml</i>	4	PA; SP
PACLITAXEL CONC 150 MG/25ML	4	PA; SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TAXOL CONC (Use Paclitaxel)	4	PA
TAXOTERE CONC 20 MG/ML (Use Docetaxel)	4	PA; SP
TENIPOSIDE SOLN	4	PA; SP
VINBLASTINE SULFATE SOLN	4	PA
<i>vincristine sulfate soln</i>	4	PA; SP
VINCRISTINE SULFATE SOLN	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
<i>vinorelbine tartrate soln 50 mg/5ml</i>	4	PA
Oncolytic Viral Agents		
IMLYGIC SUSP	4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	4	PA
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	NF	PA; SP
<i>irinotecan hcl soln</i>	4	PA; SP
ONIVYDE INJ	4	PA
TOPOTECAN HCL SOLN 4 MG/4ML	4	PA
<i>topotecan hcl soln 4 mg/4ml</i>	4	PA
TOPOTECAN HCL SOLN 4 MG/4ML (Use Topotecan HCl)	4	PA
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		

Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa tabs</i>	1	
LODOSYN TABS (<i>Use Carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (<i>Use Benztropine Mesylate</i>)	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use Entacapone</i>)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (<i>Use Tolcapone</i>)	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	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	1	

Drug Name	Drug Tier	Requirements/ Limits
MIRAPEX TABS 0.125 MG (<i>Use Pramipexole Dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (<i>Use Pramipexole Dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (<i>Use Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (<i>Use 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)
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 TABS	1	
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use Rasagiline Mesylate</i>)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (<i>Use Selegiline HCl</i>)	NF	
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
SELEGILINE HCL TABS	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 (<i>Use 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 (<i>Use Lithium Carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use Ziprasidone HCl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 3 MG, 9 MG, 1.5 MG (<i>Use Paliperidone</i>)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (<i>Use Paliperidone</i>)	NF	QL(2 ea daily)
<i>paliperidone tb24 3 mg, 9 mg, 1.5 mg</i>	1	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NF	QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use Risperidone</i>)	NF	QL(4 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(4 ea daily)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL SOLN (<i>Use Haloperidol Lactate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate soln</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 200 MG	1	
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
CLOZAPINE TABS 50 MG, 200 MG (Use Clozapine)	NF	
<i>clozapine tbdp 25 mg, 100 mg, 12.5 mg</i>	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	
<i>loxapine succinate caps</i>	1	
<i>olanzapine solr im 10 mg</i>	1	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 5 mg, 2.5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<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, 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)	NF	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	
FLUPHENAZINE HCL CONC OR 5 MG/ML	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	

Drug Name	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL TABS OR 1 MG, 5 MG, 10 MG, 2.5 MG	1	
FLUPHENAZINE HYDROCHLORIDE ELIX	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</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS	2	QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (Use Lamivudine-Zidovudine)	3	
COMPLERA TABS	2	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	ST; QL(1 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
<i>didanosine cpdr 200 mg, 250 mg, 400 mg</i>	1	
DIDANOSINE CPDR 400 MG	3	
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 (Use Lamivudine)	2	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	2	QL(2 ea daily)
EPIVIR TABS 300 MG (Use Lamivudine)	3	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TABS	2	QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	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 (Use Lopinavir-Ritonavir)	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	
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	2	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NEVIRAPINE ER TB24	2	QL(3 ea daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	
<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 Ritonavir)	2	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 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 (Use Zidovudine)	3	
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP (Use Zidovudine)	3	
REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate)	2	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 25 MG, 75 MG, 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	2	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)
SYMITUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use <i>Abacavir Sulfate-Lamivudine-Zidovudine</i>)	2	QL(2 ea daily)
TRUVADA TABS	2	PA; QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	3	
VIDEX EC CPDR 200 MG, 250 MG, 400 MG (Use <i>Didanosine</i>)	3	
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
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)
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	2	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	3	QL(3 ea daily); SP
HARVONI TABS 400MG-90MG	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 TBPK	4	PA
MODERIBA 800 DOSE PACK TBPK	4	PA
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 TBPK	4	PA
RIBASPHERE TABS	4	PA

Drug Name	Drug Tier	Requirements/Limits
ribavirin (hepatitis c) caps	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs	1	PA; QL(7 ea daily)
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
Herpes Agents		
acyclovir caps 200 mg	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
acyclovir susp 200 mg/5ml	1	QL(13.34 ml daily)
acyclovir tabs 400 mg, 800 mg	1	QL(5 ea daily)
famciclovir tabs 125 mg, 250 mg	1	QL(3 ea daily)
famciclovir tabs 500 mg	1	QL(4 ea daily)
valacyclovir hcl tabs 1 gm, 1000 mg	1	QL(4 ea daily)
valacyclovir hcl tabs 500 mg	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	QL(10 ea per fill retail, 10 ea per fill mail) 1 rti MAX fill, 90 rti day(s) supply, 1 mail MAX fill, 90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.; QL(125 ml per fill retail) 1 rti MAX fill, 90 rti day(s) supply,
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>Osetamivir Phosphate</i>)	NF	QL(10 ea per fill retail, 10 ea per fill mail) 1 rti MAX fill, 90 rti day(s) supply, 1 mail MAX fill, 90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>Osetamivir Phosphate</i>)	NF	Limit 1 fill every 90 days.; QL(125 ml per fill retail) 1 rti MAX fill, 90 rti day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>Carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<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 (Use <i>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	
TENORMIN TABS (Use <i>Atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>Sotalol HCl (AFIB/AFL)</i>)	NF	
BETAPACE TABS (Use <i>Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>Nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>Propranolol HCl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 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/af) 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 10 MG, 20 MG	1	
<i>timolol maleate tabs 5 mg</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use Nifedipine)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (Use Verapamil HCl)	NF	
CALAN TABS (Use Verapamil HCl)	NF	
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
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	
THIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use Diltiazem HCl Extended Release Beads)	NF	
<i>verapamil hcl cp24</i>	1	
VERAPAMIL HCL ER CP24 300 MG	1	
<i>verapamil hcl soln</i>	1	
VERAPAMIL HCL SR CP24	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	
VERELAN CP24 360 MG	1	
VERELAN PM CP24 200 MG (Use Verapamil HCl)	NF	
VERELAN PM CP24 300 MG	1	

CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm

Cardiac Glycosides

<i>digoxin soln ij 0.25 mg/ml</i>	1	
<i>digoxin soln or 0.05 mg/ml</i>	1	
DIGOXIN SOLN OR 0.05 MG/ML (Use Digoxin)	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)

Drug Name	Drug Tier	Requirements/Limits
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)	NF	PA; QL(0.1334 ea daily)

Prostaglandin Vasodilators

<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (Use Epoprostenol Sodium)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN (Use Treprostinil)	4	PA; SP
<i>treprostinil soln</i>	4	PA; SP
VENTAVIS SOLN	4	PA; SP

Pulmonary Hypertension - Endothelin Receptor

<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS (Use Ambrisentan)	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (Use Bosentan)	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (Use Bosentan)	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily)

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))	NF	PA; QL(37.5 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	NF	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)
Sinus Node Inhibitors		
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	1	
cephalexin caps 250 mg, 500 mg, 750 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
CEPHALEXIN TABS 250 MG, 500 MG	1	
KEFLEX CAPS (Use Cephalexin)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	1	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	

Drug Name	Drug Tier	Requirements/Limits
CEFOTAN SOLR (Use Cefotetan Disodium)	NF	
cefotetan disodium solr	1	
CEFOTETAN SOLR	3	
cefoxitin sodium solr ij 10 gm	1	
cefoxitin sodium solr iv 1 gm, 2 gm	1	
cefprozil susr	1	
cefprozil tabs	1	
CEFTIN SUSR 125 MG/5ML	1	
cefuroxime axetil tabs	1	
cefuroxime sodium solr ij 7.5 gm, 750 mg	1	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
cefdinir caps	1	
cefdinir susr	1	
CEFDITOREN PIVOXIL TABS 200 MG	3	
CEFDITOREN PIVOXIL TABS 400 MG	2	
cefixime susr 100 mg/5ml, 200 mg/5ml	1	ST
cefotaxime sodium solr 1 gm	1	
CEFOTAXIME SODIUM SOLR 2 GM, 10 GM	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
ceftazidime solr	1	
CEFTIBUTEN CAPS 400 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
CEFTIBUTEN SUSR 180 MG/5ML	3	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
SPECTRACEF TABS	2	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use Cefepime HCl)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	0	
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	0	
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	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	

Drug Name	Drug Tier	Requirements/ Limits
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	0	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	0	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
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	
<i>norethin acet & estrad-fe chew</i>	0	

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

Drug Name	Drug Tier	Requirements/ Limits
TRI-NORINYL 28 TABS (Use <i>Norethindrone-Eth Estradiol (Triphasic)</i>)	0	
YASMIN 28 TABS (Use <i>Drospirenone-Ethinyl Estradiol</i>)	0	
YAZ TABS (Use <i>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 (Use <i>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 (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	0	QL(1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
medroxyprogesterone acetate (contraceptive) susp	0	QL(1 ml per 90 days retail)
medroxyprogesterone acetate (contraceptive) susy	0	QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	PA
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate)	NF	
dexamethasone elix 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISON SOLN 5 MG/5ML	1	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
<i>prednisone tbpk 5 mg, 10 mg</i>	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (Use Methylprednisolone Sod Succ)	NF	
SOLU-MEDROL SOLR 500 MG (Use Methylprednisolone Sod Succ)	1	
<i>triamcinolone acetonide susp</i>	1	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use Benzonatate)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)
<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	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
adapalene crea 0.1 %	1	PA; AL (At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL (At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL (At least 12 yrs old)
ADAPALENE LOTN 0.1 %	1	ST; AL (At least 12 yrs old)
adapalene-benzoyl peroxide gel	1	ST; AL (At least 12 yrs old)
AZELEX CREA	3	ST; AL (At least 12 yrs old)
BENZACLIN GEL (Use Clindamycin Phosphate- Benzoyl Peroxide)	NF	PA; AL (At least 12 yrs old)
BENZACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL (At least 12 yrs old)
BENZAMYCIN GEL (Use Benzoyl Peroxide- Erythromycin)	NF	PA; AL (At least 12 yrs old)
BENZEFOAM FOAM (Use Benzoyl Peroxide)	NF	AL (At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	NF	AL (At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL (At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide foam 5.3 %	1	AL (At least 12 yrs old); RX/OTC
benzoyl peroxide foam 9.8 %	1	AL (At least 12 yrs old)
benzoyl peroxide gel 5 %, 10 %	1	AL (At least 12 yrs old)
benzoyl peroxide liqd 10 %	1	AL (At least 12 yrs old); RX/OTC
benzoyl peroxide liqd 4 %, 7 %	1	AL (At least 12 yrs old)
benzoyl peroxide- erythromycin gel	1	PA; AL (At least 12 yrs old)
BP CLEANSING WASH EMUL	2	AL (At least 12 yrs old)
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	NF	AL (At least 12 yrs old)
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	NF	AL (At least 12 yrs old)
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	NF	AL (At least 12 yrs old)
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	NF	AL (At least 12 yrs old)
clindamycin phosphate (topical) foam	1	PA; AL (At least 12 yrs old)
clindamycin phosphate (topical) gel	1	AL (At least 12 yrs old)
clindamycin phosphate (topical) lotn	1	AL (At least 12 yrs old)
clindamycin phosphate (topical) soln	1	AL (At least 12 yrs old)
clindamycin phosphate (topical) swab	1	AL (At least 12 yrs old)
clindamycin phosphate- benzoyl peroxide (refrigerate) gel	1	PA; AL (At least 12 yrs old)
clindamycin phosphate- benzoyl peroxide gel 1%- 5%	1	PA; AL (At least 12 yrs old)
clindamycin phosphate- tretinoin gel	1	ST; AL (At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DESQUAM-X WASH LIQD 10 % (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % (Use Adapalene)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (Use Adapalene)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	NF	ST; AL(At least 12 yrs old)
erythromycin (acne aid) pads	1	AL(At least 12 yrs old)
erythromycin (acne aid) soln	1	AL(At least 12 yrs old)
EVOCLIN FOAM (Use Clindamycin Phosphate (Topical))	NF	PA; AL(At least 12 yrs old)
isotretinoin caps	3	PA; AL(At least 12 yrs old)
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NF	AL(At least 12 yrs old)
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old)
RETIN-A CREA (Use Tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (Use Tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<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 - Up to 30 yrs old)
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA GEL (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		
DICLOFENAC EPOLAMINE PTCH	3	PA; QL(2 ea daily)
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	
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 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LOPROX CREA 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>)	NF	
LOPROX SUSP 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOTRIMIN AF CREA 1 % (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF FOR HER CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (Use <i>Butenafine HCl</i>)	1	RX/OTC
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>)	NF	
LULICONAZOLE CREA	3	PA
LUZU CREA	3	PA
MENTAX CREA	1	RX/OTC
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl gel 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
NAFTIN CREA 2 % (<i>Use Naftifine HCl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 %	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (<i>Use Naftifine HCl</i>)	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (<i>Use Ketoconazole (Topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (<i>Use Oxiconazole Nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (<i>Use Ciclopirox</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<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 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
DOXEPIN HYDROCHLORIDE CREA	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PRUDOXIN CREA	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
ZONALON CREA	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SOLN SC 45 MG/0.5ML	4	PA
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>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (<i>Use Acyclovir Topical</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	NF	
Corticosteroids - Topical		
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
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	

Drug Name	Drug Tier	Requirements/ Limits
<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(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	QL(3.34 ml daily)
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 BODY OIL (Use Fluocinolone Acetonide)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMACINRX SILAPAK KIT (Use Triamcinolone Acetonide-Dimethicone-Silicone)	NF	PA
DERMATOP OINT (Use Prednicarbate)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	
DIPROLENE AF CREA (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	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use Halcinonide)	3	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<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	

Drug Name	Drug Tier	Requirements/ Limits
LOCOID SOLN (<i>Use Hydrocortisone Butyrate</i>)	NF	
LUXIQ FOAM (<i>Use Betamethasone Valerate</i>)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>Use Hydrocortisone Topical</i>)	NF	RX/OTC
OLUX FOAM (<i>Use Clobetasol Propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
PSORCON CREA	2	
SYNALAR CREA (<i>Use Fluocinolone Acetonide</i>)	NF	
SYNALAR OINT (<i>Use Fluocinolone Acetonide</i>)	NF	
SYNALAR SOLN (<i>Use Fluocinolone Acetonide</i>)	NF	
TACLONEX OINT (<i>Use Calcipotriene-Betamethasone Dipropionate</i>)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (<i>Use Clobetasol Propionate</i>)	NF	QL(3 gm daily)
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	NF	QL(1 gm daily)
TOPICORT CREA 0.25 % (<i>Use Desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (<i>Use Desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (<i>Use Desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use Desonide</i>)	NF	QL(4 gm daily)
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	NF	
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY	4	PA
Emollients		
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (<i>Use Finasteride (Alopecia)</i>)	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use Imiquimod</i>)	NF	QL(12 ea per fill retail, 12 ea per fill mail)

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod crea</i>	1	QL(12 ea per fill retail,12 ea per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL CREA (Use <i>Pimecrolimus</i>)	2	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use <i>Tacrolimus (Topical)</i>)	NF	AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
LIDODERM PTCH (Use <i>Lidocaine</i>)	NF	PA
SYNERA PTCH	3	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
EUCRISA OINT	3	PA; QL(2 gm daily)
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (Use <i>Azelaic Acid</i>)	2	PA

Drug Name	Drug Tier	Requirements/Limits
METROCREAM CREA (Use <i>Metronidazole (Topical)</i>)	NF	
METROGEL GEL (Use <i>Metronidazole (Topical)</i>)	NF	
METROLOTION LOTN (Use <i>Metronidazole (Topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (Use <i>Permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (Use <i>Crotamiton</i>)	3	
LINDANE SHAM	3	
<i>malathion lotn</i>	1	
NATROBA SUSP	1	PA
NIX CREME RINSE LIQD (Use <i>Permethrin</i>)	NF	
OVIDE LOTN (Use <i>Malathion</i>)	NF	
<i>permethrin crea ex 5 %</i>	1	
<i>permethrin liqd ex 1 %</i>	1	
SKLICE LOTN	3	PA
SPINOSAD SUSP	1	PA
ULESFIA LOTN	3	
Wound Care Products		

Drug Name	Drug Tier	Requirements/Limits
REGGRANEX 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	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month; 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

Drug Name	Drug Tier	Requirements/Limits
TRUETEST STRIPS STRP	1	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	
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 (Use Acetazolamide)	NF	QL(2 ea daily)
KEVEYIS TABS	4	PA
<i>methazolamide tabs</i>	1	QL(6 ea daily)
NEPTAZANE TABS (Use Methazolamide)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	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 (Use Bumetanide)	NF	QL(5 ea daily)
DEMADEX TABS (Use Torsemide)	NF	
EDECIN TABS (Use Ethacrynic Acid)	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 (Use Furosemide)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use Triamterene)	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	1	
<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 (Use Hydrochlorothiazide)	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 (Use Risedronate Sodium)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (Use Risedronate Sodium)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
ALENDRONATE SODIUM TABS 5 MG, 40 MG	1	QL(1 ea daily)
ATELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	
FORTEO SOLN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 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)

Drug Name	Drug Tier	Requirements/Limits
<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
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (<i>Use Ganirelix Acetate</i>)	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO 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
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		

Drug Name	Drug Tier	Requirements/Limits
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>)	3	
BUPHENYL TABS 500 MG (<i>Use Sodium Phenylbutyrate</i>)	NF	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (<i>Use Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 4 MCG/2ML (<i>Use Doxercalciferol</i>)	NF	
KUVAN PACK 100 MG, 500 MG	4	PA
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ORFADIN CAPS 2 MG, 5 MG, 10 MG (Use Nitisinone)	4	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use Calcitriol)	NF	
ROCALTROL SOLN (Use Calcitriol)	NF	
SENSIPAR TABS (Use Cinacalcet HCl)	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 Paricalcitol)	NF	
ZEMPLAR SOLN (Use Paricalcitol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	
DDAVP TABS OR 0.1 MG (Use Desmopressin Acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use Desmopressin Acetate)	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)

Drug Name	Drug Tier	Requirements/Limits
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
OCTREOTIDE ACETATE SOLN 200 MCG/ML, 1000 MCG/ML (Use Octreotide Acetate)	NF	PA; SP
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 1000 mcg/5ml</i>	4	PA; SP
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN SOLN (Use Octreotide Acetate)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN	4	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
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 Norethindrone Acetate-Ethinyl Estradiol)	NF	
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		

Drug Name	Drug Tier	Requirements/ Limits
ALORA PTTW	3	
CLIMARA PTWK (Use Estradiol)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use Estradiol Valerate)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use Estradiol)	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 (Use Estradiol)	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (Use Estradiol)	3	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		

Drug Name	Drug Tier	Requirements/ Limits
AVELOX SOLN (Use Moxifloxacin HCl in Sodium Chloride)	NF	
AVELOX TABS (Use Moxifloxacin HCl)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	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	
LEVAQUIN TABS (Use Levofloxacin)	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
<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		

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use Mesalamine</i>)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use Mesalamine</i>)	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 rtl lmt day(s),30 mail lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	NF	
lanthanum carbonate chew	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use Sevelamer Carbonate)	NF	
RENVELA TABS (Use Sevelamer Carbonate)	NF	
sevelamer carbonate pack	1	
sevelamer carbonate tabs	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
potassium citrate (alkalinizer) tbcr 1080 mg	1	
sodium citrate & citric acid soln	1	RX/OTC
UROCIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
acetic acid soln	1	
glycine (gu irrigant) soln	1	
RESECTISOL SOLN	1	
sodium chloride (gu irrigant) soln	1	
SORBITOL SOLN IR 3 %, 3.3 %	1	
SORBITOL-MANNITOL SOLN	1	
Interstitial Cystitis Agents		

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
alfuzosin hcl tb24	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	QL(1 ea daily)
dutasteride caps	1	QL(1 ea daily)
finasteride tabs	1	
FLOMAX CAPS (Use Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	
RAPAFLO CAPS 4 MG	2	
RAPAFLO CAPS 4 MG, 8 MG (Use Silodosin)	2	
silodosin caps	1	
tamsulosin hcl caps	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs 100 mg, 200 mg	1	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	
DUZALLO TABS	3	PA
Gout Agents		
allopurinol tabs	1	
colchicine tabs	1	QL(1 ea daily)
COLCRYS TABS	2	QL(6 ea per fill retail, 6 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
ULORIC TABS (<i>Use Febuxostat</i>)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use Icatibant Acetate</i>)	4	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
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	3	AL(Up to 19 yrs old)
Cobalamins		

Drug Name	Drug Tier	Requirements/Limits
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
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
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
GRANIX SOLN	4	PA
GRANIX SOSY	4	PA
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROCRT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	PA; SP
PROCRT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 25 MG, 50 MG, 75 MG, 12.5 MG	4	PA; SP
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 65 mg, 325 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
INFED SOLN	4	PA
VENOFER SOLN	4	PA
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 500 MG, 1000 MG (<i>Use Aminocaproic Acid</i>)	NF	PA
<i>aminocaproic acid tabs or 500 mg, 1000 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
CYKLOKAPRON SOLN (Use Tranexamic Acid)	NF	
LYSTEDA TABS (Use Tranexamic Acid)	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	
Hypnotics - Tricyclic Agents		
SILENOR TABS	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use Zolpidem Tartrate)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS (Use Zolpidem Tartrate)	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 (Use Triazolam)	NF	
LUNESTA TABS (Use Eszopiclone)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (Use Temazepam)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SONATA CAPS 10 MG (Use Zaleplon)	NF	QL(2 ea daily); AL(At least 18 yrs old)
SONATA CAPS 5 MG (Use Zaleplon)	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)
<i>zolpidem tartrate tbcR or 12.5 mg, 6.25 mg</i>	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (Use Ramelteon)	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 (Use Calcium Polycarbophil)	NF	
Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
CLENPIQ SOLN	3	
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate)	0	
MOVIPREP SOLR	2	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm	0	
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 or 5 mg</i>	1	
DULCOLAX TBEC OR 5 MG (Use Bisacodyl)	NF	
Surfactant Laxatives		
COLACE CAPS (Use Docusate Sodium)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps or 100 mg, 250 mg</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 0.5 %, 1 % (Use Lidocaine HCl (Local Anesth.))	NF	
XYLOCAINE-MPF SOLN (Use Lidocaine HCl (Local Anesth.))	NF	

Drug Name	Drug Tier	Requirements/ Limits
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	
<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 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		
CLARITHROMYCIN SUSR 125 MG/5ML, 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	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR (Use Erythromycin Ethylsuccinate)	3	
erythromycin base cpep 250 mg	3	
erythromycin base tabs 250 mg, 500 mg	3	
erythromycin base tbec 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml	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)

Drug Name	Drug Tier	Requirements/ Limits
ELEXA STIMULATING MISC	0	QL(2 ea daily)
ELEXA ULTRA SENSITIVE MISC	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	QL(1 ea daily)
FEMCAP DEVI	0	
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)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
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/LUBRICATED 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)
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICANT MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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/STUDDED 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/STUDDED 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)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/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 CONTROL SOLUTIONHIGH LIQD	1	
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 REDI-CODE+ CONTROL SOLUTION HIGH SOLN	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX CONTROL HIGH SOLN	1	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
AQUALANCE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AT LAST LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G 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	

Drug Name	Drug Tier	Requirements/ Limits
AUTOLET MINI MISC	1	
AUTOLET PLUS 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)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICewith EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	1	
CLOSERCARE MISC	1	
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)
CONTOUR HIGH CONTROL LIQD	1	
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	1	
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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 PLUS II CONTROL SOLUTION HIGH SOLN	1	
EASY STEP CONTROL SOLUTION HIGH SOLN	1	
EASY TALK CONTROL SOLUTION HIGH SOLN	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EASYGLUCO CONTROL SOLUTION HIGH SOLN	1	
EASYMAX CONTROL SOLUTION HIGH SOLN	1	
EASYTEST II LANCETS MISC	1	QL(6.6667 ea daily)
EASYTEST LANCETS MISC	1	QL(6.6667 ea daily)
ELEMENT HIGH CONTROL LIQD	1	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 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 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 CONTROL SOLUTION HIGH SOLN	1	
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
FORACARE GDH CONTROL SOLUTION HIGH SOLN	1	
FORTISCARE CONTROL SOLUTIONS HIGH SOLN	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 HIGH CONTROL LIQD	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL 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	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	

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)
INFINITY CONTROL SOLUTION HIGH SOLN	1	
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G 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)
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 CONTROL SOLUTIONHIGH SOLN	1	
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GC300 HIGH CONTROL LIQD	1	
RIGHTEST GD500 LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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 CARE TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
SOLUS V2 CONTROL HIGH SOLN	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
SURESTEP PRO HIGH GLUCOSECONTROL LIQD	1	
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
UNISTRIP CONTROL SOLUTIONHIGH SOLN	1	
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	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
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 ASSUREDLANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSUREDLANCETS 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 PENTIPS32GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/MINI/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/ORIGINAL/ 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/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); RX/OTC
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); RX/OTC

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

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

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

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 PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily); 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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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 31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily); 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

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

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 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

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily); 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 SAFETY PEN NEEDLES/29G X 8MM MISC	1	QL(5 ea daily)
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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	1	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); 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
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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

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

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
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
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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 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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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)

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

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 NEEDLES/32G X 1/4" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
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 NEEDLES31GX3/16" 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 THIN PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIFINE PENTIPS ORIGINAL 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
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	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use Dihydroergotamine Mesylate</i>)	1	QL(0.267 ml daily)
Serotonin Agonists		

Drug Name	Drug Tier	Requirements/ Limits
<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)
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>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use Sumatriptan Succinate)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS 10 MG (Use Rizatriptan Benzoate)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT TABS 5 MG (Use Rizatriptan Benzoate)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
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)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
<i>calcium gluconate soln iv 10 %</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
ELLIOTTS B SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
IONOSOL-MB/DEXTROSE 5% SOLN	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
LACTATED RINGERS VIAFLEX SOLN (<i>Use Lactated Ringer's</i>)	NF	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE 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	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbcf</i>	1	
<i>potassium bicarbonate tbcf</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 tbcf</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml, 10 meq/100ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbcf or 8 meq, 10 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use Penicillamine</i>)	3	PA
DEPEN TITRATABS TABS	3	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
SYPRINE CAPS (<i>Use Trientine HCl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
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	
<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, 1 MG, 5 MG (<i>Use Tacrolimus</i>)	NF	
PROGRAF PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use Sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (<i>Use Cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use Cyclosporine</i>)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
Potassium Removing Agents		
<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)
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		

Drug Name	Drug Tier	Requirements/Limits
<i>stannous fluoride conc mt 0.63 %</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
M-VIT TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	2	QL(1 ea daily); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	2	QL(1 ea daily); RX/OTC
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL TABS 11UNIT- 263MG-25MG-1.5MG- 27MG-4000UNIT-18MG- 1.7MG-4MCG-400UNIT- 0.8MG-2.6MG-100MG, 30UNIT-4000UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-8MCG- 400UNIT-0.8MG-2.6MG- 120MG, 30UNIT-25MG- 1.8MG-200MG-28MG- 20MG-1.7MG-4000UNIT- 8MCG-400UNIT-800MCG- 2.6MG-120MG, 30UNIT- 4000UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 4000UNIT-30UNIT- 200MG-25MG-1.8MG- 28MG-20MG-1.7MG- 8MCG-400UNIT-800MCG- 2.6MG-120MG, 4000UNIT- 30UNIT-25MG-1.8MG- 200MG-28MG-20MG- 1.7MG-8MCG-400UNIT- 800MCG-2.6MG-120MG, 160MG-11UNIT-200MG- 25MG-1.84MG-27MG- 4000UNIT-18MG-1.7MG- 4MCG-400UNIT-800MCG- 2.6MG-100MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 22MG- 2MG-25MG-1.84MG- 200MG-27MG-4000UNIT- 20MG-3MG-12MCG- 400UNIT-1MG-10MG- 120MG	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
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	

Drug Name	Drug Tier	Requirements/Limits
CHLORZOXAZONE TABS 500 MG	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 5 mg, 10 mg, 7.5 mg</i>	1	QL(3 ea daily)
FEXMID TABS (Use <i>Cyclobenzaprine HCl</i>)	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)
ROBAXIN TABS OR 500 MG (Use <i>Methocarbamol</i>)	NF	
ROBAXIN-750 TABS (Use <i>Methocarbamol</i>)	NF	
SKELAXIN TABS (Use <i>Metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>Carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use <i>Tizanidine HCl</i>)	NF	
ZANAFLEX TABS (Use <i>Tizanidine HCl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>Dantrolene Sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 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 <i>Azelastine HCl</i>)	NF	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use <i>Olopatadine HCl (Nasal)</i>)	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	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
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 <i>Triamcinolone Acetonide (Nasal)</i>)	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	NF	RX/OTC
NASONEX SUSP (Use <i>Mometasone Furoate (Nasal)</i>)	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use <i>Riluzole</i>)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		

Drug Name	Drug Tier	Requirements/Limits
BOTOX SOLR	3	PA
DYSPORE 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 (Use Levobunolol HCl)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 20mg/ml-5mg/ml, 22.3mg/ml-6.8mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth))	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use Tropicamide)	NF	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	

Drug Name	Drug Tier	Requirements/Limits
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) soln</i>	1	
KLARITY-A SOLN	3	
<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	
TOBEX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	NF	
VIROPTIC SOLN (Use Trifluridine)	NF	

Drug Name	Drug Tier	Requirements/Limits
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 Nerve Growth Factors		
OXERVATE SOLN	4	PA
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 (Use Loteprednol Etabonate)	2	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP	3	
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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	NF	
PRED MILD SUSP	3	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE ACETATE SUSP	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	
AZOPT SUSP	2	
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA
<i>diclofenac sodium (ophth) soln</i>	1	
DORZOLAMIDE HCL SOLN	2	
<i>dorzolamide hcl soln</i>	1	
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)
<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	
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

Drug Name	Drug Tier	Requirements/Limits
RESCULA SOLN	3	PA
TRAVATAN Z SOLN	2	
XALATAN SOLN (Use Latanoprost)	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 (Use Ofloxacin (Otic))	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	PA
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF SOLN	3	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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, 10 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD LIQUID SOLN 5 GM/50ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 5 GM/50ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML	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	
AMPICILLIN CAPS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR 5000000 UNIT (Use <i>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	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	1	
<i>ampicillin & sulbactam sodium solr</i>	1	
AUGMENTIN ES-600 SUSR (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN XR TB12 (Use <i>Amoxicillin & Pot Clavulanate</i>)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use <i>Ampicillin & Sulbactam Sodium</i>)	NF	
UNASYN SOLR (Use <i>Ampicillin & Sulbactam Sodium</i>)	NF	
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use <i>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 (Use <i>Norethindrone Acetate</i>)	0	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use <i>Megestrol Acetate (Appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (Use <i>Progesterone Micronized</i>)	NF	
PROVERA TABS (Use <i>Medroxyprogesterone Acetate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use <i>Disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataleptic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use <i>Donepezil Hydrochloride</i>)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use <i>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)
<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)
<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 (Use <i>Memantine HCl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TABS 5 MG (Use <i>Memantine HCl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>Memantine HCl</i>)	NF	
RAZADYNE ER CP24 (Use <i>Galantamine Hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>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		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; SP
XENAZINE TABS (Use <i>Tetrabenazine</i>)	NF	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use <i>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
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (Use <i>Glatiramer Acetate</i>)	4	PA; QL(1 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
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 sosy 20 mg/ml</i>	4	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosy 40 mg/ml</i>	4	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPB	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
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
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
ZINBRYTA SOSY	4	QL(0.0357 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS	NF	
PIMOZIDE TABS	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use Nicotine</i>)	0	QL(1 ea daily)
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	0	
<i>nicotine polacrilex gum</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex lozq</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100MG-125MG, 150MG-188MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100MG-125MG, 200MG-125MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
TIGECYCLINE SOLR	3	
<i>tigecycline solr</i>	1	
TYGACIL SOLR (<i>Use Tigecycline</i>)	3	
Tetracyclines		
<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, 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</i>	1	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		

Drug Name	Drug Tier	Requirements/ Limits
Antithyroid Agents		
<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	
<i>levothyroxine sodium solr iv 100 mcg, 500 mcg</i>	1	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG (<i>Use Levothyroxine Sodium</i>)	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 NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (<i>Use Liothyronine Sodium</i>)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE SOLN IJ 0.4 MG/ML	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML	1	
BENTYL CAPS OR 10 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	

Drug Name	Drug Tier	Requirements/Limits
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	
H-2 Antagonists		
<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 Famotidine)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	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 Cimetidine)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	RX/OTC
ZANTAC SOLN IJ 25 MG/ML (Use Ranitidine HCl)	NF	
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use Rabeprazole Sodium)	NF	QL(1 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
<i>omeprazole tbec 20 mg</i>	1	QL(2 ea daily)
OMEPRAZOLE TBEC 20 MG	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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 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	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SW 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)
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	

Drug Name	Drug Tier	Requirements/Limits
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>)	NF	QL(1 ea daily)
<i>oxybutynin chloride syr</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS (Use <i>Solifenacin Succinate</i>)	2	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
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 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2018-2019 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,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
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,
FLUAD 2019-2020 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,

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2019-2020 SUSY	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,
FLUBLOK 2017-2018 SOLN	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,
FLUBLOK QUADRIVALENT 2017-2018 SOSY	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,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLULAVAL QUADRIVALENT 2019-2020 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,	FLUMIST QUADRIVALENT 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,	FLUVIRIN 2015-2016 SUSP	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,	FLUVIRIN 2015-2016 SUSY	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,	FLUVIRIN 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 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,
FLUCELVAX QUADRIVALENT 2019-2020 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,
FLULAVAL QUADRIVALENT 2017-2018 SUSP	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,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	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 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,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea 1 %</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NF	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 7 CREA (Use Terconazole Vaginal)	NF	
TERCONAZOLE CREA	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA (Use Estradiol Vaginal)	NF	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use Estradiol Vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		

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

Drug Name	Drug Tier	Requirements/ Limits
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 tbcrr 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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aspirin-dipyridamole.....	74	ATRIPLA.....	45	azelastine hcl (ophth).....	134
ASSURE COMFORT LANCETS ULTRA THIN 28G.....	81	ATROPINE SULFATE.....	140	AZELEX.....	57
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....	81	ATROVENT HFA.....	13	AZILECT.....	43
ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....	81	AUBAGIO.....	137	AZITHROMYCIN.....	77
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....	81	AUGMENTIN.....	136	azithromycin.....	77
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....	81	AUGMENTIN ES-600.....	136	AZOPT.....	134
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....	81	AUGMENTIN XR.....	136	AZOR.....	31
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....	94	AURORA LANCET SUPER THIN30G.....	81	aztreonam.....	12
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....	94	AURORA LANCET THIN 23G.....	81	AZULFIDINE.....	72
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	94	AURORA PEN NEEDLES 29GX12MM.....	94	AZULFIDINE EN-TABS.....	72
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	94	AURORA PEN NEEDLES 31G X6MM.....	94	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	94
ASSURE LANCE LANCETS 21G.....	81	AURORA PEN NEEDLES 31G X8MM.....	94	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	95
ASSURE LANCE PLUS SAFETYLANCETS 25G.....	81	AURORA UNIFINE PENTIPS/32GX5/32".....	94	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	95
ASSURE LANCE PLUS SAFETYLANCETS 30G.....	81	AURORA UNIFINE PENTIPS/MINI/31GX3/16".....	94	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	95
ASSURE LANCE SAFETY LANCET 28G.....	81	AUSTEDO.....	137	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	95
ASSURE LANCETS.....	81	AUTO-LANCET.....	81	bacitracin.....	10
ASTEPRO.....	131	AUTO-LANCET MINI.....	81	BACITRACIN.....	132
		AUTOLET IMPRESSION LANCING DEVICE.....	81	baclofen.....	130
		AUTOLET LANCING DEVICE.....	81	BACTRIM.....	11
		AUTOLET MINI.....	81	BACTRIM DS.....	10
		AUTOLET PLUS.....	81	BACTROBAN.....	58
		AVALIDE.....	31	BALCOLTRA.....	53
		AVANDIA.....	24	balsalazide disodium.....	72

BALVERSA.....	38	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	95	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	96
BANZEL.....	17	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	95	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	96
BARACLUDE.....	48	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	95	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	96
BASAGLAR KWIKPEN.....	24	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	95	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	96
BAVENCIO.....	36	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	95	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	96
BAXDELA.....	71	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	95	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	96
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	95	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	95	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	96
BD AUTOSHIELD 29G X 5/16".....	95	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	96	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	96
BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	95	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	96	BELEODAQ.....	38
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	95	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	96	BELRAPZO.....	35
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	95	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	96	BELSOMRA.....	76
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	95	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	96	BELVIQ.....	2
BD INSULIN SYRINGE MICROFINE/ U-100/0.5ML/28G X 1/2".....	95	BD LANCET ULTRAFINE 30G.....	81	benazepril & hydrochlorothiazide.....	31
BD INSULIN SYRINGE MICROFINE/ U-100/1ML/27G X 5/8".....	95	BD LANCET ULTRAFINE 33G.....	81	benazepril hcl.....	30
BD INSULIN SYRINGE MICROFINE/ U-100/1ML/28G X 1/2".....	95	BD MICROTAINER LANCETS.....	81	BENDAMUSTINE HYDROCHLORIDE.....	35
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	95	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	96	BENDEKA.....	35
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	95	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	96	BENICAR.....	30
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	95	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	96	BENICAR HCT.....	31
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	95	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	96	BENTYL.....	140
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	95	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	96	BENZAACLIN.....	57
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	95			BENZAACLIN WITH PUMP.....	57
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	95			BENZAMYCIN.....	57
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	95			BENZEFOAM.....	57
				BENZEFOAM ULTRA.....	57
				benzonatate.....	56
				benzoyl peroxide.....	57
				BENZOYL PEROXIDE CLEANSER.....	57
				benzoyl peroxide- erythromycin.....	57
				benztropine mesylate.....	42
				BEPREVE.....	134
				BESIVANCE.....	133
				BESPONSA.....	36
				BETAGAN.....	132

betamethasone dipropionate (topical).....	62	BULLSEYE SAFETY LANCETS.....	81	CAMPTOSAR.....	41
betamethasone dipropionate augmented.....	62	bumetanide.....	67	CANASA.....	72
betamethasone valerate.....	62	BUMEX.....	67	CANCIDAS.....	27
BETAPACE.....	49	BUNAVAIL.....	9	candesartan cilexetil.....	30
BETAPACE AF.....	49	BUPHENYL.....	69	candesartan cilexetil-hydrochlorothiazide.....	31
BETASERON.....	137	BUPRENEX.....	9	CAPASTAT SULFATE.....	34
betaxolol hcl.....	49	buprenorphine.....	9	capecitabine.....	35
betaxolol hcl (ophth).....	132	BUPRENORPHINE.....	9	CAPRELSA.....	38
bethanechol chloride.....	143	buprenorphine hcl.....	9	captopril.....	30
BEVYXXA.....	15	buprenorphine hcl-naloxone hcl dihydrate.....	9	CARAFATE.....	141
bexarotene.....	40	bupropion hcl.....	20	CARBAGLU.....	69
BEYAZ.....	53	bupropion hcl (smoking deterrent).....	138	carbamazepine.....	17
bicalutamide.....	37	buspirone hcl.....	12	CARBATROL.....	17
BICNU.....	35	busulfan.....	35	carbidopa.....	42
BIDIL.....	51	BUSULFEX.....	35	carbidopa-levodopa.....	42
BIKTARVY.....	45	butalbital-acetaminophen.....	5	CARBIDOPA/LEVODOPA/ENTERIC CAPONE.....	42
BILTRICIDE.....	10	butalbital-acetaminophen-caffeine.....	5	carbinoxamine maleate.....	27
bimatoprost.....	134	butalbital-acetaminophen-caffeine w/ codeine.....	8	carboplatin.....	35
bisacodyl.....	77	butalbital-aspirin-caffeine.....	5	CARDIOCOM LANCING DEVICE.....	81
bisoprolol & hydrochlorothiazide.....	31	butalbital-aspirin-caffeine w/cod.....	8	CARDIZEM.....	50
bisoprolol fumarate.....	49	butenafine hcl.....	59	CARDIZEM CD.....	50
bleomycin sulfate.....	38	butorphanol tartrate.....	9	CARDIZEM LA.....	50
BLEPH-10.....	133	BUTRANS.....	9	CARDURA.....	31
BLINCYTO.....	36	BYETTA.....	24	CAREFINE PEN NEEDLE 32GX4MM.....	96
BONIVA.....	68	BYSTOLIC.....	49	CAREFINE PEN NEEDLES 29GX1/2".....	96
BOOSTRIX.....	140	cabergoline.....	70	CAREFINE PEN NEEDLES 30GX5/16".....	96
BORTEZOMIB.....	38	CABLIVI.....	74	CAREFINE PEN NEEDLES 31GX6MM.....	96
bosentan.....	51	CADUET.....	51	CAREFINE PEN NEEDLES 31GX8MM.....	96
BOSULIF.....	38	CAFERGOT.....	125	CAREFINE PEN NEEDLES 32GX5MM.....	96
BOTOX.....	132	CALAN.....	50	CAREFINE PEN NEEDLES 32GX6MM.....	96
BP CLEANSING WASH.....	57	CALAN SR.....	50	CAREONE ADVANCED LANCINGDEVICE.....	81
BRAFTOVI.....	38	calcipotriene.....	61	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	96
BREO ELLIPTA.....	15	calcipotriene-betamethasone dipropionate.....	62	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	96
BREVICON-28.....	53	calcitonin (salmon).....	68	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	96
BRILINTA.....	74	CALCITRIOL.....	61	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	96
brimonidine tartrate.....	132	calcitriol.....	69		
BRIVIACT.....	17	calcium acetate (phosphate binder).....	72		
bromfenac sodium (ophth).....	134	calcium chloride (dihydrate).....	126		
bromocriptine mesylate.....	42	calcium gluconate.....	126		
BROVANA.....	15	calcium polycarbophil.....	76		
budesonide.....	55	CAMPATH.....	36		
budesonide (inhalation).....	14				
budesonide (nasal).....	131				
BULLSEYE MINI SAFETY LANCETS.....	81				

CAREONE INSULIN			
SYRINGES/1ML/30G X 1/2"	97		
CAREONE INSULIN			
SYRINGES/1ML/31GX5/16"	97		
CAREONE LANCET THIN	81		
CAREONE LANCET ULTRA			
THIN	81		
CAREONE UNIFINE PENTIPS			
29GX12MM	97		
CAREONE UNIFINE PENTIPS			
31GX5MM	97		
CAREONE UNIFINE PENTIPS			
31GX6MM	97		
CAREONE UNIFINE PENTIPS			
31GX8MM	97		
CAREONE UNIFINE PENTIPS			
PEN NEEDLES 32GX4MM	97		
CAREONE UNIFINE PENTIPS			
PLUS PEN NEEDLES			
29GX12MM	97		
CAREONE UNIFINE PENTIPS			
PLUS PEN NEEDLES			
31GX5MM	97		
CAREONE UNIFINE PENTIPS			
PLUS PEN NEEDLES			
31GX6MM	97		
CAREONE UNIFINE PENTIPS			
PLUS PEN NEEDLES			
31GX8MM	97		
CAREONE UNIFINE PENTIPS			
PLUS PEN NEEDLES			
32GX4MM	97		
CARESENS LANCETS	81		
CARETOUCH LANCING			
DEVICEWITH EJECTOR	81		
CARETOUCH PEN NEEDLES			
31G X 6 MM	97		
CARETOUCH PEN NEEDLES			
31GX 5MM	97		
CARETOUCH PEN NEEDLES			
31GX 8MM	97		
CARETOUCH PEN NEEDLES			
32GX 4MM	97		
CARETOUCH PEN NEEDLES			
32GX 5MM	97		
CARETOUCH SAFETY			
LANCETS/26G	81		
CARETOUCH SAFETY			
LANCETS/28G	81		
CARETOUCH SAFETY			
LANCETS/30G	81		
CARETOUCH TWIST LANCETS			
28G	81		
CARETOUCH TWIST LANCETS			
30G	81		
CARETOUCH TWIST LANCETS			
33G	81		
carisoprodol	130		
carmustine	35		
carteolol hcl (ophth)	132		
carvedilol	49		
CASODEX	37		
caspofungin acetate	27		
CATAPRES	31		
CATAPRES-TTS-1	31		
CATAPRES-TTS-2	31		
CATAPRES-TTS-3	31		
CAYA	78		
CAYSTON	12		
CEDAX	52		
cefaclor	52		
CEFACTOR	52		
cefadroxil	52		
cefazolin sodium	52		
CEFAZOLIN SODIUM	52		
cefdinir	52		
CEFDITOREN PIVOXIL	52		
cefepime hcl	53		
cefixime	52		
CEFOTAN	52		
cefotaxime sodium	52		
CEFOTAXIME SODIUM	52		
CEFOTETAN	52		
cefotetan disodium	52		
cefoxitin sodium	52		
cefpodoxime proxetil	52		
cefprozil	52		
ceftazidime	52		
CEFTIBUTEN	52,53		
CEFTIN	52		
ceftriaxone sodium	53		
cefuroxime axetil	52		
cefuroxime sodium	52		
CELEBREX	4		
celecoxib	4		
CELEXA	20		
CELLCEPT	128		
CELLCEPT			
INTRAVENOUS	128		
CELONTIN	19		
cephalexin	52		
CEPHALEXIN	52		
CERDELGA	74		
CEREBYX	19		
CEREZYME	74		
CESAMET	26		
cetirizine hcl	28		
cetirizine-pseudoephedrine	56		
CETRAXAL	135		
CETROTIDE	68		
cevimeline hcl	129		
CHANTIX	138		
CHANTIX CONTINUING			
MONTHPAK	138		
CHANTIX STARTING MONTH			
PAK	138		
CHEK-STIX COMBO PAK			
URINALYSIS CONTROL	66		
CHEK-STIX CONTROL	66		
CHEMET	25		
CHEMSTRIP-K	66		
CHILDRENS ADVIL	4		
CHILDRENS MOTRIN	4		
CHLORAMPHENICOL SODIUM			
SUCCINATE	11		
chlordiazepoxide hcl	13		
chlordiazepoxide hcl-clidinium			
bromide	140		
chlorhexidine gluconate (mouth-			
throat)	129		
CHLOROQUINE			
PHOSPHATE	33		
chloroquine phosphate	33		
CHLOROTHIAZIDE	67		
chlorothiazide	67		
CHLORPROMAZINE HCL	44		
chlorpromazine hcl	44		
CHLORPROPAMIDE	25		
chlorthalidone	67		
CHLORZOXAZONE	131		
CHOLBAM	71		
cholecalciferol	146		
cholestyramine	29		
cholestyramine light	29		
CHORIONIC			
GONADOTROPIN	68		
CIALIS	51		
ciclopirox	59		
ciclopirox olamine	59		
cidofovir	47		
cilostazol	74		
CILOXAN	133		
CIMDUO	45		
cimetidine	141		

CLINIMIX 4.25%/DEXTROSE 10%.....	132	colesevelam hcl.....	29	COMTAN.....	42
CLINIMIX 4.25%/DEXTROSE 25%.....	132	COLESTID.....	29	CONCERTA.....	2
CLINIMIX 4.25%/DEXTROSE 5%.....	132	COLESTID FLAVORED... ..	29	CONTOUR HIGH	
CLINIMIX 5%/DEXTROSE 25%.....	132	colestipol hcl.....	29	CONTROL.....	82
CLINIMIX E 5%/DEXTROSE 20%.....	132	COLY-MYCIN S.....	135	CONTRAVE.....	2
clobazam.....	17	COMBIGAN.....	132	COPAXONE.....	137,138
clobetasol propionate.....	62	COMBIVIR.....	45	COPEGUS.....	48
clobetasol propionate emollient base.....	62	COMETRIQ.....	38	COPIKTRA.....	39
CLOCORTOLONE PIVALATE.....	62	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	98	CORDRAN.....	62
CLOCORTOLONE PIVALATE PUMP.....	62	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	COREG.....	49
CLODERM.....	62	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	CORGARD.....	49
CLODERM PUMP.....	62	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	98	CORLANOR.....	52
clofarabine.....	36	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	CORTEF.....	55
CLOLAR.....	36	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	CORTENEMA.....	10
clomipramine hcl.....	22	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	99	CORTISONE ACETATE... ..	55
clonazepam.....	17	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	99	CORTISPORIN.....	58
clonidine.....	31	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	99	CORTISPORIN-TC.....	135
clonidine hcl.....	31	COMFORT ASSURED LANCETS MICRO THIN 33G.....	82	COSENTYX.....	61
clonidine hcl (adhd).....	2	COMFORT ASSURED LANCETS SUPER THIN 28G.....	82	COSENTYX SENSOREADY PEN.....	61
clopidogrel bisulfate.....	74	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99	COSMEGEN.....	38
clorazepate dipotassium.....	13	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99	COSOPT.....	132
CLOSERCARE.....	82	COMFORT EZ MICRO/32G X 4MM.....	99	COUMADIN.....	15
clotrimazole.....	129	COMFORT EZ SHORT/31G X 8MM.....	99	COZAAR.....	30
clotrimazole (topical).....	59	COMFORT EZ/31G X 5MM.....	99	CREON.....	66
clotrimazole vaginal.....	145	COMFORT EZ/31G X 6MM.....	99	CRESEMBA.....	27
clotrimazole w/ betamethasone.....	59	COMFORT LANCETS.....	82	CRESTOR.....	29
clozapine.....	44	COMPLERA.....	45	CRIVAN.....	45
CLOZAPINE.....	44			cromolyn sodium.....	13
clozapine.....	44			cromolyn sodium (ophth)...	134
CLOZAPINE ODT.....	44			crotamiton.....	65
CLOZARIL.....	44			CUBICIN.....	11
COAGUCHEK LANCETS... ..	82			CUBICIN RF.....	11
COARTEM.....	33			CUPRIMINE.....	128
CODEINE SULFATE.....	6			CUTIVATE.....	62
codeine sulfate.....	6			CUVITRU.....	135
COGENTIN.....	42			CVS LANCETS 21G.....	82
COLACE.....	77			CVS LANCETS MICRO THIN 33G.....	82
COLAZAL.....	72			CVS LANCETS MICRO-THIN 33G.....	82
colchicine.....	73			CVS LANCETS ORIGINAL... ..	82
colchicine w/ probenecid.....	73			CVS LANCETS THIN 26G... ..	82
COLCRYST.....	73			CVS LANCETS ULTRA THIN 30G.....	82
				CVS LANCETS ULTRA-THIN 30G.....	82
				CVS LANCING DEVICE.....	82
				CVS PRENATAL.....	129

CVS ULTRA THIN			
LANCETS	82	DAYTRANA	2
cyanocobalamin	75	DDAVP	70
CYCLESSA	53	DEBACTEROL	129
cyclobenzaprine hcl	131	decitabine	36
cyclophosphamide	35	deferasirox	25
CYCLOPHOSPHAMIDE	35	deferroxamine mesylate	25
cyclophosphamide	35	DELESTROGEN	71
cycloserine	34	DELSTRIGO	45
CYCLOSET	24	DEMADEX	67
cyclosporine	128	demeclocycline hcl	139
CYCLOSPORINE		DEMEROL	6
MODIFIED	128	DENAVIR	61
cyclosporine modified (for		DEPACON	19
microemulsion)	128	DEPAKENE	19
CYKLOKAPRON	76	DEPAKOTE	19
CYMBALTA	22	DEPAKOTE ER	19
cyproheptadine hcl	29	DEPEN TITRATABS	128
CYRAMZA	36	DEPO-ESTRADIOL	71
CYSTADANE	69	DEPO-MEDROL	55
CYSTAGON	73	DEPO-PROVERA	
CYSTARAN	134	CONTRACEPTIVE	54
cytarabine	36	DEPO-SUBQ PROVERA	
CYTOMEL	140	104	55
CYTOTEC	142	DEPO-TESTOSTERONE	10
CYTOVENE	47	DERMA-SMOOTH/FS	
D.H.E. 45	125	BODY	62
DACARBAZINE	40	DERMA-SMOOTH/FS	
dacarbazine	40	SCALP	62
DACOGEN	36	DERMACINRX SILAPAK	62
dactinomycin	38	DERMATOP	62
DAKLINZA	48	DERMOTIC	135
dalfampridine	138	DESCOVY	45
DALIRESP	14	DESFERAL	25
danazol	10	desipramine hcl	22
DANTRIUM	131	desloratadine	28
dantrolene sodium	131	DES Loratadine ODT	28
dapsone	11	desmopressin acetate	70
daptomycin	11	desmopressin acetate	
DARAPRIM	33	spray	70
darifenacin hydrobromide	142	desmopressin acetate spray	
DARZALEX	36	refrigerated	70
DAUNORUBICIN HCL	38	DESOGEN	53
daunorubicin hcl	38	desogestrel & ethinyl	
DAUNORUBICIN		estradiol	53
HYDROCHLORIDE	38	desogestrel-ethinyl estradiol	
DAURISMO	37	(biphasic)	53
DAYPRO	4	desogestrel-ethinyl estradiol	
		(triphasic)	53
		desonide	62
		DESOWEN	63
		desoximetasone	63
		DESOXYN	1
		DESQUAM-X WASH	58
		desvenlafaxine succinate	22
		DETROL	142
		DETROL LA	142
		dexamethasone	55
		DEXAMETHASONE	55
		dexamethasone	55
		DEXAMETHASONE	55
		DEXAMETHASONE	55
		INTENSOL	55
		dexamethasone sodium	
		phosphate	55
		DEXAMETHASONE SODIUM	
		PHOSPHATE	133
		DEXCHLORPHENIRAMINE	
		MALEATE	27
		DEXEDRINE	1
		DEXILANT	141
		dexmethylphenidate hcl	2
		dextroamphetamine sulfate	1
		dextrose in lactated ringers	126
		DIACOMIT	17
		DIAMOX	66
		DIASTAT ACUDIAL	17
		DIASTAT PEDIATRIC	17
		DIATHRIVE LANCETS	82
		DIATHRIVE LANCETS ULTRA	
		THIN 30G	82
		DIATHRIVE LANCING	
		DEVICE	82
		DIATRUE GLUCOSE CONTROL	
		SOLUTION LEVEL 3	82
		diazepam	13
		DIAZEPAM	13
		diazepam	13
		diazepam (anticonvulsant)	17
		DIAZEPAM RECTAL GEL	17
		DIBENZYLINE	30
		DICLEGIS	26
		DICLOFENAC EPOLAMINE	58
		diclofenac potassium	4
		diclofenac sodium	4
		diclofenac sodium (actinic	
		keratoses)	60
		diclofenac sodium (ophth)	134
		diclofenac sodium (topical)	58
		diclofenac w/ misoprostol	4
		dicloxacillin sodium	136

dicyclomine hcl.....	140	DOPTelet.....	75	DROPLET INSULIN	
didanosine.....	45	DORZOLAMIDE HCL.....	134	SYRINGE/U-100/0.3ML/31G X	
DIDANOSINE.....	45	dorzolamide hcl.....	134	5/16".....	99
DIFFERIN.....	58	dorzolamide hcl-timolol		DROPLET INSULIN	
DIFICID.....	78	maleate.....	132	SYRINGE/U-100/0.5ML/30G X	
DIFLORASONE		DORZOLAMIDE		1/2".....	99
DIACETATE.....	63	HCL/TIMOLOL		DROPLET INSULIN	
diflorasone diacetate.....	63	MALEATE.....	132	SYRINGE/U-100/0.5ML/31G X	
DIFLUCAN.....	27	DOVONEX.....	61	5/16".....	99
diflunisal.....	6	doxazosin mesylate.....	31	DROPLET INSULIN	
digoxin.....	51	doxepin hcl.....	22	SYRINGE/U-100/1ML/30G X	
DIGOXIN.....	51	DOXEPIN HCL.....	22	1/2".....	99
digoxin.....	51	doxepin hcl.....	22	DROPLET INSULIN	
dihydroergotamine		doxepin hcl (antipruritic)...	60	SYRINGE/U-100/1ML/31G X	
mesylate.....	125	DOXEPIN		5/16".....	100
DILANTIN.....	19	HYDROCHLORIDE.....	61	DROPLET LANCETS ULTRA	
DILANTIN INFATABS.....	19	doxercalciferol.....	69	THIN 30G.....	82
DILANTIN-125.....	19	DOXIL.....	38	DROPLET LANCING	
DILAUDID.....	6	doxorubicin hcl.....	38	DEVICE.....	82
diltiazem hcl.....	50	doxorubicin hcl liposomal..	38	DROPLET PEN NEEDLES	
DILTIAZEM HCL.....	50	doxycycline		29GX12MM.....	100
diltiazem hcl.....	50	(monohydrate).....	139	DROPLET PEN NEEDLES	
diltiazem hcl coated beads..	50	doxycycline hyclate.....	139	31GX5MM.....	100
diltiazem hcl extended release		doxylamine-pyridoxine.....	26	DROPLET PEN NEEDLES	
beads.....	50	DRISDOL.....	146	31GX6MM.....	100
DIOVAN.....	31	dronabinol.....	26	DROPLET PEN NEEDLES	
DIOVAN HCT.....	31	DROPLET INSULIN SYRINGE		31GX8MM.....	100
DIPENTUM.....	72	0.3ML/29G X 1/2".....	99	DROPLET PEN NEEDLES 32G	
diphenhydramine hcl.....	27,28	DROPLET INSULIN SYRINGE		X 1/4".....	100
diphenoxylate w/ atropine...	25	0.5ML/29G X 1/2".....	99	DROPLET PEN NEEDLES 32G	
DIPHENOXYLATE/ATROPINE		DROPLET INSULIN SYRINGE		X 3/16".....	100
.....	25	1ML/29G X 1/2".....	99	DROPLET PEN NEEDLES 32G	
DIPROLENE.....	63	DROPLET INSULIN SYRINGE		X 5/32".....	100
DIPROLENE AF.....	63	U-100/0.3/31G X 5/16".....	99	DROPLET PEN NEEDLES	
dipyridamole.....	74	DROPLET INSULIN SYRINGE		32GX4MM.....	100
disopyramide phosphate.....	13	U-100/0.3ML/30G X 1/2".....	99	DROPLET PEN NEEDLES	
disulfiram.....	137	DROPLET INSULIN SYRINGE		32GX5MM.....	100
DITROPAN XL.....	142	U-100/0.3ML/30G X 5/16".....	99	DROPLET PEN NEEDLES	
divalproex sodium.....	20	DROPLET INSULIN SYRINGE		32GX6MM.....	100
DIVIGEL.....	71	U-100/0.5ML/30G X 1/2".....	99	DROPSAFE SAFETY PEN	
docetaxel.....	41	DROPLET INSULIN SYRINGE		NEEDLES/31G X 5/16".....	100
DOCETAXEL.....	41	U-100/0.5ML/30G X 5/16".....	99	DROPSAFE SAFTEY PEN	
docetaxel.....	41	DROPLET INSULIN SYRINGE		NEEDLES/31G X 1/4".....	100
docusate calcium.....	77	U-100/1ML/30G X 1/2".....	99	drosiprenone-ethinyl	
docusate sodium.....	77	DROPLET INSULIN SYRINGE		estradiol.....	53
dofetilide.....	13	U-100/1ML/30G X 5/16".....	99	drosiprenone-ethinyl estradiol-	
DOLOPHINE.....	6	DROPLET INSULIN SYRINGE		levomefolate calcium.....	53
donepezil hydrochloride....	137	U-100/1ML/31G X 15/64".....	99	DROXIA.....	74
		DROPLET INSULIN SYRINGE		DRUG MART ADJUSTABLE	
		U-100/1ML/31G X 5/16".....	99	LANCING DEVICE.....	82
				DRUG MART LANCETS	
				THIN.....	82
				DRUG MART ON-THE-GO	
				LANCETS GENTLE 30G.....	82
				DRUG MART UNIFINE PENTIPS	
				31GX5MM.....	100

DRUG MART UNIFINE PENTIPS29G X 12MM.....	100	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	101
DRUG MART UNIFINE PENTIPS31GX6MM.....	100	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	101
DRUG MART UNIFINE PENTIPS31GX8MM.....	100	EASY COMFORT LANCETS.....	83	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	101
DRUG MART UNIFINE PENTIPS32GX4MM.....	100	EASY COMFORT LANCETS 30G/PULL TOP.....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	101
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM.....	100	EASY COMFORT LANCETS 30G/THIN TOP.....	82	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	101
DRUG MART UNILET LANCETSSUPER THIN 30G82		EASY COMFORT LANCETS TWIST TOP.....	83	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	101
DRUG MART UNILET LANCETSULTRA THIN 28G 82		EASY COMFORT PEN NEEDLES31GX1/4".....	100	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	101
DRUG MART UNILET THIN LANCETS 33G.....	82	EASY COMFORT PEN NEEDLES31GX3/16".....	100	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	101
DUAC.....	58	EASY COMFORT PEN NEEDLES31GX5/16".....	100	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	101
DUAVEE.....	70	EASY COMFORT PEN NEEDLES32GX5/32".....	100	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	101
DUETACT.....	23	EASY MINI EJECT LANCING DEVICE.....	83	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	101
DULCOLAX.....	77	EASY MINI LANCING DEVICE.....	83	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101
duloxetine hcl.....	22	EASY PLUS II CONTROL SOLUTION HIGH.....	83	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	101
DUPIXENT.....	64	EASY STEP CONTROL SOLUTION HIGH.....	83	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101
DURAGESIC.....	6	EASY TALK CONTROL SOLUTION HIGH.....	83	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101
DUREX EXTRA SENSITIVE.....	78	EASY TOUCH 32GX5MM.....	100	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	101
DUREZOL.....	133	EASY TOUCH 32GX6MM.....	100	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	101
dutasteride.....	73	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	100	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	101
DUZALLO.....	73	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	100	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	101
DYAZIDE.....	67	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	100	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101
DYRENIUM.....	67	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	100	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	83
DYSPORT.....	132	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	100	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	83
E-Z JECT LANCETS.....	82	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	101	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	83
E-Z JECT LANCETS 21G.....	82	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	EASY TOUCH LANCETS 26G/PULL-TOP.....	83
E-Z JECT LANCETS COLOR.....	82				
E-Z JECT LANCETS SUPER THIN 30G.....	82				
E-Z JECT LANCETS THIN 26G.....	82				
E-ZJECT LANCETS MICRO-THIN 33G.....	82				
E.E.S. 400.....	77				
E.E.S. GRANULES.....	78				
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	100				
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	100				
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	100				
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	100				

EASY TOUCH LANCETS 26G/TWIST.....	83	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	83	ELEXA ULTRA SENSITIVE..	78
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	83	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	83	ELIDEL.....	65
EASY TOUCH LANCETS 28G/PULL-TOP.....	83	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM..	101	ELIGARD.....	37
EASY TOUCH LANCETS 28G/TWIST.....	83	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	101	ELIMITE.....	65
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED..	83	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	101	ELIQUIS.....	15
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	83	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	102	ELIQUIS STARTER PACK..	15
EASY TOUCH LANCETS 30G/PULL-TOP.....	83	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	102	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	102
EASY TOUCH LANCETS 30G/TWIST.....	83	EASY TRAK GLUCOSE CONTROLSOLUTION HIGH.....	83	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	102
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	83	EASY TWIST & CAP LANCETS.....	83	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	102
EASY TOUCH LANCETS 32G/PULL-TOP.....	83	EASYGLUCO CONTROL SOLUTION HIGH.....	83	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	102
EASY TOUCH LANCETS 32G/TWIST.....	83	EASYMAX CONTROL SOLUTIONHIGH.....	83	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	102
EASY TOUCH LANCETS 33G/TWIST.....	83	EASYTEST II LANCETS..	83	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	102
EASY TOUCH LANCING DEVICE/EJECTOR.....	83	EASYTEST LANCETS....	83	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	102
EASY TOUCH PEN NEEDLE 30G X 5/16".....	101	EC-NAPROSYN.....	4	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	102
EASY TOUCH PEN NEEDLES 29GX1/2".....	101	EC-NAPROXEN.....	4	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102
EASY TOUCH PEN NEEDLES 31GX1/4".....	101	econazole nitrate.....	59	ELITEK.....	40
EASY TOUCH PEN NEEDLES 31GX5/16".....	101	EDARBI.....	31	ELIXOPHYLLIN.....	15
EASY TOUCH PEN NEEDLES 32GX1/4".....	101	EDECIN.....	67	ELLA.....	54
EASY TOUCH PEN NEEDLES 32GX3/16".....	101	EDURANT.....	45	ELLECE.....	38
EASY TOUCH PEN NEEDLES 32GX5/32".....	101	efavirenz.....	45	ELLIOTTS B.....	126
EASY TOUCH PEN NEEDLES/31G X 3/16".....	101	EFFEXOR XR.....	22	ELMIRON.....	73
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	83	EFFIENT.....	74	ELOCON.....	63
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	83	EFUDEX.....	60	EMADINE.....	134
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	83	EGRIFTA.....	68	EMBEDA.....	6
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	83	ELAPRASE.....	69	EMBRACE GLUCOSE CONTROL SOLUTION HIGH.....	83
		ELAVIL.....	22	EMBRACE LANCETS ULTRA THIN 30G.....	84
		ELDEPRYL.....	43	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH.....	84
		ELELYSO.....	74	EMCYT.....	37
		ELEMENT HIGH CONTROL.....	83	EMEND.....	26,27
		ELESTAT.....	134	EMFLAZA.....	55
		ELESTRIN.....	71	EMPLICITI.....	36
		eletriptan hydrobromide..	125		
		ELEXA NATURAL FEEL..	78		
		ELEXA STIMULATING....	78		

EMSAM.....	20	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	102	eszopiclone.....	76
EMTRIVA.....	45	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	102	ethacrynic acid.....	67
EMVERM.....	10	EQL INSULIN SYRINGE/1ML/30G X 5/16".....	102	ethambutol hcl.....	34
ENABLEX.....	142	EQL INSULIN SYRINGE/1ML/31G X 5/16".....	102	ethosuximide.....	19
enalapril maleate.....	30	EQL PRENATAL FORMULA.....	129	ethynodiol diacet & eth estrad.....	53
enalapril maleate & hydrochlorothiazide.....	31	EQL SUPER THIN LANCETS 30G.....	84	ETIDRONATE DISODIUM.....	68
ENBREL.....	5	EQL THIN LANCETS 26G.....	84	etodolac.....	4
ENBREL MINI.....	5	EQUETRO.....	43	ETOPOPHOS.....	41
ENBREL SURECLICK.....	5	ERAXIS.....	27	ETOPOSIDE.....	41
enoxaparin sodium.....	16	ERBITUX.....	36	etoposide.....	41
entacapone.....	42	ergocalciferol.....	146	EUCRISA.....	65
entecavir.....	48	ERGOLOID MESYLATES.....	138	EURAX.....	65
ENTEREG.....	72	ERGOMAR.....	125	EVAMIST.....	71
ENTOCORT EC.....	55	ergotamine w/ caffeine.....	125	EVISTA.....	69
ENTRESTO.....	51	ERIVEDGE.....	37	EVOCLIN.....	58
EPCLUSA.....	48	erlotinib hcl.....	39	EVOMELA.....	35
EPIDIOLEX.....	17	ERTACZO.....	59	EVOTAZ.....	46
EPIDUO.....	58	ertapenem sodium.....	11	EVOXAC.....	129
epinastine hcl (ophth).....	134	ERWINAZE.....	40	EXALGO.....	6
epinephrine (anaphylaxis).....	146	ERYPED 200.....	78	EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM.....	102
EPIPEN 2-PAK.....	146	ERYPED 400.....	78	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM.....	102
EPIPEN-JR 2-PAK.....	146	erythromycin (acne aid).....	58	EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM.....	102
epirubicin hcl.....	38	erythromycin (ophth).....	133	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2".....	102
EPIVIR.....	45	erythromycin base.....	78	EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16".....	102
EPIVIR HBV.....	48	erythromycin ethylsuccinate.....	78	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".....	102
eplerenone.....	33	ERYTHROMYCIN ETHYLSUCCINATE.....	78	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".....	102
EPOGEN.....	75	escitalopram oxalate.....	21	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	102
epoprostenol sodium.....	51	ESGIC.....	5	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2".....	103
EPROSARTAN MESYLATE.....	31	esomeprazole magnesium.....	141	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	103
EPZICOM.....	45	estazolam.....	76	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	103
EQL COLOR LANCETS 21G.....	84	ESTRACE.....	71	EXELDERM.....	59
EQL COLOR LANCETS MICRO THIN 33G.....	84	estradiol.....	71		
EQL INSULIN SYRINGE/0.3ML/29G X 1/2".....	102	estradiol vaginal.....	145		
EQL INSULIN SYRINGE/0.3ML/30G X 5/16".....	102	estradiol valerate.....	71		
EQL INSULIN SYRINGE/0.3ML/31G X 5/16".....	102	ESTROGEL.....	71		
EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	102	ESTROPIPATE.....	71		
EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	102	ESTROSTEP FE.....	53		

exemestane.....	37	FERRIPROX.....	25	FIRDAPSE.....	34
EXFORGE.....	32	ferrous fumarate-folic acid.....	75	FIRMAGON.....	37
EXFORGE HCT.....	31	ferrous sulfate.....	75	FIRVANQ.....	11
EXJADE.....	25	FETZIMA.....	22	FLAGYL.....	10
EXTAVIA.....	138	FETZIMA TITRATION		flavoxate hcl.....	143
EZ SMART BLOOD GLUCOSE		PACK.....	22	flecainide acetate.....	13
LANCETS.....	84	FEXMID.....	131	FLECTOR.....	58
EZ-LETS LANCETS 21G.....	84	fexofenadine hcl.....	28	FLOLAN.....	51
EZ-LETS LANCETS 23G.....	84	fexofenadine-pseudoephedrine		FLOMAX.....	73
EZ-LETS LANCETS 26G		.....	56	FLONASE ALLERGY	
SUPER-SOFT.....	84	FIASP.....	24	RELIEF.....	131
EZ-LETS LANCETS 28G		FIASP FLEXTOUCH.....	24	FLONASE ALLERGY RELIEF	
ULTRA-SOFT.....	84	FIBERCON.....	76	CHILDRENS.....	131
EZ-LETS LANCETS 30G.....	84	FIFTY50 PEN NEEDLES 31G		FLOVENT DISKUS.....	14
ezetimibe.....	30	X3/16" (5MM).....	103	FLOVENT HFA.....	14
ezetimibe-simvastatin.....	29	FIFTY50 PEN NEEDLES 31G		FLOWTUSS.....	56
FABRAZYME.....	69	X5/16" (8MM).....	103	FLOXIN OTIC.....	135
famciclovir.....	48	FIFTY50 PEN NEEDLES		floxuridine.....	36
famotidine.....	141	31GX5MM.....	103	FLUAD 2017-2018.....	143
FAMOTIDINE PREMIXED.....	141	FIFTY50 PEN		FLUAD 2018-2019.....	143
FANAPT.....	43	NEEDLES/31GX8MM.....	103	FLUAD 2019-2020.....	143
FANAPT TITRATION PACK.....	43	FIFTY50 PEN		FLUARIX QUADRIVALENT	
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LUBRICATED/SPERMICIDE		NEEDLES/32GX6MM.....	103	2018-2019.....	143
.....	78	FIFTY50 SAFETY SEAL		FLUARIX QUADRIVALENT	
FARESTON.....	37	LANCETS 30G.....	84	2019-2020.....	144
FARXIGA.....	25	FIFTY50 SAFETY SEAL		FLUBLOK 2017-2018.....	144
FASENRA.....	13	LANCETS 32G.....	84	FLUBLOK QUADRIVALENT	
FASENRA PEN.....	13	FIFTY50 SUPERIOR		2017-2018.....	144
FASLODEX.....	37	COMFORTINSULIN		FLUBLOK QUADRIVALENT	
FAZACLO.....	44	SYRINGE/0.3ML/31G X		2018-2019.....	144
FC FEMALE CONDOM.....	78	5/16".....	103	FLUBLOK QUADRIVALENT	
febuxostat.....	74	FIFTY50 SUPERIOR		2019-2020.....	144
felbamate.....	19	COMFORTINSULIN		FLUCELVAX QUADRIVALENT	
FELBATOL.....	19	SYRINGE/0.5ML/31G X		2017-2018.....	144
FELDENE.....	4	5/16".....	103	FLUCELVAX QUADRIVALENT	
felodipine.....	50	FIFTY50 SUPERIOR		2018-2019.....	144
FEMARA.....	37	COMFORTINSULIN		FLUCELVAX QUADRIVALENT	
FEMCAP.....	78	SYRINGE/1ML/31G X		2019-2020.....	144
FEMHRT LOW DOSE.....	70	5/16".....	103	fluconazole.....	27
FEMRING.....	145	FIFTY50 UNILET LANCETS		flucytosine.....	27
fenofibrate.....	29	33G.....	84	fludarabine phosphate.....	36
fenofibrate micronized.....	29	FINACEA.....	65	fludrocortisone acetate.....	56
fenoprofen calcium.....	4	finasteride.....	73	FLULAVAL QUADRIVALENT	
fantanyl.....	6	finasteride (alopecia).....	64	2017-2018.....	144
fantanyl citrate.....	6	FINE 30.....	84	FLULAVAL QUADRIVALENT	
FER-IN-SOL.....	75	FINGERSTIX LANCETS.....	84	2018-2019.....	144
		FIORICET.....	5	FLULAVAL QUADRIVALENT	
		FIORICET/CODEINE.....	8	2019-2020.....	144
		FIORINAL.....	5	FLUMADINE.....	48
		FIORINAL/CODEINE #3.....	8	FLUMIST QUADRIVALENT.....	144
		FIRAZYR.....	74		

FLUNISOLIDE.....	131	FOLOTYN.....	36	FREESTYLE PRECISION	
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GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" 103		

GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	105	GRANIX.....	75
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	105	GRASTEK.....	3
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	105	GRIS-PEG.....	27
GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	105	griseofulvin microsize.....	27
GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	105	griseofulvin ultramicrosize.....	27
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	105	guanfacine hcl.....	31
GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	105	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	105	guanfacine hcl (adhd).....	2
GNP INSULIN SYRINGE/1ML/28G X 1/2".....	105	GOLYTELY.....	77	GUANIDINE HCL.....	34
GNP INSULIN SYRINGE/1ML/29G X 1/2".....	105	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	105	GYNAZOLE-1.....	145
GNP INSULIN SYRINGE/1ML/30G X 5/16".....	105	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	85	GYNE-LOTRIMIN.....	145
GNP INSULIN SYRINGE/1ML/31G X 5/16".....	105	GOODSENSE LANCETS MICRO-THIN 33G.....	85	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	106
GNP LANCETS.....	85	GOODSENSE LANCETS MICRO-THIN 33G.....	85	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	106
GNP LANCETS 21G.....	85	GOODSENSE LANCETS MICRO-THIN 33G.....	85	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	106
GNP LANCETS MICRO THIN 33G.....	85	GOODSENSE LANCING DEVICE.....	85	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM.....	106
GNP LANCETS SUPER THIN 30G.....	85	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	105	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	106
GNP LANCETS THIN.....	85	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	105	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	106
GNP LANCETS THIN 26G.....	85	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	106	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	85
GNP MICRO THIN LANCETS 33G.....	85	GOODSENSE PRENATAL VITAMINS.....	129	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	85
GNP PRENATAL.....	129	granisetron hcl.....	26	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	85
GNP SUPER THIN LANCETS/30G.....	85			H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	85
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	105			H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	106
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	105			HAEGARDA.....	74
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	105			HAEMOLANCE.....	85
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	105			HAEMOLANCE LOW FLOW LANCETS.....	85
				HAEMOLANCE PLUS.....	85
				HAEMOLANCE PLUS HIGH FLOW.....	85
				HAEMOLANCE PLUS LOW FLOW.....	85
				HAEMOLANCE PLUS MAX FLOW.....	85
				HAEMOLANCE PLUS PEDIATRIC FLOW.....	85
				HALAVEN.....	41
				halcinonide.....	63
				HALCION.....	76
				HALDOL.....	43
				HALDOL DECANOATE 100.....	43

HALDOL DECANOATE 50..	43	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	106	hydrocodone-ibuprofen	8
halobetasol propionate	63	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	86	hydrocortisone	55
HALOG	63	HECTOROL	69	hydrocortisone (intrarectal)	10
haloperidol	44	HEMANGEOL	49	hydrocortisone (rectal)	10
haloperidol decanoate	44	heparin sodium (porcine)	16	hydrocortisone (topical)	63
haloperidol lactate	44	HEPARIN SODIUM/NACL 0.45%	16	hydrocortisone acetate (rectal)	10
HARVONI	48	HEPSERA	48	hydrocortisone butyrate	63
HEALTH CARE LANCING DEVICE	85	HERCEPTIN	36	hydrocortisone valerate	63
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	106	HETLIOZ	76	hydrocortisone w/acetic acid	135
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	106	HEXALEN	35	hydromorphone hcl	6
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	106	HIPREX	142	HYDROMORPHONE HYDROCHLORIDE	6
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	106	HIZENTRA	135	hydroxychloroquine sulfate	33
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	106	HM PRENATAL	129	hydroxyurea	40
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	106	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	106	hydroxyzine hcl	12
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	106	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	107	HYDROXYZINE PAMOATE	12
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	106	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	107	HYPER-SAL	56
HEALTHWISE MINI PEN NEEDLES 31GX6MM	106	HORIZANT	138	HYPERSAL	56,57
HEALTHWISE PEN NEEDLES 29GX12MM	106	HUMATROPE	69	HYQVIA	135
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	106	HUMATROPE COMBO PACK	69	HYSINGLA ER	6
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	106	HUMIRA	3	HYZAAR	32
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	106	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	ibandronate sodium	68
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	106	HUMIRA PEN	3	IBUDONE	8
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	85	HUMIRA PEN-CD/UC/HS STARTER	3	ibuprofen	4
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	106	HUMIRA PEN-PS/UV STARTER	3	icatibant acetate	74
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	106	HUMULIN R U-500 (CONCENTRATED)	24	ICLUSIG	39
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	106	HUMULIN R U-500 KWIKPEN	24	IDAMYCIN PFS	38
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	106	HY-VEE LANCETS	86	idarubicin hcl	38
		HY-VEE THIN LANCETS	86	IFEX	35
		HYCAMTIN	41	ifosfamide	35
		hydralazine hcl	33	IFOSFAMIDE	35
		HYDREA	40	ILEVRO	134
		hydrochlorothiazide	67	imatinib mesylate	39
		HYDROCODONE BITARTRATE/GUAIFENESIN	56	IMBRUVICA	39
		hydrocodone-acetaminophen	8	IMFINZI	36
				imipenem-cilastatin	11
				imipramine hcl	22
				imipramine pamoate	22
				imiquimod	65
				IMITREX	125,126
				IMITREX STATDOSE REFILL	125
				IMITREX STATDOSE SYSTEM	125
				IMLYGIC	41

IMODIUM A-D.....	25	INSULIN SYRINGE/NEEDLE	INSUPEN SENSITIVE
IMPAVIDO.....	10	1ML/31G X 5/16".....	32GX6MM.....
IMURAN.....	128	INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
IN TOUCH LANCING		100/0.3ML/29G X 1/2".....	29GX12MM.....
DEVICE.....	86	INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
IN TOUCH STERILE		100/0.5ML/28G X 1/2".....	30GX8MM.....
LANCETS30G.....	86	INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
INCRELEX.....	69	100/0.5ML/29G X 1/2".....	31GX6MM.....
INCRUSE ELLIPTA.....	13	INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
indapamide.....	67	100/1ML/28G X 1/2".....	31GX8MM.....
INDERAL LA.....	49	INSULIN SYRINGE/U-	INTELENCE.....
indomethacin.....	4	100/1ML/29G X 1/2".....	INTRON A.....
INFED.....	75	INSULIN SYRINGE/U-	INTRON A W/DILUENT.....
INFINITY CONTROL SOLUTION		100/1ML/30G X 5/16".....	INTUNIV.....
HIGH.....	86	INSULIN SYRINGE/U-	INVANZ.....
INFLECTRA.....	72	100/1ML/31G X 5/16".....	INVEGA.....
INLYTA.....	39	INSULIN	INVIRASE.....
INSPIRA.....	33	SYRINGES/0.5ML/27GX1/2"	INVOKAMET.....
INSULIN SYRINGE/0.3ML/29G X		.....	INVOKANA.....
1".....	107	INSULIN	IONOSOL-MB/DEXTROSE
INSULIN SYRINGE/0.3ML/29G X		SYRINGES/0.5ML/29GX1/2"	5%.....
1/2".....	107	.....	IOPIDINE.....
INSULIN SYRINGE/0.3ML/30G X		INSULIN	ipratropium bromide.....
5/16".....	107	SYRINGES/0.5ML/30GX5/16"	ipratropium bromide (nasal).....
INSULIN SYRINGE/0.3ML/31G X		.....	ipratropium-albuterol.....
5/16".....	107	INSULIN	irbesartan.....
INSULIN SYRINGE/0.5ML/27G X		SYRINGES/0.5ML/31GX	irbesartan-hydrochlorothiazide
1/2".....	107	5/16".....	.....
INSULIN SYRINGE/0.5ML/28G X		INSULIN	IRESSA.....
1/2".....	107	SYRINGES/0.5ML/31GX5/16"	irinotecan hcl.....
INSULIN SYRINGE/0.5ML/30G X		.....	irrigation solutions,
1/2".....	107	INSULIN	physiological.....
INSULIN SYRINGE/0.5ML/30G X		SYRINGES/1ML/27GX1/2"	ISENTRESS.....
5/16".....	107	.....	ISENTRESS HD.....
INSULIN SYRINGE/0.5ML/31G X		INSULIN	ISOLYTE-P/DEXTROSE
5/16".....	107	SYRINGES/1ML/27GX1/2"	5%.....
INSULIN SYRINGE/1ML/28G X		.....	ISOLYTE-S.....
1/2".....	107	INSULIN	ISONIAZID.....
INSULIN SYRINGE/1ML/29G X		SYRINGES/1ML/28GX1/2"	isoniazid.....
1/2".....	107	.....	ISOPTO CARPINE.....
INSULIN SYRINGE/1ML/30G X		INSULIN	ISORDIL TITRADOSE.....
5/16".....	107	SYRINGES/1ML/29GX1/2"	isosorbide dinitrate.....
INSULIN SYRINGE/NEEDLE		.....	ISOSORBIDE DINITRATE
0.3ML/30G X 5/16".....	107	INSULIN	ER.....
INSULIN SYRINGE/NEEDLE		SYRINGES/1ML/30GX1/2"	isosorbide mononitrate.....
0.3ML/31G X 5/16".....	107	.....	isotretinoin.....
INSULIN SYRINGE/NEEDLE		INSULIN	isradipine.....
0.5ML/29G X 1/2".....	107	SYRINGES/1ML/31GX5/16"	ISTODAX (OVERFILL).....
INSULIN SYRINGE/NEEDLE		.....	itraconazole.....
0.5ML/30G X 5/16".....	107	INSUPEN 29G X 12MM.....	ivermectin.....
INSULIN SYRINGE/NEEDLE		INSUPEN 31G X 5MM.....	
0.5ML/31G X 5/16".....	107	INSUPEN 31G X 8MM.....	
INSULIN SYRINGE/NEEDLE		INSUPEN 32G X 4MM.....	
1ML/29G X 1/2".....	107	INSUPEN PEN NEEDLES 32G	
INSULIN SYRINGE/NEEDLE		X4MM.....	
1ML/30G X 5/16".....	107		

IXEMPRA KIT.....	41	KIMONO PS PLUS SPERMICIDE/LUBRICATED	78	KROGER INSULIN SYRINGE/1ML/29G X 1/2" .	108
JADENU.....	25	KIMONO SENSATION LUBRICATED.....	78	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	109
JADENU SPRINKLE.....	25	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	78	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	109
JAKAFI.....	39	KIMONO SPECIAL.....	78	KROGER LANCETS.....	86
JANUVIA.....	23	KINERET.....	4	KROGER LANCETS 21G ..	86
JARDIANCE.....	25	KINNEY LANCETS.....	86	KROGER LANCETS MICRO THIN33G.....	86
JEVTANA.....	41	KINNEY THIN LANCETS ..	86	KROGER LANCETS SUPER THIN.....	86
JUBLIA.....	59	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" 108		KROGER LANCETS THIN ..	86
JULUCA.....	46	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" 108		KROGER LANCETS THIN 26G.....	86
JYNARQUE.....	70	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	108	KROGER LANCETS ULTRATHIN30G.....	86
K-TAB.....	127	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	108	KROGER LANCING DEVICE.....	86
KADCYLA.....	36	KLARITY-A.....	133	KROGER PEN NEEDLES 29G X12MM.....	109
KADIAN.....	6	KLARON.....	58	KROGER PEN NEEDLES 31G X8MM.....	109
KALETRA.....	46	KLONOPIN.....	17	KROGER PEN NEEDLES 31GX1/4".....	109
KALYDECO.....	139	KLOR-CON M15.....	127	KROGER PEN NEEDLES/31G X1/4".....	109
KAMELEON LUBRICATED ..	78	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	108	KROGER PEN NEEDLES/31G X3/16".....	109
KAPVAY.....	2	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	108	KROGER PEN NEEDLES/31G X5/16".....	109
KCL 0.3%/D5W/NAACL 0.9%.....	127	KP PRENATAL MULTIVITAMINS.....	129	KROGER PEN NEEDLES/32G X5/32".....	109
KEFLEX.....	52	KRINTAFEL.....	33	KRYSTEXXA.....	74
KENALOG-40.....	55	KROGER AUTOLET LANCING DEVICE.....	86	KUVAN.....	69
KEPIVANCE.....	40	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	108	KYLEENA.....	54
KEPPRA.....	17	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	108	KYPROLIS.....	39
KEPPRA XR.....	17	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	108	labetalol hcl.....	49
KERYDIN.....	59	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	108	LAC-HYDRIN.....	64
ketoconazole.....	27	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	108	LAC-HYDRIN TWELVE.....	64
ketoconazole (topical).....	59	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	108	LACRISERT.....	132
KETONE.....	66	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	108	lactated ringer's.....	127
KETONE TEST STRIPS.....	66	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	108	lactated ringer's (irrigation) ..	129
ketoprofen.....	4	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	108	LACTATED RINGERS VIAFLEX.....	127
ketorolac tromethamine.....	4	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	108	lactic acid (ammonium lactate).....	64
ketorolac tromethamine (ophth).....	134	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	108	lactulose.....	77
KETOSTIX.....	66	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	108	lactulose (encephalopathy) ..	72
ketotifen fumarate (ophth) ..	134	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	108	LAMICTAL.....	18
KEVEYIS.....	66	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	108	LAMICTAL CHEWABLE DISPERSIBLE.....	18
KEYTRUDA.....	36				
KHAPZORY.....	40				
KIMONO COLORS.....	78				
KIMONO LUBRICATED.....	78				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	78				
KIMONO PLUS SPERMICIDE LUBRICATED.....	78				
KIMONO PLUS SPERMICIDE/LUBRICATED	78				
KIMONO PS LUBRICATED ..	78				

LAMICTAL ODT.....	18	LEADER ADVANCED		LENVIMA 18 MG DAILY	
LAMISIL.....	27	LANCING DEVICE.....	86	DOSE.....	39
lamivudine.....	46	LEADER INSULIN		LENVIMA 20 MG DAILY	
lamivudine (hbv).....	48	SYRINGE/0.3ML/29G X		DOSE.....	39
lamivudine-zidovudine.....	46	1/2".....	109	LENVIMA 24 MG DAILY	
lamotrigine.....	18	LEADER INSULIN		DOSE.....	39
LANCET DEVICE		SYRINGE/0.3ML/30G X		LENVIMA 4 MG DAILY	
ADJUSTABLE.....	86	5/16".....	109	DOSE.....	39
LANCET DEVICE WITH		LEADER INSULIN		LENVIMA 8 MG DAILY	
EJECTOR.....	86	SYRINGE/0.3ML/31G X		DOSE.....	39
LANCETS.....	86	5/16".....	109	LETAIRIS.....	51
LANCETS 26G TWIST TOP.....	86	LEADER INSULIN		letrozole.....	37
LANCETS 28G.....	86	SYRINGE/0.5ML/28G X		leucovorin calcium.....	40
LANCETS 30G.....	86	1/2".....	109	LEUCOVORIN CALCIUM.....	40
LANCETS 30G TWIST TOP.....	86	LEADER INSULIN		leucovorin calcium.....	40
LANCETS 30G/TWIST TOP.....	86	SYRINGE/0.5ML/29G X		LEUKERAN.....	35
LANCETS 31G TWIST TOP.....	86	1/2".....	109	LEUKINE.....	75
LANCETS 33G UNIVERSAL		LEADER INSULIN		leuprolide acetate.....	37
DESIGN.....	86	SYRINGE/0.5ML/30G X		levabuterol hcl.....	15
LANCETS MICRO THIN		5/16".....	109	levabuterol tartrate.....	15
33G.....	86	LEADER INSULIN		LEVAQUIN.....	71
LANCETS SAFETY SEAL		SYRINGE/1ML/28G X		LEVEMIR.....	24
21G.....	86	1/2".....	109	LEVEMIR FLEXTOUCH.....	24
LANCETS SAFETY SEAL		LEADER INSULIN		levetiracetam.....	18
26G.....	86	SYRINGE/1ML/29G X		levobunolol hcl.....	132
LANCETS SAFETY SEAL		1/2".....	109	levocetirizine dihydrochloride.....	28
28G.....	86	LEADER INSULIN		levofloxacin.....	71
LANCETS SAFETY SEAL		SYRINGE/1ML/30G X		levofloxacin (ophth).....	133
30G.....	86	5/16".....	109	levofloxacin in d5w.....	71
LANCETS SUPER THIN		LEADER INSULIN		levonorgestrel & eth	
28G.....	86	SYRINGE/1ML/31G X		estradiol.....	53
LANCETS THIN.....	86	5/16".....	109	levonorgestrel (emergency	
LANCETS TWIST TOP.....	86	LEADER UNIFINE PENTIPS		oc).....	54
LANCETS ULTRA FINE.....	86	PLUS/MINI/31GX3/16".....	109	levonorgestrel-eth estradiol	
LANCETS ULTRA THIN.....	86	LEADER UNIFINE PENTIPS		(triphasic).....	53
LANCETS ULTRA THIN		PLUS/SHORT/31GX5/16".....	109	levonorgestrel-ethinyl estradiol	
30G.....	86	.....	109	(91-day).....	53
LANCETSBULLSEYE		LEADER UNIFINE		levonorgestrel-ethinyl estradiol	
SAFETY.....	86	PENTIPS/MINI/31GX3/16".....	109	(continuous).....	53
LANCING DEVICE.....	86	.....	109	levorphanol tartrate.....	6
LANCING DEVICE		LEADER UNIFINE		levothyroxine sodium.....	140
ADJUSTABLE.....	86	PENTIPS/NANO/32GX5/32".....	109	LEVOTHYROXINE	
LANOXIN.....	51	.....	109	SODIUM.....	140
lansoprazole.....	141	LEADER UNIFINE		levothyroxine sodium.....	140
lanthanum carbonate.....	73	PENTIPS/PLUS/32GX5/32".....	109	LEXAPRO.....	21
LANZO.....	86	.....	109	LEXIVA.....	46
LARTRUVO.....	36	LEDIPASVIR/SOFOSBUVIR.....	48	LIALDA.....	72
LASIX.....	67	leflunomide.....	5	LIBERTY CONTROL SOLUTION	
LASTACRAFT.....	134	LENVIMA 10 MG DAILY		HIGH.....	86
latanoprost.....	134	DOSE.....	39	LIBERTY MEDICAL LANCETS	
LATUDA.....	43	LENVIMA 12MG DAILY		30G.....	87
		DOSE.....	39		
		LENVIMA 14 MG DAILY			
		DOSE.....	39		

LIBERTY MINI LANCING DEVICE.....	87	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110	LIVE BETTER LANCET ULTRATHIN 28G.....	87
LIBRAX.....	140	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	110	LO LOESTRIN FE.....	53
LIBTAYO.....	36	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110	LOCOID.....	63
lidocaine.....	65	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110	LODINE.....	4
lidocaine hcl.....	65	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	LODOSYN.....	42
LIDOCAINE HCL.....	129	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	110	LOESTRIN 1.5/30-21.....	53
lidocaine hcl (local anesth.).....	77	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	110	LOESTRIN 1/20-21.....	53
lidocaine hcl (mouth-throat).....	129	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110	LOESTRIN FE 1.5/30.....	53
lidocaine-prilocaine.....	65	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110	LOESTRIN FE 1/20.....	53
LIDODERM.....	65	LITETOUCH LANCETS MICRO THIN 33G.....	87	LOMOTIL.....	25
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	87	LITETOUCH PEN NEEDLES 29GX12.7MM.....	110	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	110
LIFESCAN UNISTIK II LANCETS.....	87	LITETOUCH PEN NEEDLES 31G X 6MM.....	110	LONGS LANCETS STANDARD.....	87
LILETTA.....	54	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	110	LONGS LANCETS THIN.....	87
LINCOCIN.....	11	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	110	LONGS LANCETS ULTRA THIN.....	87
lincomycin hcl.....	11	LITETOUCH PEN NEEDLES/31G X 3/16".....	110	loperamide hcl.....	25
LINDANE.....	65	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	110	LOPID.....	29
linezolid.....	12	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	110	lopinavir-ritonavir.....	46
LINZESS.....	72	LITHIUM.....	43	LOPRESSOR.....	49
liothyronine sodium.....	140	lithium carbonate.....	43	LOPRESSOR HCT.....	32
LIPITOR.....	30	LITHIUM CARBONATE.....	43	LOPROX.....	59
lisinopril.....	30	lithium carbonate.....	43	LOPROX SHAMPOO.....	59
lisinopril & hydrochlorothiazide.....	32	LITHOBID.....	43	loratadine.....	28
LITE TOUCH LANCETS.....	87	LIVALO.....	30	loratadine & pseudoephedrine.....	56
LITE TOUCH LANCING PEN.....	87	LIVE BETTER ADVANCED LANCING DEVICE.....	87	lorazepam.....	13
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	109	LIVE BETTER LANCET SUPERTHIN 30G.....	87	LORBRENA.....	39
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	109			LORTAB.....	8
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	109			losartan potassium.....	31
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	109			losartan potassium & hydrochlorothiazide.....	32
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	109			LOSEASONIQUE.....	53
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	109			LOTEMAX.....	133
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	110			LOTENSIN.....	30
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110			LOTENSIN HCT.....	32
				loteprednol etabonate.....	133
				LOTREL.....	32
				LOTRIMIN AF.....	59
				LOTRIMIN AF FOR HER.....	59
				LOTRIMIN AF JOCK ITCH.....	59
				LOTRIMIN ULTRA.....	59
				LOTRISONE.....	59
				LOTRONEX.....	72
				lovastatin.....	30
				LOVAZA.....	29

LOVENOX.....	16	MAGNESIUM SULFATE.....	127	MEDICHOICE PRE-SET	
loxapine succinate.....	44	MALARONE.....	33	SAFETY LANCET LOW	
LUCEMYRA.....	137	malathion.....	65	FLOW.....	87
LULICONAZOLE.....	59	MAPROTILINE HCL.....	20	MEDICHOICE PRE-SET	
LUMIGAN.....	134	MARATHON MEDICAL		SAFETY LANCET MEDIUM	
LUMIZYME.....	69	PENTIPS29GX12MM.....	110	FLOW.....	87
LUMOXITI.....	37	MARATHON MEDICAL		MEDICHOICE PRE-SET	
LUNESTA.....	76	PENTIPS31GX5MM.....	110	SAFETY LANCET MODERATE	
LUPANETA PACK.....	69	MARATHON MEDICAL		FLOW.....	87
LUPRON DEPOT (1-		PENTIPS31GX8MM.....	111	MEDICHOICE SAFETY	
MONTH).....	37	MARATHON MEDICAL		LANCETEXTRA.....	87
LUPRON DEPOT (3-		PENTIPS32GX4MM.....	111	MEDICHOICE SAFETY	
MONTH).....	37	MARINOL.....	26	LANCETNORMAL.....	87
LUPRON DEPOT (4-		MARPLAN.....	20	MEDICINE SHOPPE PEN	
MONTH).....	37	MARQIBO.....	41	NEEDLES 29G X 12MM.....	111
LUPRON DEPOT (6-		MATULANE.....	40	MEDICINE SHOPPE PEN	
MONTH).....	37	MAVENCLAD.....	138	NEEDLES 31G X 6MM.....	111
LUPRON DEPOT-PED (1-		MAVYRET.....	48	MEDICINE SHOPPE PEN	
MONTH).....	69	MAXALT.....	126	NEEDLES 31G X 8MM.....	111
LUPRON DEPOT-PED (3-		MAXALT-MLT.....	126	MEDISENSE THIN	
MONTH).....	69	MAXI-COMFORT INSULIN		LANCETS.....	87
LUXIQ.....	64	SYRINGE/U-		MEDLANCE PLUS EXTRA	
LUZU.....	59	100/0.5ML/28GX1/2".....	111	LANCETS 21G.....	87
LYNPARZA.....	39	MAXI-COMFORT INSULIN		MEDLANCE PLUS	
LYRICA.....	18	SYRINGE/U-		LANCETS.....	87
LYRICA CR.....	138	100/1ML/28GX1/2".....	111	MEDLANCE PLUS LANCETS	
LYSODREN.....	37	MAXI-COMFORT SAFETY		LITE 25G.....	87
LYSTEDA.....	76	PEN NEEDLE/29G X		MEDLANCE PLUS LITE	
M-M-R II.....	145	5/16".....	111	LANCETS 25G.....	87
M-NATAL PLUS.....	129	MAXICOMFORT II PEN		MEDLANCE PLUS SPECIAL	
M-VIT.....	129	NEEDLES/31G X 1/4".....	111	LANCETS 0.8MM.....	87
MACROBID.....	142	MAXICOMFORT INSULIN		MEDLANCE PLUS SUPERLITE	
MACRODANTIN.....	142	SYRINGES 27G X 1/2".....	111	30G.....	87
mafenide acetate.....	61	MAXIDEX.....	133	MEDLANCE PLUS SUPERLITE	
MAGELLAN INSULIN SAFETY		MAXIPIME.....	53	30G/COMFORT MAX.....	87
SYRINGE/U-100/0.3ML/29G X		MAXITROL.....	133	MEDLANCE PLUS UNIVERSAL	
1/2".....	110	MAXX LUBRICATED.....	78	LANCETS 21G.....	87
MAGELLAN INSULIN SAFETY		MAXX PLUS SPERMICIDE		MEDLANCE PLUS/LITE	
SYRINGE/U-100/0.3ML/30G X		LUBRICATED.....	78	25G.....	87
5/16".....	110	MAXZIDE.....	67	MEDLANCE/EXTRA.....	87
MAGELLAN INSULIN SAFETY		MAXZIDE-25.....	67	MEDLANCE/LITE.....	87
SYRINGE/U-100/0.5ML/29G X		meclizine hcl.....	26	MEDLANCE/UNIVERSAL.....	87
1/2".....	110	MEDICHOICE PRE-SET		MEDROL.....	55
MAGELLAN INSULIN SAFETY		SYRINGE/0.3ML/30G X		MEDROL DOSEPAK.....	55
SYRINGE/U-100/0.5ML/30G X		5/16".....	111	medroxyprogesterone	
5/16".....	110	MEDIC INSULIN		acetate.....	136
MAGELLAN INSULIN SAFETY		SYRINGE/0.5ML/30G X		medroxyprogesterone acetate	
SYRINGE/U-100/1ML/29G X		5/16".....	111	(contraceptive).....	55
1/2".....	110	MEDICHOICE PRE-SET		mefenamic acid.....	5
MAGELLAN INSULIN SAFETY		SAFETY LANCET DUAL		MEFLOQUINE HCL.....	34
SYRINGE/U-100/1ML/30G X		USE.....	87	MEGACE ES.....	136
5/16".....	110			megestrol acetate.....	37
magnesium sulfate.....	127			megestrol acetate	
				(appetite).....	136
				MEIJER COLOR LANCETS	
				UNIVERSAL 33G.....	87

MEIJER LANCETS.....	87	METHADONE HCL.....	7	MICROLET LANCETS.....	87
MEIJER LANCETS THIN.....	87	methadone hcl.....	7	MICROLET NEXT.....	88
MEIJER LANCETS UNIVERSAL21G.....	87	METHADOSE.....	7	MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE	88
MEIJER LANCETS UNIVERSAL30G.....	87	METHADOSE SUGAR- FREE.....	7	MICROZIDE.....	67
MEIJER LANCETS UNIVERSAL33G.....	87	methamphetamine hcl.....	1	midodrine hcl.....	146
MEIJER PEN NEEDLES 29G X12MM.....	111	methazolamide.....	66	miglitol.....	23
MEIJER PEN NEEDLES 31G X6MM.....	111	methenamine hippurate..	142	miglustat.....	74
MEIJER PEN NEEDLES 31G X8MM.....	111	methimazole.....	140	MIGRANAL.....	125
MEIJER SUPER THIN LANCETS.....	87	METHITEST.....	10	MILLIPRED.....	55
MEKINIST.....	39	methocarbamol.....	131	MILLIPRED DP.....	55
MEKTOVI.....	39	METHOTREXATE.....	4	MINASTRIN 24 FE.....	53
meloxicam.....	5	METHOTREXATE SODIUM.....	36	MINI LANCING DEVICE.....	88
melphalan.....	35	methotrexate sodium.....	36	MINIPRESS.....	31
melphalan hcl.....	35	methoxsalen rapid.....	61	MINIVELLE.....	71
memantine hcl.....	137	methscopolamine bromide.....	140	MINOCIN.....	139
MENACTRA.....	143	METHYLCLOTHIAZIDE.....	67	minocycline hcl.....	139
MENEST.....	71	methyl dopa.....	31	minoxidil.....	33
MENOSTAR.....	71	METHYLDOPATE HCL.....	31	MIRAPEX.....	42
MENTAX.....	59	METHYLIN.....	2	MIRCERA.....	75
MENVEO.....	143	methylphenidate hcl.....	2	MIRCETTE.....	53
meperidine hcl.....	6	METHYLPHENIDATE HYDROCHLORIDE ER.....	2	MIRENA.....	54
MEPERIDINE HCL.....	6	methylprednisolone.....	55	mirtazapine.....	20
meperidine hcl.....	7	methylprednisolone acetate.....	55	MIRVASO.....	65
MEPERIDINE HCL.....	7	methylprednisolone sod succ.....	55	misoprostol.....	142
meprobamate.....	12	METIPRANOLOL.....	132	mitomycin.....	38
MEPRON.....	11	metoclopramide hcl.....	72	mitoxantrone hcl.....	38
mercaptapurine.....	36	metolazone.....	67	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	111
meropenem.....	11	metoprolol & hydrochlorothiazide.....	32	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	111
MERREM.....	11	metoprolol succinate.....	49	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16".....	111
mesalamine.....	72	metoprolol tartrate.....	49	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16".....	111
mesna.....	40	METOPROLOL/HYDROCHLO ROTHIAZIDE.....	32	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	111
MESNEX.....	41	METROCREAM.....	65	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	111
MESTINON.....	34	METROGEL.....	65	MM LANCING DEVICE.....	88
MESTINON TIMESPAN.....	34	METROGEL-VAGINAL.....	145	MM PEN NEEDLES 31G X 1/4".....	111
METAPROTERENOL SULFATE.....	15	METROLOTION.....	65	MM PEN NEEDLES 31G X 3/16".....	111
metaxalone.....	131	metronidazole.....	10	MM PEN NEEDLES 31G X 5/16".....	111
metformin hcl.....	23	metronidazole (topical)....	65	MM PEN NEEDLES 32G X 5/32".....	111
methadone hcl.....	7	metronidazole vaginal.....	145	MM TWIST LANCETS.....	88
METHADONE HCL.....	7	mexiletine hcl.....	13	MOBIC.....	5
methadone hcl.....	7	MICARDIS.....	31		
METHADONE HCL.....	7	MICARDIS HCT.....	32		
methadone hcl.....	7	MICONAZOLE 3.....	145		

modafinil.....	3	MONOJECT INSULIN		moxifloxacin hcl.....	71
MODERIBA 1200 DOSE		SYRINGE/U-100/1ML/30G X		moxifloxacin hcl (ophth)...	133
PACK.....	48	5/16".....	112	moxifloxacin hcl in sodium	
MODERIBA 800 DOSE		MONOJECT INSULIN		chloride.....	71
PACK.....	48	SYRINGE/REGULAR LUER		MOZOBIL.....	75
moexipril hcl.....	30	TIP/SOFTPACK/1ML.....	112	MPD SAFETY LANCET	
mometasone furoate.....	64	MONOJECT ULTRA		21G/1.8MM.....	88
mometasone furoate		COMFORT INSULIN		MPD SAFETY LANCET	
(nasal).....	131	SYRINGE/0.3ML/29G X		28G/1.8MM.....	88
MONISTAT SOOTHING CARE		1/2".....	112	MPD SAFETY LANCET	
ITCH RELIEF.....	64	MONOJECT ULTRA		30G/1.8MM.....	88
MONODOX.....	139	COMFORT INSULIN		MPD SAFETY LANCETS	
MONOJECT INSULIN		SYRINGE/0.3ML/30G X		23G/1.8MM.....	88
SYRINGE/1ML.....	111	5/16".....	112	MS CONTIN.....	7
MONOJECT INSULIN		MONOJECT ULTRA		MS INSULIN	
SYRINGE/1ML/31G X		COMFORT INSULIN		SYRINGE/0.3ML/31G X	
5/16".....	111	SYRINGE/0.3ML/31G X		5/16".....	112
MONOJECT INSULIN		5/16".....	112	MS INSULIN	
SYRINGE/DETACH		MONOJECT ULTRA		SYRINGE/0.5ML/31G X	
NEEDLE/1ML/25G X 5/8" ..	111	COMFORT INSULIN		5/16".....	112
MONOJECT INSULIN		SYRINGE/0.5ML/28G X		MS INSULIN SYRINGE/1ML/31G	
SYRINGE/DETACH		1/2".....	112	X 5/16".....	112
NEEDLE/1ML/27G X 1/2" ..	111	MONOJECT ULTRA		MULPLETA.....	75
MONOJECT INSULIN		COMFORT INSULIN		MULTAQ.....	13
SYRINGE/PERM		SYRINGE/0.5ML/29G X		MULTI PRENATAL.....	129
NEEDLE/1ML/28G X 1/2" ..	111	1/2".....	112	MULTI-LANCET DEVICE... ..	88
MONOJECT INSULIN		MONOJECT ULTRA		mupirocin.....	59
SYRINGE/PERM NEEDLE/U-		COMFORT INSULIN		mupirocin calcium (topical) ..	59
100/0.5ML/28G X 1/2".....	111	SYRINGE/0.5ML/30G X		MUSTARGEN.....	35
MONOJECT INSULIN		5/16".....	112	MYALEPT.....	69
SYRINGE/SAFETY/PERM		MONOJECT ULTRA		MYAMBUTOL.....	34
NEEDLE/0.3ML/29G X 1/2" 111		COMFORT INSULIN		MYCAMINE.....	27
MONOJECT INSULIN		SYRINGE/0.5ML/31G X		MYCOBUTIN.....	34
SYRINGE/SAFETY/PERM		5/16".....	112	mycophenolate mofetil.....	128
NEEDLE/0.3ML/29GX1/2" ..	112	MONOJECT ULTRA		mycophenolate mofetil hcl.....	128
MONOJECT INSULIN		COMFORT INSULIN		mycophenolate sodium.....	128
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potassium bicarbonate.....	127				
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potassium chloride.....	127				
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pregabalin	18	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	114	PROGRAF	128
PREGNYL W/DILUENT BENZYLALCOHOL/NACL	68	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	114	PROLASTIN-C	139
PREMARIN	71	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	114	PROLEUKIN	40
PREMIUM CONDOMS LUBRICATED	79	PRO COMFORT LANCETS 30G	89	PROLIA	68
PREMPHASE	70	PRO COMFORT LANCETS 31G	89	PROMACTA	75
PREMPRO	70	PRO COMFORT PEN NEEDLES/31G X 8MM	114	promethazine hcl	29
PRENATAL	130	PRO COMFORT PEN NEEDLES/32G X 4MM	114	PROMETRIUM	136
PRENATAL LOW IRON	130	PRO COMFORT PEN NEEDLES/32G X 5MM	114	propafenone hcl	13
PRENATAL MULTIVITAMIN	130	PRO COMFORT PEN NEEDLES/32G X 6MM	114	proparacaine hcl	133
PRENATAL ONE DAILY	130	PROAIR HFA	15	PROPECIA	64
PRENATAL PLUS	130	probenecid	74	propranolol hcl	49
PRENATAL VITAMIN	130	procainamide hcl	13	PROPRANOLOL HCL	49
PRENATAL VITAMIN & MINERAL	130	PROCARDIA	50	propranolol hcl	50
PRENATAL VITAMIN/IRON	130	PROCARDIA XL	50	propylthiouracil	140
PRENATAL VITAMINS	130	prochlorperazine	45	PROSCAR	73
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PREVACID 24HR	142	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	114	PROVERA	136
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PREZCOBIX	46	PRODIGY SAFETY LANCETS	89	PSORCON	64
PREZISTA	46	PRODIGY TWIST TOP LANCETS	89	PSS SELECT GP LANCETS	89
PRIFTIN	34			PSS SELECT SAFETY LANCETS	89
PRILOSEC OTC	142			PTS PANELS KETONE TEST	66
primaquine phosphate	34			PULMICORT	14
PRIMAQUINE PHOSPHATE	34			PULMICORT FLEXHALER	14
PRIMAXIN IV	11			PULMOZYME	139
primidone	18			PUSH BUTTON SAFETY LANCETS 21G	89
PRINIVIL	30			PUSH BUTTON SAFETY LANCETS 28G	89
PRISTIQ	22			PX ADVANCED LANCING DEVICE	89
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	114			PX EXTRA SHORT PEN NEEDLES 31GX6MM	114
				PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	114
				PX LANCET AUTO INJECTOR	89
				PX LANCETS ULTRA THIN	89
				PX LANCETS ULTRA THIN 28G	89

PX MINI PEN NEEDLES		RA INSULIN		REALITY LATEX/ULTRA	
31GX5MM	114	SYRINGE/1ML/29G X		THIN	79
PX PEN NEEDLE		1/2"	115	REALITY TRIGGER	
29GX12MM	114	RA INSULIN SYRINGE/U-		LANCETS	90
PX PEN NEEDLE		100/0.5ML/30G X 5/16"	115	REBETOL	48
31GX8MM	115	RA INSULIN SYRINGE/U-		REBIF	138
PX PRENATAL		100/1 ML/30G X 5/16"	115	REBIF REBIDOSE	138
MULTIVITAMINS	130	RA LANCING DEVICE	89	REBIF REBIDOSE	
PX SHORTLENGTH PEN		RA PEN NEEDLES 31G X		TITRATIONPACK	138
NEEDLES/31GX8MM	115	5MM3/16"	115	REBIF TITRATION PACK	138
pyrazinamide	34	RA PEN NEEDLES 31G X		RECLAST	68
PYRIDIDIUM	73	8MM5/16"	115	RECTIV	10
pyridostigmine bromide	34	RA PRENATAL	130	REGLAN	72
QC ADVANCED LANCING		RA PRENATAL		REGRANEX	66
DEVICE	89	FORMULA/FOLICACID	130	RELENZA DISKHALER	49
QC LANCETS SUPER THIN	89	rabeprazole sodium	142	RELION 2-IN-1 LANCET	
QC LANCETS ULTRA THIN	89	raloxifene hcl	69	DEVICES 30G	90
QC PEN NEEDLES 29G X		ramelteon	76	RELION 2-IN-1 LANCING	
12MM	115	ramipril	30	DEVICE 25G	90
QC PEN NEEDLES 31G X		RANEXA	12	RELION 2-IN-1 LANCING	
6MM	115	ranitidine hcl	141	DEVICE 30G	90
QC PEN NEEDLES 31G X		ranolazine	12	RELION INSULIN SYRINGE	
8MM	115	RAPAFLO	73	1ML/31GX15/64"	115
QC PRENATAL	130	RAPAMUNE	128	RELION INSULIN SYRINGE/U-	
QC UNIFINE PENTIPS		rasagiline mesylate	43	00/1ML/29G X 1/2"	115
32GX4MM	115	RAZADYNE	137	100/0.3ML/29G X 1/2"	115
QC UNILET LANCETS		RAZADYNE ER	137	RELION INSULIN SYRINGE/U-	
28G/ULTRA THIN	89	READYLANCE SAFETY		100/0.3ML/30G X 5/16"	115
QC UNILET LANCETS		LANCETS/21G/2.2MM	89	RELION INSULIN SYRINGE/U-	
33G/MICRO THIN	89	READYLANCE SAFETY		100/0.3ML/31G X 5/16"	115
QUALAQUIN	34	LANCETS/23G/1.8MM	89	RELION INSULIN SYRINGE/U-	
QUARTETTE	54	READYLANCE SAFETY		100/0.5ML/29G X 1/2"	115
QUESTRAN	29	LANCETS/26G/1.8MM	90	RELION INSULIN SYRINGE/U-	
QUESTRAN LIGHT	29	READYLANCE SAFETY		100/0.5ML/30G X 5/16"	115
quetiapine fumarate	44	LANCETS/28G/1.8MM	90	RELION INSULIN SYRINGE/U-	
quinapril hcl	30	READYLANCE SAFETY		100/0.5ML/31G X 5/16"	115
quinapril-hydrochlorothiazide		LANCETS/30G/1.6MM	90	RELION INSULIN SYRINGE/U-	
	32	REALITY INSULIN		100/1ML/30G X 5/16"	115
QUINIDINE SULFATE	13	SYRINGE/U-100/0.5ML/28G X		RELION INSULIN SYRINGE/U-	
quinine sulfate	34	1/2"	115	100/1ML/31G X 15/64"	115
QVAR	14	REALITY INSULIN		RELION INSULIN SYRINGE/U-	
QVAR REDIHALER	14	SYRINGE/U-100/0.5ML/29G X		100/1ML/31G X 5/16"	115
RA E-ZJECT COLOR		1/2"	115	RELION KETONE	66
LANCETSMICRO-THIN 33G	89	REALITY INSULIN		RELION KETONE TEST	
RA E-ZJECT LANCETS 28G	89	SYRINGE/U-100/1ML/28G X		STRIPS	66
RA E-ZJECT LANCETS THIN		1/2"	115	RELION LANCETS MICRO-	
26G	89	REALITY INSULIN		THIN33G	90
RA E-ZJECT LANCETS THIN		SYRINGE/U-100/1ML/29G X		RELION LANCETS STANDARD	
28G	89	1/2"	115	21G	90
RA E-ZJECT LANCETS		REALITY LANCETS	90	RELION LANCETS THIN	
ULTRATHIN 30G	89	REALITY LATEX		26G	90
RA INSULIN		CONDOMS/LUBRICATED	79	RELION LANCETS ULTRA-	
SYRINGE/0.5ML/29G X		REALITY LATEX/ULTRA		THIN30G	90
1/2"	115	TEXTURED	79	RELION LANCING DEVICE	90

RELION MINI PEN NEEDLES 31GX6MM.....	115	REXALL LANCETS ULTRA THIN.....	90	RUCONEST.....	74
RELION PEN NEEDLES 29GX12MM.....	115	REXULTI.....	45	RUZURGI.....	34
RELION PEN NEEDLES 31GX6MM.....	115	REYATAZ.....	46	RYCLORA.....	27
RELION PEN NEEDLES 31GX8MM.....	115	RIBASPHERE.....	48	RYTHMOL SR.....	13
RELION PEN NEEDLES 32GX4MM.....	115	RIBASPHERE RIBAPAK..	48	SABRIL.....	19
RELION SHORT PEN NEEDLES31GX8MM.....	116	ribavirin (hepatitis c).....	48	SAFE-T-LANCE LOW FLOW 25G.....	90
RELION ULTRA THIN LANCETS/30G.....	90	RIDAURA.....	4	SAFE-T-LANCE NORMAL FLOW21G.....	90
RELION ULTRA THIN LANCETS30G.....	90	rifabutin.....	34	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	90
RELION ULTRA THIN PLUS LANCETS 32G.....	90	RIFADIN.....	34	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	90
RELION ULTRA THIN PLUS LANCETS 33G.....	90	rifampin.....	34	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	90
RELISTOR.....	72	RIFATER.....	34	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	116
RELPAK.....	126	RIGHT STEP PRENATAL.....	130	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	116
REMERON.....	20	RIGHTEST GC300 HIGH CONTROL.....	90	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	116
REMERON SOLTAB.....	20	RIGHTEST GD500 LANCING DEVICE.....	90	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	116
REMICADE.....	72	RIGHTEST GL300 LANCETS.....	90	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	116
REMODULIN.....	51	RILUTEK.....	131	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	116
RENFLEXIS.....	72	riluzole.....	131	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	116
REVELA.....	73	rimantadine hydrochloride.....	49	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	116
REOPRO.....	74	ringer's.....	127	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	116
repaglinide.....	24	ringer's irrigation.....	129	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	116
REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	23	risedronate sodium.....	68	SAFETY LANCET 21G/PRESSURE ACTIVATED.....	90
REPATHA.....	30	RISPERDAL.....	43	SAFETY LANCET 28G/PRESSURE ACTIVATED.....	90
REPATHA SURECLICK.....	30	RISPERDAL CONSTA.....	43	SAFETY LANCETS.....	90
REQUIP.....	42	RISPERDAL M-TAB.....	43	SAFETY LANCETS 21G.....	90
REQUIP XL.....	42	risperidone.....	43	SAFETY LANCETS 28G.....	90
RESCRIPTOR.....	46	RITALIN.....	3	SAFETY LET LANCETS.....	90
RESCULA.....	135	RITALIN LA.....	3	SAFETY SEAL LANCETS 28G.....	90
RESECTISOL.....	73	ritonavir.....	47	SAFETY SEAL LANCETS 30G.....	90
RESTASIS.....	133	RITUXAN.....	37	SAFYRAL.....	54
RESTASIS MULTIDOSE.....	133	rivastigmine tartrate.....	137		
RESTORIL.....	76	rizatriptan benzoate.....	126		
RETACRIT.....	75	ROBAXIN.....	131		
RETIN-A.....	58	ROBAXIN-750.....	131		
RETIN-A MICRO.....	58	ROBINUL.....	140,141		
RETIN-A MICRO PUMP.....	58	ROBINUL FORTE.....	140		
RETROVIR.....	46	ROCALTROL.....	70		
RETROVIR IV INFUSION.....	46	ROMIDEPSIN.....	39		
REVATIO.....	51,52	ropinirole hydrochloride.....	42		
REVLIMID.....	128	rosuvastatin calcium.....	30		
		ROXICODONE.....	8		
		ROXYBOND.....	8		
		ROZEREM.....	76		

SAIZEN.....	69	SEROSTIM.....	69	silver sulfadiazine.....	62
SAIZEN CLICK.EASY.....	69	sertraline hcl.....	21	SIMBRINZA.....	132
SAIZENPREP RECONSTITUTIONKIT.....	69	sevelamer carbonate.....	73	SIMPLE DIAGNOSTICS LANCING DEVICE.....	91
SALAGEN.....	129	SHINGRIX.....	145	SIMPONI.....	3
salsalate.....	6	SHOPKO AUTOLET LANCING DEVICE.....	91	SIMULECT.....	128
SAMSCA.....	70	SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	91	simvastatin.....	30
SANDIMMUNE.....	128	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM.....	116	SINEMET.....	42
SANDOSTATIN.....	70	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM.....	116	SINEMET CR.....	42
SANDOSTATIN LAR DEPOT.....	70	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12 MM.....	116	SINGLE-LET.....	91
SANTYL.....	64	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM.....	116	SINGULAIR.....	14
SAPHRIS.....	44	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/3 2GX4MM.....	116	sirolimus.....	128
SAPS HEALTH CARE TWIST TOP LANCETS.....	90	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31 GX5MM.....	116	SIRTURO.....	34
SAPS HEALTH TWIST TOP LANCETS 30G.....	90	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12 MM.....	116	SIVEXTRO.....	12
SAPSCARE TWIST TOP LANCETS 30G.....	90	SHOPKO UNILET LANCETS SUPER THIN 30G.....	91	SKELAXIN.....	131
SAVELLA.....	137	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	91	SKLICE.....	65
SAVELLA TITRATION PACK.....	137	SHUR-SEAL.....	145	SKYLA.....	54
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	116	SIDE BUTTON SAFETY LANCET21G.....	91	SLO-NIACIN.....	146
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	116	SIGNIFOR.....	70	SM INSULIN SYRINGE/1ML/31G X 5/16".....	116
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	116	SIKLOS.....	74	SM MICRO THIN LANCETS 33G.....	91
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SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	116	sildenafil citrate (pulmonary hypertension).....	52	SM TRUEDRAW LANCING DEVICE.....	91
SB LANCETS THIN.....	90	SILENOR.....	76	SMART DIABETES VANTAGE LANCING DEVICE.....	91
SB LANCETS ULTRA THIN.....	90	silodosin.....	73	SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	91
scopolamine.....	26	SILVADENE.....	61	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	91
SEASONIQUE.....	54			SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	91
SECURESAFE SAFETY INSULIN SYRINGES/U- 100/0.5ML/29GX1/2".....	116			SMART SENSE THIN LANCETSUNIVERSAL 26G.....	91
SECURESAFE SAFETY INSULIN SYRINGES/U- 100/1ML/29GX1/2".....	116			SMARTEST LANCETS 28G.....	91
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SELECT-LITE LANCING DEVICE.....	90			sodium chloride.....	127,128
selegiline hcl.....	43			sodium chloride (gu irrigant).....	73
SELEGILINE HCL.....	43			sodium chloride (inhalant).....	57
selenium sulfide.....	61			sodium citrate & citric acid.....	73
SELZENTRY.....	47			sodium phenylbutyrate.....	70
SENSIPAR.....	70			sodium polystyrene sulfonate.....	129
SEREVENT DISKUS.....	15			SOFOSBUVIR/VELPATASVIR	48
SEROQUEL.....	44			solifenacin succinate.....	142
SEROQUEL XR.....	44			SOLIRIS.....	74

SOLUS V2 CONTROL HIGH91	STRIVERDI RESPIMAT ... 15	SURE COMFORT INSULIN
SOLUS V2 LANCING	STROMECTOL 10	SYRINGE/U-100/0.5ML/30G X
DEVICE 91	SUBOXONE 9	5/16" 117
SOLUS V2 PRESSURE	SUBSYS 8	SURE COMFORT INSULIN
ACTIVATED SAFETY LANCETS	SUCRAID 66	SYRINGE/U-100/0.5ML/31G X
28G 91	sucralfate 141	5/16" 117
SOLUS V2 TWIST LANCETS	SULAR 50	SURE COMFORT INSULIN
30G 91	sulfacetamide sodium	SYRINGE/U-100/1ML/28G X
SOMA 131	(acne) 58	1/2" 117
SOMATULINE DEPOT 70	sulfacetamide sodium	SURE COMFORT INSULIN
SOMAVERT 68	(ophth) 133	SYRINGE/U-100/1ML/29G X
SONATA 76	sulfacetamide sodium w/	1/2" 117
SORBITOL 73	sulfur 58	SURE COMFORT INSULIN
SORBITOL-MANNITOL 73	SULFADIAZINE 139	SYRINGE/U-100/1ML/30G X
SORIATANE 61	sulfamethoxazole-trimethoprim	1/2" 117
sotalol hcl 50	..... 11	SURE COMFORT INSULIN
sotalol hcl (afib/afib) 50	SULFAMYLON 62	SYRINGE/U-100/1ML/30G X
SOVALDI 48	sulfasalazine 72	5/16" 117
SPECTRACEF 53	sulindac 5	SURE COMFORT LANCETS
SPINOSAD 65	SUMADAN WASH 58	18G 91
SPIRIVA HANDIHALER 13	sumatriptan 126	SURE COMFORT LANCETS
SPIRIVA RESPIMAT 13	sumatriptan succinate 126	21G 91
spironolactone 67	SUMATRIPTAN	SURE COMFORT LANCETS
spironolactone &	SUCCINATE 126	23G 91
hydrochlorothiazide 67	sumatriptan succinate 126	SURE COMFORT LANCETS
SPORANOX 27	SUPER THIN LANCETS 91	28G 91
SPORANOX PULSEPAK 27	SUPRAX 53	SURE COMFORT LANCETS
SPRAVATO 56MG DOSE 20	SUPREP BOWEL PREP	30G 91
SPRAVATO 84MG DOSE 20	KIT 77	SURE COMFORT LANCING
SPRYCEL 39	SURE COMFORT INSULIN	PEN 91
STALEVO 100 42	SYRINGE/U-100/0.3ML/29G X	SURE COMFORT PEN
STALEVO 125 42	1/2" 116	NEEDLES29GX1/2"
STALEVO 150 42	SURE COMFORT INSULIN	12.7MM 117
STALEVO 200 42	SYRINGE/U-100/0.3ML/30G X	SURE COMFORT PEN
STALEVO 50 43	1/2" 117	NEEDLES30GX5/16"
STALEVO 75 43	SURE COMFORT INSULIN	SHORT 117
stannous fluoride 129	SYRINGE/U-100/0.3ML/30G X	SURE COMFORT PEN
STARLIX 24	5/16" 117	NEEDLES31GX3/16"
stavudine 47	SURE COMFORT INSULIN	(5MM) 117
STEGLATRO 25	SYRINGE/U-100/0.3ML/31G X	SURE COMFORT PEN
STELARA 61,72	5/16" 117	NEEDLES31GX5/16"
STENDRA 51	SURE COMFORT INSULIN	(8MM) 117
STERILANCE TL 91	SYRINGE/U-100/0.5ML/28G X	SURE COMFORT PEN
STIMATE 70	1/2" 117	NEEDLES32GX5/32" 117
STIVARGA 39	SURE COMFORT INSULIN	SURE COMFORT PEN
STRATTERA 2	SYRINGE/U-100/0.5ML/29G X	NEEDLES32GX6MM 117
STREPTOMYCIN SULFATE 3	1/2" 117	SURE-FINE PEN NEEDLES
STRIBILD 47	SURE COMFORT INSULIN	29GX1/2" 12.7MM 117
	SYRINGE/U-100/0.5ML/30G X	SURE-FINE PEN NEEDLES
	1/2" 117	31GX3/16" 5MM 117
		SURE-FINE PEN NEEDLES
		31GX5/16" 8MM 117
		SURE-JECT INSULIN
		SYRINGE/U-100/0.3ML/29G X
		1/2" 117

SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	117	SYNALAR.....	64	TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	118
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	117	SYNAREL.....	69	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2".....	118
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	118	SYNERA.....	65	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16".....	118
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	118	SYNJARDY.....	23	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	118
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	118	SYNRIBO.....	40	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	118
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	118	SYNTHROID.....	140	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	118
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	118	SYPRINE.....	128	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16".....	118
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	118	TABLOID.....	36	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	118
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	118	TACLONEX.....	64	TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16".....	118
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	118	tacrolimus.....	129	TECHLITE LANCETS.....	91
SURE-LANCE FLAT LANCETS.....	91	tacrolimus (topical).....	65	TECHLITE LANCETS 30G.....	91
SURE-LANCE LANCETS 26G.....	91	tadalafil.....	51	TECHLITE PEN NEEDLES 29GX 12 MM.....	118
SURE-LANCE THIN LANCETS 28G.....	91	tadalafil (pulmonary hypertension).....	52	TECHLITE PEN NEEDLES 31GX 5MM.....	118
SURE-LANCE ULTRA THIN LANCETS.....	91	TAFINLAR.....	39	TECHLITE PEN NEEDLES/31GX 5MM.....	118
SURE-PEN.....	91	TAGAMET HB.....	141	TECHLITE PEN NEEDLES/31GX 6 MM.....	118
SURE-TOUCH LANCETS UNIVERSAL.....	91	TAKHZYRO.....	74	TECHLITE PEN NEEDLES/31GX 8MM.....	118
SURELITE LANCETS.....	91	TALZENNA.....	39	TECHLITE PEN NEEDLES/32GX 4MM.....	118
SURESTEP PRO HIGH GLUCOSECONTROL.....	91	TAMIFLU.....	49	TECHLITE PEN NEEDLES/32GX 6MM.....	118
SURMONTIL.....	22	tamoxifen citrate.....	38	TEFLARO.....	53
SUSTIVA.....	47	tamsulosin hcl.....	73	TEGRETOL.....	18
SUTENT.....	39	TANZEUM.....	24	TEGRETOL-XR.....	18
SW OMEPRAZOLE.....	142	TAPAZOLE.....	140	TEGSEDI.....	139
SYLATRON.....	40	TARCEVA.....	39	TEKTRUNA.....	33
SYMBICORT.....	15	TARGRETIN.....	40,60	telmisartan.....	31
SYMFI.....	47	TARKA.....	32	telmisartan-amlodipine.....	32
SYMFI LO.....	47	TASIGNA.....	39	telmisartan-hydrochlorothiazide	32
SYMLINPEN 120.....	23	TASMAR.....	42	temazepam.....	76
SYMLINPEN 60.....	23	TAXOL.....	41	TEMIXYS.....	47
SYMTUZA.....	47	TAXOTERE.....	41	TEMODAR.....	35
		tazarotene.....	61	TEMOVATE.....	64
		TECENTRIQ.....	37	temozolomide.....	35
		TECFIDERA.....	138	temsirolimus.....	39
		TECFIDERA STARTER PACK.....	138	TENIPOSIDE.....	41
		TECHLITE AST LANCETS.....	91	tenofovir disoproxil fumarate.....	47
		TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2".....	118	TENORETIC 100.....	32
		TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2".....	118	TENORETIC 50.....	32
		TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	118	TENORMIN.....	49
		TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16".....	118		

TEPADINA.....	35	TIVICAY.....	47	TOPCARE ULTRA COMFORT	
TERAZOL 7.....	145	tizanidine hcl.....	131	INSULIN SYRINGE/1ML/30G X	
terazosin hcl.....	31	TOBI.....	3	5/16".....	119
terbinafine hcl.....	27	TOBRADEX.....	134	TOPCARE ULTRA COMFORT	
terbutaline sulfate.....	15	tobramycin.....	3	INSULIN SYRINGE/1ML/31G X	
TERCONAZOLE.....	145	tobramycin (ophth).....	133	5/16".....	119
terconazole vaginal.....	145	TOBRAMYCIN SULFATE.....	3	TOPCARE ULTRA COMFORT	
TESSALON PERLES.....	56	tobramycin sulfate.....	3	INSULIN SYRINGE/U-	
testosterone cypionate.....	10	tobramycin-		100/0.3ML/29G X 1/2".....	119
testosterone enanthate.....	10	dexamethasone.....	134	TOPCARE ULTRA COMFORT	
tetrabenazine.....	137	TOBEX.....	133	INSULIN SYRINGE/U-	
tetracycline hcl.....	139	TODAY SPONGE.....	145	100/0.5ML/29G X 1/2".....	119
TGT LANCET MICRO THIN		TODAYS HEALTH ADVANCED		TOPCARE ULTRA COMFORT	
33G.....	91	LANCING DEVICE.....	92	INSULIN SYRINGE/U-	
TGT LANCET THIN 26G.....	91	TODAYS HEALTH MINI PEN		100/1ML/29G X 1/2".....	119
TGT LANCET ULTRA THIN		NEEDLES 31G X 1/4".....	119	TOPICORT.....	64
30G.....	91	TODAYS HEALTH ORIGINAL		topiramate.....	18
TGT LANCING DEVICE.....	92	PEN NEEDLES 29G X		TOPOTECAN HCL.....	41
THALOMID.....	128	1/2".....	119	topotecan hcl.....	41
theophylline.....	15	TODAYS HEALTH SHORT		TOPROL XL.....	49
THERANATAL CORE		PEN NEEDLES 31G X		toremifene citrate.....	38
NUTRITION.....	130	5/16".....	119	TORISEL.....	40
THINLETS GP LANCETS.....	92	TODAYS HEALTH SUPER		torsemide.....	67
THINLETS LANCET.....	92	THINLANCETS 30G.....	92	TOVIAZ.....	142
thioridazine hcl.....	45	TODAYS HEALTH ULTRA		TRACLEER.....	51
thiotepa.....	35	THINLANCETS 28G.....	92	TRADJENTA.....	24
thiothixene.....	45	TOFRANIL.....	22	tramadol hcl.....	8
THYMOGLOBULIN.....	129	TOLAZAMIDE.....	25	tramadol-acetaminophen.....	9
thyroid.....	140	TOLBUTAMIDE.....	25	trandolapril.....	30
THYROLAR-1.....	140	tolcapone.....	42	trandolapril-verapamil hcl.....	32
THYROLAR-1/2.....	140	TOLMETIN SODIUM.....	5	TRANDOLAPRIL/VERAPAMIL	
THYROLAR-1/4.....	140	tolterodine tartrate.....	142	HCL ER.....	32
THYROLAR-2.....	140	TOPAMAX.....	18	tranexamic acid.....	76
THYROLAR-3.....	140	TOPAMAX SPRINKLE.....	18	TRANSDERM SCOP.....	26
tiagabine hcl.....	19	TOPCARE CLICKFINE		TRANSDERM-SCOP.....	26
TIAZAC.....	50	UNIVERSAL PEN EEDLES		TRANXENE T.....	13
TIBSOVO.....	40	31GX1/4".....	119	tranylcypramine sulfate.....	20
TICE BCG.....	40	TOPCARE CLICKFINE		TRAVATAN Z.....	135
TIGAN.....	26	UNIVERSAL PEN EEDLES		TRAVEL LANCETS 30G.....	92
TIGECYCLINE.....	139	31GX5/16".....	119	TRAVEL LANCETS ADVANCED	
tigecycline.....	139	TOPCARE LANCETS MICRO-		28G.....	92
TIKOSYN.....	13	THIN 33G.....	92	trazodone hcl.....	22
TIMOLOL MALEATE.....	50	TOPCARE ULTRA COMFORT		TREANDA.....	35
timolol maleate.....	50	INSULIN SYRINGE/0.3ML/30G		TRECTOR.....	34
timolol maleate (ophth).....	132	X 5/16".....	119	TRELEGY ELLIPTA.....	15
TIMOPTIC.....	132	TOPCARE ULTRA COMFORT		TRELSTAR MIXJECT.....	38
TIMOPTIC-XE.....	132	INSULIN SYRINGE/0.5ML/30G		treprostinil.....	51
		X 5/16".....	119	TRESIBA.....	24
		TOPCARE ULTRA COMFORT		TRESIBA FLEXTOUCH.....	24
		INSULIN SYRINGE/0.5ML/31G		tretinoin.....	58
		X 5/16".....	119		

tretinoin (chemotherapy).....	40	TROJAN ULTRA PLEASURE/LUBRICATED	79	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	119
tretinoin microsphere.....	58	TROJAN VERY SENSITIVE LUBRICATED	79	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	120
TREXALL.....	36	TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT	79	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	120
TREZIX.....	9	TROJAN VERY THIN LUBRICATED	79	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	120
TRI-NORINYL 28.....	54	TROJAN VERY THIN SPERMICIDAL LUBRICANT	79	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	120
triamcinolone acetonide.....	56	TROJAN-ENZ LUBRICANT	79	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	120
triamcinolone acetonide (mouth).....	129	TROJAN-ENZ LUBRICATED	79	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	120
triamcinolone acetonide (nasal).....	131	TROJAN-ENZ W/SPERMICIDAL	79	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	120
triamcinolone acetonide (topical).....	64	tropicamide.....	132	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	120
triamcinolone acetonide- dimethicone-silicone	64	trospium chloride.....	142	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	120
triamterene.....	67	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	119	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	120
triamterene & hydrochlorothiazide	67	TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	119	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	120
triazolam.....	76	TRUE COMFORT PEN NEEDLES31G X 5MM.....	119	TRUEPLUS LANCETS 26G.....	92
TRIBENZOR.....	32	TRUE COMFORT PEN NEEDLES31G X 6MM.....	119	TRUEPLUS LANCETS 28G.....	92
TRICARE.....	130	TRUE COMFORT PEN NEEDLES32G X 4MM.....	119	TRUEPLUS LANCETS 28G SUPER THIN.....	92
TRICOR.....	29	TRUE COMFORT TWIST TOP LANCETS 30G.....	92	TRUEPLUS LANCETS 30G ULTRA THIN.....	92
TRIDESILON.....	64	TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	66	TRUEPLUS LANCETS 33G.....	92
trientine hcl.....	128	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	92	TRUEPLUS LANCETS 33G MICRO THIN.....	92
trifluoperazine hcl.....	45	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	66	TRUEPLUS PEN NEEDLES 29GX12MM.....	120
trifluridine.....	133	TRUEDRAW LANCING DEVICE.....	92	TRUEPLUS PEN NEEDLES 31GX5MM.....	120
trihexyphenidyl hcl.....	42	TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM.....	119	TRUEPLUS PEN NEEDLES 31GX6MM.....	120
TRILEPTAL.....	18,19	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	119	TRUEPLUS PEN NEEDLES 31GX8MM.....	120
trimethobenzamide hcl.....	26	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	119	TRUEPLUS PEN NEEDLES 32GX4MM.....	120
trimethoprim.....	10	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	119	TRUEPLUS SAFETY LANCETS 28G.....	92
trimipramine maleate.....	23	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM.....	119	TRUETEST STRIPS.....	66
TRINTELLIX.....	22	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	119	TRUETRACK BLOOD GLUCOSE TEST.....	66
TRIOSTAT.....	140			TRUETRACK TEST.....	66
TRISENOX.....	40			TRULICITY.....	24
TRIUMEQ.....	47				
TRIZIVIR.....	47				
TROJAN EXTENDED PLEASURE/LUBRICATED	79				
TROJAN MAGNUM.....	79				
TROJAN MAGNUM WARM SENSATIONS.....	79				
TROJAN MAGNUM XL LUBRICATED.....	79				
TROJAN PLEASURE MESH/SPERMICIDAL.....	79				
TROJAN RIBBED W/SPERMICIDAL.....	79				
TROJAN SHARED SENSATION/LUBRICATED	79				
TROJAN SUPRAS SPERMICIDAL.....	79				
TROJAN TWISTED PLEASURE.....	79				

TRUSOPT.....	134	ULTICARE INSULIN		ULTICARE INSULIN	
TRUSTEX COLOR CONDOMS +		SYRINGE/0.3ML/29G X		SYRINGE/U-100/0.5ML/30G X	
LUBE.....	79	1/2".....	120	1/2".....	121
TRUSTEX LUBRICATED.....	79	ULTICARE INSULIN		ULTICARE INSULIN	
TRUSTEX LUBRICATED		SYRINGE/0.3ML/30G X		SYRINGE/U-100/0.5ML/31G X	
EXTRALARGE.....	79	1/2".....	120	5/16".....	121
TRUSTEX LUBRICATED		ULTICARE INSULIN		ULTICARE INSULIN	
EXTRASTRENGTH.....	79	SYRINGE/0.3ML/30G X		SYRINGE/U-100/1ML/30G X	
TRUSTEX		5/16".....	120	1/2".....	121
LUBRICATED/RIBBED/STUDDE		ULTICARE INSULIN		ULTICARE INSULIN	
D.....	79	SYRINGE/0.5ML/28G X		SYRINGE/U-100/1ML/31G X	
TRUSTEX		1/2".....	120	5/16".....	121
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTICARE INSULIN	
.....	79	SYRINGE/0.5ML/29G X		SYRINGEULTRAFINE U-	
TRUSTEX		1/2".....	120	100/0.3ML/31G X 5/16".....	121
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTICARE INSULIN	
EXTRA LARGE.....	79	SYRINGE/0.5ML/30G X		SYRINGEULTRAFINE U-	
TRUSTEX		1/2".....	120	100/0.5ML/31G X 5/16".....	121
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		ULTICARE INSULIN	
EXTRA STRENGTH.....	79	SYRINGE/0.5ML/30G X		SYRINGEULTRAFINE U-	
TRUSTEX NATURAL		5/16".....	120	100/1ML/31G X 5/16".....	121
CONDOMS		ULTICARE INSULIN		ULTICARE MICRO PEN	
+LUBE/LUBRICATED.....	79	SYRINGE/1ML/28G X		NEEDLES 31G X 8MM.....	121
TRUSTEX WITH NONOXYNOL-		1/2".....	120	ULTICARE MICRO PEN	
9/RIBBED/STUDDED.....	79	ULTICARE INSULIN		NEEDLES 32G X 4MM.....	121
TRUSTEX/RIA		SYRINGE/1ML/29G X		ULTICARE MICRO PEN	
LUBRICATED.....	79	1/2".....	120	NEEDLES/31G X 1/4".....	121
TRUSTEX/RIA LUBRICATED		ULTICARE INSULIN		ULTICARE MICRO PEN	
SPERMICIDE.....	79	SYRINGE/1ML/30G X		NEEDLES/31G X 5/16".....	121
TRUSTEX/RIA		1/2".....	120	ULTICARE MICRO PEN	
LUBRICATED/SPERMICIDE		ULTICARE INSULIN		NEEDLES/32G X 4MM.....	121
.....	79	SYRINGE/1ML/30G X		ULTICARE MICRO PEN	
TRUVADA.....	47	5/16".....	120	NEEDLES/32G X 5/32".....	121
TUDORZA PRESSAIR.....	14	ULTICARE INSULIN		ULTICARE MINI PEN NEEDLES	
TWYNSTA.....	32	SYRINGE/SHORT/0.3ML/30G		31GX6MM.....	121
TYBOST.....	47	X 5/16".....	120	ULTICARE MINI PEN NEEDLES	
TYGACIL.....	139	ULTICARE INSULIN		ULTI-FINE IV.....	121
TYKERB.....	40	SYRINGE/SHORT/0.3ML/31G		ULTICARE MINI PEN	
TYLENOL/CODEINE #3.....	9	X 5/16".....	120	NEEDLES/31G X 6MM.....	121
TYLENOL/CODEINE #4.....	9	ULTICARE INSULIN		ULTICARE MINI PEN	
TYMLOS.....	68	SYRINGE/SHORT/0.5ML/30G		NEEDLES/32G X 1/4".....	121
TYSABRI.....	138	X 5/16".....	121	ULTICARE MINI PEN	
UCERIS.....	10	ULTICARE INSULIN		NEEDLES31GX6MM.....	121
UDENYCA.....	75	SYRINGE/SHORT/1ML/30G X		ULTICARE ORIGINAL PEN	
ULESFIA.....	65	5/16".....	121	NEEDLES ULTI-FINE.....	121
ULORIC.....	74	ULTICARE INSULIN		ULTICARE PEN NEEDLES	
ULTI-LANCE AUTOMATIC/		SYRINGE/SHORT/1ML/31G X		31GX 5MM/MINI.....	121
CLEAR TIP.....	92	5/16".....	121	ULTICARE PEN	
ULTICARE INSULIN SAFETY		SYRINGE/SHORT/1ML/31G X		NEEDLES/29GX 12.7MM.....	121
SYRINGE/0.5ML/29G X		5/16".....	121	ULTICARE SHORT PEN	
1/2".....	120	ULTICARE INSULIN		NEEDLES 31GX8MM.....	121
ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/30G X		ULTICARE SHORT PEN	
SYRINGE/1ML/29G X 1/2".....	120	1/2".....	121	NEEDLES ULTI-FINE IV.....	121
		ULTICARE INSULIN		ULTICARE SHORT PEN	
		SYRINGE/U-100/0.3ML/31G X		NEEDLES/31G X 8MM.....	122
		5/16".....	121	ULTIGUARD	
				SAFEPACK/MICROPEN	
				NEEDLE/32G X 5/32"/SHARPS	
				CONTA.....	122

ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN...	122	ULTILET PEN NEEDLE 31GX5MM.....	122	ULTRA-THIN II AUTO LANCET.....	92
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI...	122	ULTILET PEN NEEDLE 31GX8MM.....	122	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16"	123
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN...	122	ULTILET PEN NEEDLE 32GX4MM.....	122	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	123
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA.....	122	ULTILET PEN NEEDLE 32GX4MM/SHORT.....	122	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	123
ULTILET CLASSIC LANCETS.....	92	ULTILET SAFETY LANCETS 21G X 2.2MM.....	92	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	123
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	122	ULTILET SAFETY LANCETS 23G.....	92	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	123
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	122	ULTILET SHORT PEN NEEDLES 31GX5/16".....	122	ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	123
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	122	ULTILET SHORT PEN NEEDLES31GX3/16".....	122	ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2"	123
ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	122	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	122	ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"	123
ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	122	ULTRA THIN LANCETS 31G.....	92	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	123
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	122	ULTRA THIN PEN NEEDLES 32G X 4MM.....	122	ULTRA-THIN II LANCETS 28G.....	92
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	122	ULTRA-CARE LANCETS 30G.....	92	ULTRA-THIN II LANCETS 30G.....	92
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	123	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".....	123
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	123	ULTRA-THIN II PEN NEEDLES 29GX1/2".....	123
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	123	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16".....	123
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	123	ULTRA-THIN II SAFETY AUTOLANCETS 26G.....	92
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	123	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	123
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	123	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	123
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	123	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	123
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	122	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	123	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	124
ULTILET LANCETS.....	92	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	123	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	124
ULTILET LANCETS 33G.....	92	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	123		
ULTILET PEN NEEDLE 29GX12.7MM.....	122				

ULTRACARE INSULIN		UNILET GP 28 ULTRA		valrubicin.....	38
SYRINGE/U-100/1ML/30G X		THIN.....	92	valsartan.....	31
1/2".....	124	UNILET LANCET.....	92	valsartan-hydrochlorothiazide	
ULTRACARE INSULIN		UNILET LANCETS MICRO-		.....	32
SYRINGE/U-100/1ML/30G X		THIN33G.....	92	VALSTAR.....	38
5/16".....	124	UNILET LANCETS SUPER-		VALTRES.....	48
ULTRACARE INSULIN		THIN30G.....	92	VALUE HEALTH INSULIN	
SYRINGE/U-100/1ML/31G X		UNILET LANCETS ULTRA-		SYRINGE/U-100/0.5ML/29G X	
5/16".....	124	THIN 28G.....	92	1/2".....	124
ULTRACARE PEN		UNILET SUPERLITE		VALUE HEALTH INSULIN	
NEEDLES/31G X 1/4".....	124	LANCET.....	92	SYRINGE/U-100/1ML/29G X	
ULTRACARE PEN		UNISTIK 3 GENTLE.....	92	1/2".....	124
NEEDLES/31G X 3/16".....	124	UNISTIK PRO SAFETY		VALUE PLUS LANCETS	
ULTRACARE PEN		LANCET 21G.....	93	STANDARD 21G.....	93
NEEDLES/31G X 5/16".....	124	UNISTIK PRO SAFETY		VALUE PLUS LANCETS	
ULTRACARE PEN		LANCET 25G.....	93	SUPERTHIN 30G.....	93
NEEDLES/32G X 1/14".....	124	UNISTIK PRO SAFETY		VALUE PLUS LANCETS THIN	
ULTRACARE PEN		LANCET 28G.....	93	26G.....	93
NEEDLES/32G X 3/16".....	124	UNISTIK SAFETY LANCETS		VALUE PLUS LANCING	
ULTRACARE PEN		28G.....	93	DEVICE.....	93
NEEDLES/32G X 5/32".....	124	UNISTIK SAFETY LANCETS		VALUMARK LANCET SUPER	
ULTRACET.....	9	30G.....	93	THIN 30G.....	93
ULTRAM.....	8	UNISTIK TOUCH SAFETY		VALUMARK LANCET ULTRA	
ULTRAVATE.....	64	LANCETS 21G.....	93	THIN 28G.....	93
UNASYN.....	136	UNISTIK TOUCH SAFETY		VALUMARK PEN NEEDLES	
UNASYN BULK PACK.....	136	LANCETS 23G.....	93	29GX12MM.....	124
UNIFINE PENTIPS		UNISTIK TOUCH SAFETY		VALUMARK PEN NEEDLES	
29GX12MM.....	124	LANCETS 28G.....	93	31GX 6MM.....	124
UNIFINE PENTIPS 31G X		UNISTIK TOUCH SAFETY		VALUMARK PEN NEEDLES	
3/16".....	124	LANCETS 30G.....	93	31GX 8MM.....	124
UNIFINE PENTIPS		UNISTRIP CONTROL		VANCOCIN.....	11
31GX5MM.....	124	SOLUTIONHIGH.....	93	VANCOCIN HCL.....	11
UNIFINE PENTIPS		UNIVERSAL 1 LANCETS		vancomycin hcl.....	11
31GX6MM.....	124	THIN26G.....	93	VANCOMYCIN	
UNIFINE PENTIPS		UNIVERSAL 1 LANCETS		HYDROCHLORIDE.....	11
31GX8MM.....	124	ULTRA THIN 30G.....	93	VANISHPOINT INSULIN	
UNIFINE PENTIPS		UNIVERSAL 1		SYRINGE/0.5ML/30G X	
32GX4MM.....	124	LANCETS/33G/MICRO-THIN		1/2".....	124
UNIFINE PENTIPS		.....	93	VANISHPOINT INSULIN	
32GX6MM.....	124	URECHOLINE.....	143	SYRINGE/0.5ML/30G X	
UNIFINE PENTIPS PLUS		UROCIT-K 10.....	73	5/16".....	124
29GX12MM.....	124	UROXATRAL.....	73	VANISHPOINT INSULIN	
UNIFINE PENTIPS PLUS		URSO 250.....	72	SYRINGE/1ML/29G X 1/2".....	124
31GX5MM.....	124	URSO FORTE.....	72	VANISHPOINT INSULIN	
UNIFINE PENTIPS PLUS		ursodiol.....	72	SYRINGE/1ML/30G X	
31GX6MM.....	124	UTIBRON NEOHALER.....	15	5/16".....	124
UNIFINE PENTIPS PLUS		UVADEX.....	40	VANTAS.....	38
31GX8MM.....	124	VAGIFEM.....	145	VARUBI.....	27
UNIFINE PENTIPS PLUS		valacyclovir hcl.....	48	VASCEPA.....	29
32GX4MM.....	124	VALCYTE.....	47	VASERETIC.....	32
UNILET COMFORTOUCH		valganciclovir hcl.....	47	VASOTEC.....	30
LANCET.....	92	VALIUM.....	13	VECAMYL.....	32
UNILET EXCELITE.....	92	valproate sodium.....	20	VECTIBIX.....	37
UNILET EXCELITE II.....	92	valproic acid.....	20	VECTICAL.....	61
UNILET G.P. LANCET.....	92			VELCADE.....	40
UNILET G.P. SUPERLITE					
LANCET.....	92				

VELPHORO.....	73	VISTARIL.....	12	WELLBUTRIN SR.....	20
venlafaxine hcl.....	22	VISTOGARD.....	25	WELLBUTRIN XL.....	20
VENOFER.....	75	VITALET PRO LANCETS.....	93	WESTCORT.....	64
VENTAVIS.....	51	VITALET PRO PLUS		WESTHROID.....	140
VENTOLIN HFA.....	15	LANCETS.....	93	WIDE-SEAL SILICONE	
verapamil hcl.....	50	VITAMIN D2.....	146	DIAPHRAGM KIT 60.....	79
VERAPAMIL HCL ER.....	50	VITATHELY/GINGER.....	130	WIDE-SEAL SILICONE	
VERAPAMIL HCL SR.....	50	VITRAKVI.....	40	DIAPHRAGM KIT 65.....	79
VEREGEN.....	58	VIVAGUARD LANCETS.....	93	WIDE-SEAL SILICONE	
VERELAN.....	51	VIVAGUARD LANCING		DIAPHRAGM KIT 70.....	80
VERELAN PM.....	51	DEVICE.....	93	WIDE-SEAL SILICONE	
VERIPRED 20.....	56	VIVELLE-DOT.....	71	DIAPHRAGM KIT 75.....	80
VESICARE.....	142	VIZIMPRO.....	40	WIDE-SEAL SILICONE	
VFEND.....	27	VOL-PLUS.....	130	DIAPHRAGM KIT 80.....	80
VIAGRA.....	51	VOLTAREN.....	58	WIDE-SEAL SILICONE	
VIBRAMYCIN.....	139	VORAXAZE.....	41	DIAPHRAGM KIT 85.....	80
VICTOZA.....	24	voriconazole.....	27	WIDE-SEAL SILICONE	
VIDA MIA AUTOLET		VOTRIENT.....	40	DIAPHRAGM KIT 90.....	80
LANCINGDEVICE.....	93	VP INSULIN SYRINGE/U-		WIDE-SEAL SILICONE	
VIDA MIA UNIFINE		100/0.3ML/29G X 1/2".....	125	DIAPHRAGM KIT 95.....	80
PENTIPS32GX4MM.....	124	VPRIV.....	74	WP THYROID.....	140
VIDA MIA UNIFINE		VYTORIN.....	29	XALATAN.....	135
PENTIPSMINI 31GX6MM.....	124	VYVANSE.....	1	XALKORI.....	40
VIDA MIA UNIFINE		VYXEOS.....	38	XANAX.....	13
PENTIPSORIGINAL		W&F LANCETS 26G.....	93	XANAX XR.....	13
29GX12MM.....	125	W&F LANCETS COLORED		XARELTO.....	15
VIDA MIA UNILET LANCETS		21G.....	93	XARELTO STARTER PACK.....	15
SUPER THIN 30G.....	93	WALGREENS ADVANCED		XELJANZ.....	4
VIDA MIA UNILET LANCETS		TRAVELLANCETS 28G.....	93	XELJANZ XR.....	4
ULTRA THIN 28G.....	93	WALGREENS COMFORT		XELODA.....	36
VIDA MIA UNIPFINE		ASSUREDLANCETS MICRO		XENAZINE.....	137
PENTIPSSHORT		THIN/33G.....	93	XEOMIN.....	132
31GX8MM.....	125	WALGREENS COMFORT		XGEVA.....	68
VIDAZA.....	36	ASSUREDLANCETS SUPER		XIFAXAN.....	10
VIDEX EC.....	47	THIN/28G.....	93	XIGDUO XR.....	23
VIDEXPEDIATRIC.....	47	WALGREENS LANCETS.....	93	XODOL.....	9
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VIGAMOX.....	133	LANCETS.....	93	XOPENEX.....	15
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Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Sunshine Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1169 (Relay Florida 1-800-955-8770).
French Creole:	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-877-687-1169 (Relay Florida 1-800-955-8770).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Sunshine Health, 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 1-877-687-1169 (Relay Florida 1-800-955-8770).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Sunshine Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1169 (Relay Florida 1-800-955-8770).
Chinese:	如果您, 或是您正在協助的對象, 有關於 Ambetter from Sunshine Health 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 1-877-687-1169 (Relay Florida 1-800-955-8770)。
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Sunshine Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1169 (Relay Florida 1-800-955-8770).
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Sunshine Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1169 (Relay Florida 1-800-955-8770).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Sunshine Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1169 (Relay Florida 1-800-955-8770).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Sunshine Health ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1169 (Relay Florida 1-800-955-8770).
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Sunshine Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-877-687-1169 (Relay Florida 1-800-955-8770).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Sunshine Health 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 1-877-687-1169 (Relay Florida 1-800-955-8770) an.
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Sunshine Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1169 (Relay Florida 1-800-955-8770) 로 전화하십시오.
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów za pośrednictwem Ambetter from Sunshine Health, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-877-687-1169 (Relay Florida 1-800-955-8770).
Gujarati:	જ તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Sunshine Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. કુભાષિયા સાથે વાત કરવા માટે 1-877-687-1169 (Relay Florida 1-800-955-8770) ઉપર કોલ કરો.
Thai:	หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีความเกี่ยวกับ!Ambetter from Sunshine Health ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่าน!โดยไม่มีเสียค่าใช้จ่ายใดๆ!ทั้งสิ้น!หากต้องการใช้บริการสาม!กรุณาโทรศัพท์ติดต่อที่หมายเลข!1-877-687-1169 (Relay Florida 1-800-955-8770)



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