

COMPREHENSIVE
Preferred Drug List



Preferred Drug List

The Sunshine Health Preferred Drug List (PDL) is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA). Drugs may be covered through your prescription drug benefit for indications that are evidence based, meaning there is data showing the use for that condition is safe and effective. Generic drugs have the same active ingredient as their brand name counterparts and should be considered the first line of treatment. If there is no generic available, there may be more than one brand name medication to treat a condition. The preferred brand name medications are listed on Tier 2 to help identify prescription drugs that are clinically appropriate, safe and cost effective.

Please note, the preferred drug list 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 use of a specific drug.

Pharmacy Benefit Manager

Sunshine Health works with Envolve Pharmacy Solutions to process pharmacy claims for prescribed drugs. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager. Some drugs on the Sunshine Health PDL may require prior authorization which is performed by Envolve Pharmacy Solutions.

Specialty Drugs

Certain medications are only covered when supplied by Sunshine Health's specialty pharmacy provider AcariaHealth. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Sunshine Health.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-one (31) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for all drugs.

Filling a Prescription

Prescriptions may be filled at a Sunshine Health network pharmacy. To locate a network pharmacy, search online or contact Sunshine Health Member Services. At the pharmacy the member will need to provide the pharmacist with the prescription and their Sunshine Health ID card.

Prescription Drug Benefit Design

Sunshine Health Stars
Pharmacy Deductible: \$1,500
\$5 Copay for tier 1 preferred generic drug
\$25 copay for preferred drug, after Pharmacy Deductible has been met
\$50 Copay for non-preferred drug, after Pharmacy Deductible has been met
25% coinsurance for a Specialty drug after Pharmacy Deductible has been met
Pharmacy Max Out-of-pocket: \$2,350

Drug List Key

Brand name drugs are listed in CAPS and generic drugs are lower case. Drugs may be 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, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.

Tier 1 – Lowest Copayment for preferred generic drugs that offer the greatest value compared to other agents used to treat similar conditions.

Tier 2 – Medium copayment cover 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 drugs, including higher cost generics. This tier may also cover those brand name drugs that have a generic alternative.

Tier 4 – Coverage for this tier are for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management.

Tier NF – Non-Formulary

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the Requirements/Limits column.

Abbreviation	Term	Description
AL	Age Limit	Drug is limited to specific age.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
RX/OTC	Prescription and Over-The-Counter	Drug is available in both prescriptions and Over-The-Counter (OTC) forms.
SP	Specialty Drug	Coverage for this tier are for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

Exclusions

The following drug categories are not part of the Sunshine Health PDL and are not covered by the 72 hour emergency supply policy:

- Anti-Hemophilia Products (anti-hemophilia drugs are only covered as a result of emergency stabilization, during a covered inpatient stay, or when needed before a surgical procedure is performed)
- Injectable/Oral drugs administered in an infusion center, mental health center or inpatient setting.
- Prostheses, appliances, and devices (except products for Diabetics and products used for contraception)
- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs (unless prescribed for an indication other than obesity)
- Experimental or investigational drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Oral vitamins and minerals or OTC drugs (except those listed in the PDL)
- Nutritional supplements
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs
- DESI drugs that are defined as less than effective by the Food and Drug Administration

Newly Approved Products

Sunshine Health reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If Sunshine does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Pharmacy Appeals and Grievances

If you disagree with a decision regarding coverage of a medication, you, your doctor, or someone that you name to help you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within thirty (30) days of your notice letter. You can file an appeal by writing us at: Sunshine Health, Appeals and Grievances Coordinator, 1301 International Parkway Suite 400, Sunrise, FL 33323. You may also fax us (866) 534-5972 or call us at (866)796-0530, TTY/TDD (800)955-8770. If you appeal by phone, you must also send in a written, signed appeal within ten (10) calendar days after we get your phone call for an appeal.

You can ask for an “expedited appeal” if you or your doctor think that waiting up to thirty (30) calendar days could put your life or health in danger. You or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision within 72 hours of receiving your appeal. If we are going to reduce, or stop a service we had approved you to receive in the past, you have the right to keep getting the service if we approved you to get the service from the provider and the time limit we approved hasn’t ended.

Disclaimer

Coverage of certain products listed in the guide may not apply to Sunshine Stars members due to member age. The Affordable Care Act (ACA) makes certain preventative medications available at no cost and these products were included in the guide for completeness. Coverage of any products listed (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.

Drug Name	Drug Tier	Requirements/ Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 1.25MG-1.25MG-1.25MG- 1.25MG, 3.75MG-3.75MG- 3.75MG-3.75MG, 3.125MG-3.125MG- 3.125MG-3.125MG (Use <i>Amphetamine- Dextroamphetamine</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
ADDERALL TABS 5MG- 5MG-5MG-5MG, 2.5MG- 2.5MG-2.5MG-2.5MG, 7.5MG-7.5MG-7.5MG- 7.5MG, 1.875MG- 1.875MG-1.875MG- 1.875MG (Use <i>Amphetamine- Dextroamphetamine</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
ADDERALL XR CP24 2.5MG-2.5MG-2.5MG- 2.5MG, 1.25MG-1.25MG- 1.25MG-1.25MG, 3.75MG- 3.75MG-3.75MG-3.75MG (Use <i>Amphetamine- Dextroamphetamine</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
ADDERALL XR CP24 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG- 7.5MG, 6.25MG-6.25MG- 6.25MG-6.25MG (Use <i>Amphetamine- Dextroamphetamine</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>amphetamine- dextroamphetamine cp24</i> 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	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>amphetamine- dextroamphetamine cp24</i> 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); AL(At least 6 yrs old - Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine- dextroamphetamine tabs</i> 1.25mg-1.25mg-1.25mg- 1.25mg, 3.75mg-3.75mg- 3.75mg-3.75mg, 3.125mg- 3.125mg-3.125mg- 3.125mg	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>amphetamine- dextroamphetamine tabs</i> 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg- 2.5mg, 7.5mg-7.5mg- 7.5mg-7.5mg, 1.875mg- 1.875mg-1.875mg- 1.875mg	1	QL(2 ea daily); AL(At least 6 yrs old)
DESOXYN TABS (Use <i>Methamphetamine HCl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use <i>Dextroamphetamine Sulfate</i>)	NF	QL(4 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
DEXEDRINE CP24 5 MG (Use <i>Dextroamphetamine Sulfate</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg</i>	1	QL(4 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dextroamphetamine sulfate cp24 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	1	QL(4 ea daily); AL(At least 6 yrs old)
<i>methamphetamine hcl tabs</i>	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
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)

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<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)
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 200 mg</i>	1	PA; QL(1 ea daily)
<i>armodafinil tabs 50 mg, 150 mg, 250 mg</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG (Use Methylphenidate HCl)	NF	
CONCERTA TBCR 27 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl tabs 5 mg, 2.5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS 10 MG (Use Dexmethylphenidate HCl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
FOCALIN TABS 5 MG, 2.5 MG (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily)
METADATE CD CPCR (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (Use Methylphenidate HCl)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 or 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate hcl cp24 or 30 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate hcl cpcr or 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
METHYLPHENIDATE HCL ER TBCR	1	
<i>methylphenidate hcl soln or 5 mg/5ml, 10 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs or 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc or 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate hcl tbc or 18 mg</i>	1	
<i>methylphenidate hcl tbc or 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate hcl tbc or 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24	1	AL(At least 6 yrs old - Up to 18 yrs old)
<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)

Drug Name	Drug Tier	Requirements/ Limits
NUVIGIL TABS 200 MG (Use Armodafinil)	NF	PA; QL(1 ea daily)
NUVIGIL TABS 50 MG, 150 MG, 250 MG (Use Armodafinil)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (Use Modafinil)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (Use Modafinil)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG (Use Methylphenidate HCl)	NF	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
RITALIN LA CP24 30 MG, 40 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
RITALIN TABS (Use Methylphenidate HCl)	NF	QL(3 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA; AL(At least 5 yrs old)
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml</i>	1	
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-0.9MG/ML, 0.9%-1.4MG/ML	1	

Drug Name	Drug Tier	Requirements/ Limits
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-1.6MG/ML, 0.9%-1MG/ML	2	
ISOTONIC GENTAMICIN SOLN	2	
KITABIS PAK NEBU	4	PA; SP
<i>neomycin sulfate tabs or</i>	1	
<i>paramomycin sulfate caps or</i>	1	
STREPTOMYCIN SULFATE SOLR IM	3	
TOBI NEBU (Use Tobramycin)	NF	PA; SP
TOBRAMYCIN NEBU IN	4	PA; SP
<i>tobramycin nebu in</i>	4	PA; SP
TOBRAMYCIN SULFATE POWD XX	4	PA; SP
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	4	SP
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	4	SP
<i>tobramycin sulfate solr ij 1.2 gm</i>	4	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; SP
HUMIRA PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SIMPONI SOAJ 50 MG/0.5ML	4	PA; SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 5 MG	4	PA; SP
Gold Compounds		
RIDAURA CAPS	3	
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; 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
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)
<i>celecoxib caps or 400 mg</i>	1	PA; QL(1 ea daily)
<i>celecoxib caps or 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<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 or 600 mg</i>	1	QL(1 ea daily)
<i>flurbiprofen tabs or 50 mg, 100 mg</i>	1	
<i>ibuprofen susp or 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs or 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps or 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr or 75 mg</i>	1	
<i>ketoprofen caps or 50 mg, 75 mg</i>	1	
KETOPROFEN CAPS OR 50 MG, 75 MG	2	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per 30 days retail)
LODINE TABS (Use Etodolac)	NF	
MECLOFENAMATE SODIUM CAPS OR 50 MG, 100 MG	2	
<i>mefenamic acid caps or</i>	1	PA
<i>meloxicam tabs or 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (Use Meloxicam)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tabs or 500 mg, 750 mg</i>	1	
NALFON TABS 600 MG (Use Fenoprofen Calcium)	NF	QL(1 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use Naproxen)	NF	PA; QL(60 ml daily)
NAPROSYN TABS 500 MG (Use Naproxen)	NF	
<i>naproxen sodium tabs or 550 mg</i>	1	
<i>naproxen susp or 125 mg/5ml</i>	1	PA; QL(60 ml daily)
<i>naproxen tabs or 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec or 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps or 10 mg, 20 mg</i>	1	
PONSTEL CAPS (Use Mefenamic Acid)	NF	PA
<i>sulindac tabs or 150 mg, 200 mg</i>	1	
TOLMETIN SODIUM CAPS 400 MG	1	
TOLMETIN SODIUM TABS 200 MG	2	
TOLMETIN SODIUM TABS 600 MG	3	
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use Leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA
ENBREL SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY	4	PA; SP
ENBREL SURECLICK SOAJ	4	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)	NF	
FIORICET CAPS (Use Butalbital-Acetaminophen-Caffeine)	NF	
FIORINAL CAPS (Use Butalbital-Aspirin-Caffeine)	NF	
Salicylates		
<i>aspirin tbec or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
DISALCID TABS (Use Salsalate)	NF	
<i>salsalate tabs or 500 mg, 750 mg</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (Use Fentanyl Citrate)	NF	PA; QL(4 ea daily)
<i>codeine sulfate tabs 15 mg</i>	1	2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
CODEINE SULFATE TABS 15 MG (Use Codeine Sulfate)	NF	2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (Use Meperidine HCl)	NF	
DEMEROL TABS OR 100 MG (Use Meperidine HCl)	NF	QL(6 ea daily)
DILAUDID LIQD OR 1 MG/ML (Use Hydromorphone HCl)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)	NF	QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use Methadone HCl)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use Methadone HCl)	NF	QL(4 ea daily)
DURAGESIC PT72 (Use Fentanyl)	NF	Limit 10 patches per month;QL(0.34 ea daily)
EMBEDA CPR	3	QL(2 ea daily)2 rtl MAX fill,30 rtl day(s) supply,
EXALGO T24A 12 MG, 16 MG, 32 MG (Use Hydromorphone HCl)	NF	PA; QL(2 ea daily)
EXALGO T24A 8 MG (Use Hydromorphone HCl)	NF	PA; QL(1 ea daily)
fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	1	PA; QL(4 ea daily)
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	Limit 10 patches per month;QL(0.34 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	
hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
hydromorphone hcl t24a or 12 mg, 16 mg, 32 mg	1	PA; QL(2 ea daily)
hydromorphone hcl t24a or 8mg, 8 mg	1	PA; QL(1 ea daily)
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (Use Hydromorphone HCl)	NF	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	NF	PA; QL(2 ea daily)
LEVORPHANOL TARTRATE TABS OR	2	
meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	QL(500 ml per fill retail)
meperidine hcl tabs or 50 mg, 100 mg	1	QL(6 ea daily)
methadone hcl conc or 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl)	NF	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	1	QL(300 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl)	NF	QL(300 ml daily)
methadone hcl tabs or 10 mg	1	QL(10 ea daily)
methadone hcl tabs or 5 mg	1	QL(4 ea daily)
methadone hcl tbso or 40 mg	3	
METHADOSE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml	1	
morphine sulfate soln or 10 mg/5ml	1	QL(300 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate soln or 20 mg/5ml</i>	1	QL(50 ml daily)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	2	QL(6 ea daily)
<i>morphine sulfate tbcR or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (<i>Use Morphine Sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS OR 5 MG, 10 MG (<i>Use Oxymorphone HCl</i>)	NF	QL(12 ea daily)
OXYCODONE HCL ER T12A	3	QL(2 ea daily)2 rti MAX fill,30 rti day(s) supply,
<i>oxycodone hcl tabs or 30 mg</i>	1	QL(24 ea daily)
<i>oxycodone hcl tabs or 5 mg, 10 mg, 15 mg, 20 mg</i>	1	QL(12 ea daily)
OXYCONTIN T12A	3	QL(2 ea daily)2 rti MAX fill,30 rti day(s) supply,
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	3	PA; QL(4 ea daily)
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg</i>	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>Use Oxycodone HCl</i>)	NF	QL(24 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>Use Oxycodone HCl</i>)	NF	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>tramadol hcl tabs or 50 mg</i>	1	QL(8 ea daily)2 rti MAX fill,30 rti day(s) supply,; AL(At least 12 yrs old)
<i>tramadol hcl tb24 or 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM ER TB24 (<i>Use Tramadol HCl</i>)	NF	QL(1 ea daily)
ULTRAM TABS (<i>Use Tramadol HCl</i>)	NF	QL(8 ea daily)2 rti MAX fill,30 rti day(s) supply,; AL(At least 12 yrs old)
ZOHYDRO ER C12A	3	QL(2 ea daily)2 rti MAX fill,30 rti day(s) supply,
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	QL(75 ml daily); AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	QL(13 ea daily)2 rti MAX fill,30 rti day(s) supply,; AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	QL(12 ea daily)2 rti MAX fill,30 rti day(s) supply,; AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(6 ea daily)2 rti MAX fill,30 rti day(s) supply,; AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	QL(6 ea daily)2 rti MAX fill,30 rti day(s) supply,; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	1	QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i>	1	QL(5 ea daily)
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	QL(12 ea daily)
<i>oxycodone w/acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(12 ea daily)
OXYCODONE/IBUPROFEN TABS	1	QL(1 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	QL(12 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	QL(8 ea daily)
VERDROCET TABS	2	
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	QL(13 ea daily)
Opioid Partial Agonists		
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	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg</i>	3	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg</i>	3	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	PA; Limit 4 patches per month;QL(0.15 ea daily)
BUTORPHANOL TARTRATE SOLN IJ 1 MG/ML	2	
<i>butorphanol tartrate soln ij 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA; Limit 1 inhaler per month
BUTRANS PTWK	3	PA; Limit 4 patches per month;QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nalbuphine hcl soln ij 10 mg/ml, 20 mg/ml</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	
SUBOXONE FILM 2MG-0.5MG	3	PA; QL(3 ea daily)
SUBOXONE FILM 4MG-1MG, 12MG-3MG	3	PA
SUBOXONE FILM 8MG-2MG	3	PA; QL(2 ea daily)
TALWIN SOLN	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (<i>Use Oxandrolone</i>)	NF	
<i>oxandrolone tabs or 10 mg, 2.5 mg</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROXY TABS	3	PA
<i>danazol caps or 50 mg, 100 mg, 200 mg</i>	1	PA
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	NF	
METHITEST TABS	3	PA
<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 (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea 2.5 %</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT SUPP 30 MG (<i>Use Hydrocortisone Acetate (Rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs or</i>	3	
ALBENZA TABS (<i>Use Albendazole</i>)	NF	
BILTRICIDE TABS (<i>Use Praziquantel</i>)	NF	
EMVERM CHEW	1	PA
<i>ivermectin tabs or</i>	1	
<i>praziquantel tabs or</i>	3	
STROMEKTOL TABS (<i>Use Ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr im 50000 unit</i>	3	
FLAGYL TABS 250 MG, 500 MG (<i>Use Metronidazole</i>)	NF	
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
<i>trimethoprim tabs or</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	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		
VANCOCIN HCL CAPS (<i>Use Vancomycin HCl</i>)	NF	PA; 10 days supply per claim; QL (4 ea daily, 40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	PA; 10 days supply per claim; QL (4 ea daily, 40 ea per fill retail)
<i>vancomycin hcl solr iv 1 gm</i>	1	QL (14 ea per fill retail)
<i>vancomycin hcl solr iv 10 gm</i>	1	
<i>vancomycin hcl solr iv 500 mg</i>	1	QL (14 ea per 30 days retail)
Glycylcyclines		
<i>tigecycline solr</i>	3	PA
TIGECYCLINE SOLR	3	PA
TYGACIL SOLR (<i>Use Tigecycline</i>)	NF	PA
Ketolides		
KETEK TABS	3	10 days supply per claim; QL (2 ea daily, 20 ea per fill retail)
Leprostatics		
<i>dapsone tabs or 25 mg, 100 mg</i>	3	
Lincosamides		

Drug Name	Drug Tier	Requirements/ Limits
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	AL(Up to 12 yrs old)
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
<i>clindamycin hcl caps or 75 mg, 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	AL(Up to 12 yrs old)
<i>clindamycin phosphate soln ij 300 mg/2ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate soln iv 150 mg/ml, 300 mg/2ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (<i>Use Lincomycin HCl</i>)	NF	
<i>lincomycin hcl soln ij</i>	3	
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	1	PA; 14 days supply per claim;QL(600 ml daily,8400 ml per fill retail)
LINEZOLID SOLN IV 600MG/300ML-0.9%	1	PA; 14 days supply per claim;QL(600 ml daily,8400 ml per fill retail)
<i>linezolid susr or 100 mg/5ml</i>	3	PA; 14 days supply per claim;QL(60 ml daily,840 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>linezolid tabs or 600 mg</i>	1	PA; 14 days supply per claim;QL(2 ea daily,28 ea per fill retail)
ZYVOX SOLN IV 200 MG/100ML	2	PA
ZYVOX SOLN IV 600 MG/300ML (<i>Use Linezolid</i>)	NF	PA; 14 days supply per claim;QL(600 ml daily,8400 ml per fill retail)
ZYVOX SUSR OR 100 MG/5ML (<i>Use Linezolid</i>)	NF	PA; 14 days supply per claim;QL(60 ml daily,840 ml per fill retail)
ZYVOX TABS OR 600 MG (<i>Use Linezolid</i>)	NF	PA; 14 days supply per claim;QL(2 ea daily,28 ea per fill retail)
Polymyxins		
<i>polymyxin b sulfat solr ij</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 500 MG	2	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use Isosorbide Dinitrate</i>)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs 20 mg</i>	1	
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</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 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	2	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANGIOTENSIN AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs or 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs or 5 mg</i>	1	QL(1 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<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 OR 100 MG	2	
<i>meprobamate tabs</i>	1	
Benzodiazepines		
<i>alprazolam tabs or 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<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)
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
XANAX TABS (Use Alprazolam)	NF	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	
<i>procainamide hcl soln ij 500 mg/ml</i>	1	
QUINIDINE SULFATE TABS OR 200 MG, 300 MG	2	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (Use Propafenone HCl)	NF	
RYTHMOL TABS (Use Propafenone HCl)	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 (Use Dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu in</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		

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Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOLR	4	PA; SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 1 inhaler per month
INCRUSE ELLIPTA AEPB	2	Limit 1 inhaler per month; QL(1 ea daily)
<i>ipratropium bromide soln in</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	Limit 1 inhaler per month; QL(3 ea daily)
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew or 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack or 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs or 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>	3	QL(4 ea daily); AL(At least 12 yrs old)
ZYFLO CR TB12 (<i>Use Zileuton</i>)	NF	QL(4 ea daily); AL(At least 12 yrs old)
Steroid Inhalants		
ALVESCO AERS	3	PA; Limit 1 inhaler per month
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month

Drug Name	Drug Tier	Requirements/ Limits
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 1 inhaler per month
<i>budesonide (inhalation) susp 0.25 mg/2ml, 0.5 mg/2ml</i>	3	PA; QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB 250 MCG/BLIST	3	Limit 1 inhaler per month; QL(2 ea daily)
FLOVENT HFA AERO	3	Limit 1 inhaler per month
PULMICORT FLEXHALER AEPB	2	PA; Limit 1 inhaler per month
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR AERS	2	Limit 1 inhaler per month
Sympathomimetics		
ADVAIR DISKUS AEPB	2	PA; Limit 1 inhaler per month; QL(2 ea daily)
ADVAIR HFA AERO	2	PA; Limit 1 inhaler per month
ALBUTEROL SULFATE ER TB12	2	
<i>albuterol sulfate nebu in 0.5 %</i>	1	QL(2 ml daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ARCAPTA NEOHALER CAPS	2	PA; Limit 1 inhaler per month; QL(1 ea daily)
BREO ELLIPTA AEPB	2	Limit 1 inhaler per month; QL(2 ea daily)
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(12 ml daily)
<i>levalbuterol hcl nebu in 1.25 mg/0.5ml</i>	1	QL(2 ea daily)
<i>levalbuterol tartrate aero</i>	3	PA; Limit 1 inhaler per month
METAPROTERENOL SULFATE TABS OR 10 MG	1	
METAPROTERENOL SULFATE TABS OR 20 MG	2	
PROAIR HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
PROVENTIL HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
SEREVENT DISKUS AEPB	2	Limit 1 inhaler per month; QL(2 ea daily)
SYMBICORT AERO	2	PA; Limit 1 inhaler per month
<i>terbutaline sulfate soln ij 1 mg/ml</i>	1	
<i>terbutaline sulfate tabs or 5 mg, 2.5 mg</i>	1	
TRELEGY ELLIPTA AEPB	2	

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	NF	QL(2 ea daily)
XOPENEX HFA AERO	3	PA; Limit 1 inhaler per month
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	NF	QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS	2	Limit 74 tablets per month; QL(74 ea per 30 days retail)
ELIQUIS TABS	2	Limit 74 tablets per month; QL(74 ea per 30 days retail)
XARELTO TABS 10 MG, 15 MG, 20 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use Fondaparinux Sodium</i>)	NF	PA; QL(0.8 ml daily, 7 ml per 180 days retail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use Fondaparinux Sodium</i>)	NF	PA; QL(0.5 ml daily, 5 ml per 180 days retail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use Fondaparinux Sodium</i>)	NF	PA; QL(0.4 ml daily, 4 ml per 180 days retail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use Fondaparinux Sodium</i>)	NF	PA; QL(0.6 ml daily, 5 ml per 180 days retail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(42 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(14 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(5 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(6 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(9 ml per 7 days retail); SP
<i>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	4	QL(12 ml per 7 days retail); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	PA; QL(0.8 ml daily, 7 ml per 180 days retail); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	PA; QL(0.5 ml daily, 5 ml per 180 days retail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	PA; QL(0.4 ml daily, 4 ml per 180 days retail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	PA; QL(0.6 ml daily, 5 ml per 180 days retail); SP

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA; SP
<i>heparin sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
HEPARIN SODIUM/D5W SOLN 40UNIT/ML-5%	2	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(42 ml per 7 days retail); SP
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(14 ml per 7 days retail); SP
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(5 ml per 7 days retail); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(12 ml per 7 days retail); SP
Thrombin Inhibitors		
PRADAXA CAPS 150 MG	2	QL(2 ea daily)
PRADAXA CAPS 75 MG	2	QL(1 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	3	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	3	QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL	3	QL(1 ea per fill retail)
<i>diazepam (anticonvulsant) gel</i>	3	QL(1 ea per fill retail)
DIAZEPAM GEL RE 20 MG, 2.5 MG	3	QL(1 ea per fill retail)
DIAZEPAM RECTAL GEL GEL	3	QL(1 ea per fill retail)
KLONOPIN TABS (Use Clonazepam)	NF	
ONFI SUSP 2.5 MG/ML (Use Clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use Clobazam)	NF	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
BANZEL SUSP 40 MG/ML	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
<i>carbamazepine chew or 100 mg</i>	1	
<i>carbamazepine cp12 or 100 mg</i>	1	ST
<i>carbamazepine cp12 or 200 mg</i>	1	ST; QL(6 ea daily)
<i>carbamazepine cp12 or 300 mg</i>	1	ST; QL(4 ea daily)
<i>carbamazepine susp or 100 mg/5ml</i>	1	
<i>carbamazepine tabs or 200 mg</i>	1	
<i>carbamazepine tb12 or 200 mg</i>	1	ST; QL(6 ea daily)
<i>carbamazepine tb12 or 400 mg</i>	1	ST; QL(4 ea daily)
CARBATROL CP12 100 MG (Use Carbamazepine)	NF	ST
CARBATROL CP12 200 MG (Use Carbamazepine)	NF	ST; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CARBATROL CP12 300 MG (Use Carbamazepine)	NF	ST; QL(4 ea daily)
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs or 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, 500 MG, 750 MG (Use Levetiracetam)	NF	QL(4 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL TABS (Use Lamotrigine)	NF	
<i>lamotrigine chew or 5 mg, 25 mg</i>	1	
<i>lamotrigine tabs or 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG	2	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	2	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LYRICA SOLN 20 MG/ML	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	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
POTIGA TABS	3	PA; QL(3 ea daily)
<i>primidone tabs or 50 mg, 250 mg</i>	1	
TEGRETOL SUSP (Use Carbamazepine)	2	
TEGRETOL TABS (Use Carbamazepine)	2	
TEGRETOL-XR TB12 200 MG (Use Carbamazepine)	NF	ST; QL(6 ea daily)
TEGRETOL-XR TB12 400 MG (Use Carbamazepine)	NF	ST; QL(4 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(3 ea daily)
TOPAMAX TABS 200 MG (Use Topiramate)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use Topiramate)	NF	QL(4 ea daily)
<i>topiramate cpsp or 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp or 25 mg</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tabs or 100 mg</i>	1	QL(3 ea daily)
<i>topiramate tabs or 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs or 25 mg, 50 mg</i>	1	QL(4 ea daily)
TRILEPTAL SUSP 300 MG/5ML (Use Oxcarbazepine)	NF	QL(40 ml daily)
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)
<i>zonisamide caps or 25 mg, 50 mg, 100 mg</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(120 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	NF	QL(120 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	4	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (Use Fosphenytoin Sodium)	NF	
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	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	
PHENYTEK CAPS 200 MG (Use Phenytoin Sodium Extended)	2	
PHENYTEK CAPS 300 MG (Use Phenytoin Sodium Extended)	NF	
<i>phenytoin chew or 50 mg</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln ij</i>	1	
<i>phenytoin susp or 125 mg/5ml</i>	1	
Succinimides		
CELONTIN CAPS	3	
<i>ethosuximide caps or 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln or 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (Use Ethosuximide)	NF	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use Ethosuximide)	NF	QL(30 ml daily)
Valproic Acid		

Drug Name	Drug Tier	Requirements/Limits
DEPACON SOLN (Use Valproate Sodium)	NF	
DEPAKENE CAPS 250 MG (Use Valproic Acid)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproic acid caps</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs or 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp or 15 mg, 30 mg, 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP (Use Mirtazapine)	NF	QL(1 ea daily)
REMERON TABS (Use Mirtazapine)	NF	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs or 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 or 100 mg, 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 or 150 mg, 300 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 (Use Bupropion HCl)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 (Use Bupropion HCl)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	PA; QL(1 ea daily)
MARPLAN TABS	2	ST; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
<i>phenelzine sulfate tabs or</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	NF	QL(1.5 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(1.5 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(1.5 ea daily)
<i>fluoxetine hcl caps or 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps or 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps or 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl soln or 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs or 10 mg, 60 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs or 20 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FLUOXETINE HYDROCHLORIDE TABS	2	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	NF	QL(1.5 ea daily)
<i>paroxetine hcl tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tabs 30 mg</i>	1	QL(2 ea daily)
<i>paroxetine hcl tb24 12.5 mg</i>	1	PA; QL(1 ea daily)
<i>paroxetine hcl tb24 25 mg, 37.5 mg</i>	1	PA; QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use Paroxetine HCl)	NF	PA; QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use Paroxetine HCl)	NF	PA; QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	PA; QL(30 ml daily)
PAXIL TABS 10 MG, 20 MG, 40 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PAXIL TABS 30 MG (Use Paroxetine HCl)	NF	QL(2 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 or 20 mg/ml</i>	1	QL(10 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tabs or 100 mg</i>	1	QL(2 ea daily)
<i>sertraline hcl tabs or 25 mg, 50 mg</i>	1	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (Use <i>Sertraline HCl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>Sertraline HCl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>Sertraline HCl</i>)	NF	QL(1.5 ea daily)
Serotonin Modulators		
NEFAZODONE HCL TABS 100 MG, 150 MG	3	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	
NEFAZODONE HYDROCHLORIDE TABS	3	
<i>trazodone hcl tabs or 50 mg, 100 mg, 150 mg, 300 mg</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD TABS	2	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use <i>Duloxetine HCl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	ST; QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	ST; QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(1 ea daily)
PRISTIQ TB24 100 MG (Use <i>Desvenlafaxine Succinate</i>)	NF	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use <i>Desvenlafaxine Succinate</i>)	NF	ST; QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	1	PA; QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 37.5 MG (Use <i>Venlafaxine HCl</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	PA; 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 or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (Use <i>Clomipramine HCl</i>)	NF	PA
<i>clomipramine hcl caps or 25 mg, 50 mg, 75 mg</i>	1	PA
<i>desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
<i>doxepin hcl conc or 10 mg/ml</i>	1	
ELAVIL TABS (Use <i>Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use <i>Desipramine HCl</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
PAMELOR CAPS (Use Nortriptyline HCl)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	
TOFRANIL TABS (Use Imipramine HCl)	NF	
<i>trimipramine maleate caps or 25 mg, 50 mg, 100 mg</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (Use Miglitol)	NF	QL(3 ea daily)
<i>miglitol tabs</i>	3	QL(3 ea daily)
PRECOSE TABS (Use Acarbose)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; Limit 4 pens per month;QL(6 ml per 30 days retail)
SYMLINPEN 60 SOPN	2	PA; Limit 4 pens per month;QL(11 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use Pioglitazone HCl-Metformin HCl)	NF	QL(2 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 2.5MG-500MG (Use Glyburide-Metformin)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOVANCE TABS 5MG-500MG (Use Glyburide-Metformin)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 2.5mg-500mg, 1.25mg-250mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg</i>	1	QL(4 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	3	QL(2 ea daily)
Biguanides		
FORTAMET TB24 1000 MG (Use Metformin HCl)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 1000 MG (Use Metformin HCl)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (Use Metformin HCl)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (Use Metformin HCl)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (Use Metformin HCl)	NF	QL(2 ea daily)
<i>metformin hcl tabs or 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs or 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs or 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 or 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 or 750 mg, 1000 mg</i>	1	QL(2 ea daily)
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(12 ea per 365 days retail)
GLUCAGON EMERGENCY KIT KIT	3	QL(12 ea per 365 days retail)
PROGLYCEM SUSP	3	

Drug Name	Drug Tier	Requirements/ Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TABS	2	PA; QL(1 ea daily)
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	PA; 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 1 pen per month;QL(2 ml per 30 days retail)
BYETTA SOPN 5 MCG/0.02ML	2	PA; Limit 1 pen per month;QL(1 ml per 30 days retail)
VICTOZA SOPN	2	PA; Limit 2 pens per month;QL(6 ml per 30 days retail)
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		
ADMELOG SOLN	3	Limit 50ml per month;QL(1.67 ml daily)
ADMELOG SOLOSTAR SOPN	3	Limit 50ml per month;QL(1.67 ml daily)
APIDRA SOLN	3	Limit 50ml per month;QL(1.67 ml daily)
APIDRA SOLOSTAR SOPN	3	Limit 50ml per month;QL(1.67 ml daily)
BASAGLAR KWIKPEN SOPN	2	QL(1 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
FIASP FLEXTOUCH SOPN	2	Limit 50ml per month;QL(1.67 ml daily)
FIASP SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 50/50 SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 75/25 SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG SOCT	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG SOLN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN 70/30 SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN N KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN N SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN R SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN R U-500 (<i>CONCENTRATED</i>) SOLN	3	Limit 40mls per month;QL(1.34 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH SOPN	2	QL(1 ml daily)
LEVEMIR SOLN	2	QL(1 ml daily)
NOVOLIN 70/30 FLEXPEN RELION SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN 70/30 FLEXPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN 70/30 RELION SUSP	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN 70/30 SUSP	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN N RELION SUSP	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN N SUSP	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN R RELION SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLIN R SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG FLEXPEN SOPN	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG MIX 70/30 SUSP	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG PENFILL SOCT	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRANDIN TABS (<i>Use Repaglinide</i>)	NF	QL(4 ea daily)
<i>repaglinide tabs</i>	1	QL(4 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	3	PA
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	NF	QL(1 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	2	QL(3 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(1 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs or 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 or 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (<i>Use Glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs or 5 mg, 2.5 mg, 1.25 mg</i>	1	QL(4 ea daily)
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NF	QL(4 ea daily)
TOLAZAMIDE TABS 250 MG	1	QL(4 ea daily)
TOLAZAMIDE TABS 500 MG	2	QL(4 ea daily)
TOLBUTAMIDE TABS	2	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS 2 MG (Use Loperamide HCl)	NF	RX/OTC
LOMOTIL TABS (Use Diphenoxylate w/ Atropine)	NF	
loperamide hcl caps or 2 mg	1	RX/OTC
MOTOFEN TABS	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET CAPS	3	
EXJADE TBSO	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS	4	PA; SP

Antidotes and Specific Antagonists

VISTOGARD PACK	4	PA; QL(4 ea daily); SP
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Opioid Antagonists

naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml	1	
NALOXONE HCL SOSY IJ 2 MG/2ML	2	
naltrexone hcl tabs or	1	

ANTIEMETICS - Drugs to Treat Nausea and Vomiting

5-HT3 Receptor Antagonists

ALOXI SOLN (Use Palonosetron HCl)	NF	ST
ANZEMET TABS	3	PA; Limit 5 tablets per month;QL(5 ea per 30 days retail)
GRANISETRON HCL SOLN IV 0.1 MG/ML	2	

Drug Name	Drug Tier	Requirements/ Limits
granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml	1	
granisetron hcl tabs or 1 mg	1	
ondansetron hcl soln ij 4 mg/2ml	1	
ondansetron hcl soln or 4 mg/5ml	1	100 ml / 30 days;QL(100 ml per 30 days retail)
ondansetron hcl tabs or 24 mg	1	Limit 4 tablets per month;QL(4 ea per 28 days retail)
ondansetron hcl tabs or 4 mg, 8 mg	1	QL(1 ea daily)
ONDANSETRON HYDROCHLORIDE SOLN	2	
ondansetron tbdp	1	QL(1 ea daily)
palonosetron hcl soln	3	ST
PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML	3	ST
ZOFRAN ODT TBDP (Use Ondansetron)	NF	QL(1 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	100 ml / 30 days;QL(100 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (Use Ondansetron HCl)	NF	QL(1 ea daily)

Antiemetics - Anticholinergic

meclizine hcl tabs or 25 mg, 12.5 mg	1	RX/OTC
scopolamine pt72	1	
TIGAN CAPS OR 300 MG (Use Trimethobenzamide HCl)	NF	
TRANSDERM-SCOP PT72	2	
TRANSDERM-SCOP PT72 (Use Scopolamine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>trimethobenzamide hcl caps or</i>	1	
Antiemetics - Miscellaneous		
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use Dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 40 mg, 125 mg</i>	1	PA; QL(2 ea per 30 days retail)
<i>aprepitant caps 80 mg</i>	1	PA; Limit 4 capsules per month;QL(4 ea per 28 days retail)
EMEND CAPS OR 40 MG, 125 MG (<i>Use Aprepitant</i>)	NF	PA; QL(2 ea per 30 days retail)
EMEND CAPS OR 80 MG (<i>Use Aprepitant</i>)	NF	PA; Limit 4 capsules per month;QL(4 ea per 28 days retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use Caspofungin Acetate</i>)	NF	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR IJ 50 MG	3	

Drug Name	Drug Tier	Requirements/ Limits
ANCOBON CAPS (<i>Use Flucytosine</i>)	NF	
<i>flucytosine caps or 250 mg, 500 mg</i>	1	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NF	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(Up to 12 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NF	QL(1 ea daily)
<i>nystatin powd or</i>	1	
<i>nystatin tabs or</i>	1	
<i>terbinafine hcl tabs or</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	NF	
<i>fluconazole susr or 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole tabs or 50 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>itraconazole caps or 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln or 10 mg/ml</i>	3	PA; QL(40 ml daily)
<i>ketoconazole tabs or</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	
SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (<i>Use Itraconazole</i>)	NF	PA; QL(40 ml daily)
VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
RYCLORA SYRP	3	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS OR 2.68 MG	1	
<i>clemastine fumarate tabs or 2.68 mg</i>	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	RX/OTC
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use Fexofenadine HCl)	NF	
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS (Use Fexofenadine HCl)	NF	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	
<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 10 mg</i>	1	
CLARINEX TABS 5 MG (Use Desloratadine)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	NF	
CLARITIN CAPS 10 MG (Use Loratadine)	NF	
CLARITIN CHEW 5 MG	1	
CLARITIN CHEW 5 MG (Use Loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP 5 MG/5ML (Use Loratadine)	NF	
CLARITIN TABS 10 MG (Use Loratadine)	NF	
DESLORATADINE ODT TBDP	2	QL(1 ea daily)
<i>desloratadine tabs</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp or 30 mg/5ml</i>	1	
<i>fexofenadine hcl tabs or 60 mg, 180 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln or 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs or 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps or 10 mg</i>	1	
<i>loratadine chew or 5 mg</i>	1	
<i>loratadine soln or 5 mg/5ml</i>	1	
<i>loratadine syrp or 5 mg/5ml</i>	1	
<i>loratadine tabs or 10 mg</i>	1	
<i>loratadine tbdp or 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	NF	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	NF	
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	NF	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
promethazine hcl soln ij 25 mg/ml, 50 mg/ml	1	
promethazine hcl soln or 6.25 mg/5ml	1	
promethazine hcl supp re 25 mg, 12.5 mg	1	
promethazine hcl syrp or 6.25 mg/5ml	1	
promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrp or 2 mg/5ml	1	
cyproheptadine hcl tabs or 4 mg	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	1	ST; QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	NF	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Antihyperlipidemics - Misc.		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NF	ST; QL(4 ea daily)
omega-3-acid ethyl esters caps	1	ST; QL(4 ea daily)
Bile Acid Sequestrants		
cholestyramine light pack 4 gm	1	QL(6 ea daily)
cholestyramine light powd 4 gm/dose	1	QL(24 gm daily)
cholestyramine pack or 4 gm	1	QL(6 ea daily)
cholestyramine powd or 4 gm/dose	1	QL(6 gm daily)
colesevelam hcl pack 3.75 gm	1	PA; QL(1 ea daily)
colesevelam hcl tabs 625 mg	1	PA; QL(6 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use Colestipol HCl)	NF	QL(16 ea daily)
colestipol hcl gran 5 gm	1	QL(6 gm daily)
colestipol hcl pack 5 gm	1	QL(6 ea daily)
colestipol hcl tabs 1 gm	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use Cholestyramine)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use Cholestyramine)	NF	QL(6 gm daily)
WELCHOL PACK 3.75 GM (Use Colesevelam HCl)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use Colesevelam HCl)	NF	PA; QL(6 ea daily)
Fibric Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs or 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)
<i>gemfibrozil tabs or</i>	1	QL(2 ea daily)
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG	3	ST; QL(1 ea daily)
ALTOPREV TB24 60 MG	3	QL(1 ea daily)
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NF	ST; QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use <i>Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)
MEVACOR TABS (Use <i>Lovastatin</i>)	NF	QL(2 ea daily)
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	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg, 80 mg</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	ST; QL(1 ea daily)
ZETIA TABS (Use <i>Ezetimibe</i>)	NF	ST; 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)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>Quinapril HCl</i>)	NF	
ACEON TABS (Use <i>Perindopril Erbumine</i>)	NF	
ALTACE CAPS (Use <i>Ramipril</i>)	NF	
<i>benazepril hcl tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg</i>	1	
<i>enalapril maleate tabs or 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 2.5 mg</i>	1	
LOTENSIN TABS (Use <i>Benazepril HCl</i>)	NF	
MAVIK TABS (Use <i>Trandolapril</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use <i>Lisinopril</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<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 or</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)
DIOVAN TABS (Use <i>Valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
EPROSARTAN MESYLATE TABS	2	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</i>	1	QL(1 ea daily)
MICARDIS TABS (Use <i>Telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs or 5 mg, 20 mg, 40 mg</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		

Drug Name	Drug Tier	Requirements/Limits
CARDURA TABS (Use <i>Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (Use <i>Clonidine HCl</i>)	NF	QL(8 ea daily)
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	1	QL(8 ea daily)
<i>doxazosin mesylate tabs or 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (Use <i>Prazosin HCl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
TENEX TABS (Use <i>Guanfacine HCl</i>)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>atenolol & chlorthalidone tabs</i>	1	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	2	
DIOVAN HCT TABS (Use <i>Valsartan-Hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (Use <i>Losartan Potassium & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
LOTREL CAPS (Use <i>Amlodipine Besylate-Benazepril HCl</i>)	NF	
TENORETIC 100 TABS (Use <i>Atenolol & Chlorthalidone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NF	
Direct Renin Inhibitors		
TEKTURN TABS 150 MG	2	QL(8 ea daily)
TEKTURN TABS 300 MG	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
INSPIRA TABS (Use Eplerenone)	NF	
Vasodilators		
hydralazine hcl soln ij 20 mg/ml	1	
hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg	1	
minoxidil tabs or 10 mg, 2.5 mg	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	1	QL(12 ea per 180 days retail)
COARTEM TABS	2	
MALARONE TABS (Use Atovaquone-Proguanil HCl)	NF	QL(12 ea per 180 days retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS OR 250 MG	2	
chloroquine phosphate tabs or 500 mg	1	
DARAPRIM TABS	3	

Drug Name	Drug Tier	Requirements/Limits
hydroxychloroquine sulfate tabs or	1	
mefloquine hcl tabs	1	
MEFLOQUINE HCL TABS	2	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (Use Quinine Sulfate)	NF	PA; 84 days supply within 365 days;QL(6 ea daily,504 ea per 365 days retail)
quinine sulfate caps or	1	PA; 84 days supply within 365 days;QL(6 ea daily,504 ea per 365 days retail)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
pyridostigmine bromide tabs or 60 mg	1	
pyridostigmine bromide tbcr or 180 mg	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
CYCLOSERINE CAPS OR	3	
<i>ethambutol hcl tabs or 100 mg, 400 mg</i>	1	
ISONIAZID SOLN IJ 100 MG/ML	2	
ISONIAZID SYRP OR 50 MG/5ML	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (Use <i>Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (Use <i>Rifabutin</i>)	NF	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs or</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (Use <i>Rifampin</i>)	NF	
RIFADIN SOLR (Use <i>Rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
TRECTOR TABS	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (Use <i>Melphalan HCl</i>)	NF	
ALKERAN TABS (Use <i>Melphalan</i>)	NF	
BICNU SOLR (Use <i>Carmustine</i>)	NF	SP
<i>busulfan soln</i>	4	SP

Drug Name	Drug Tier	Requirements/ Limits
BUSULFEX SOLN (Use <i>Busulfan</i>)	NF	SP
<i>carboplatin soln</i>	4	SP
<i>carmustine solr</i>	4	SP
CISPLATIN SOLN 200 MG/200ML	4	SP
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	4	SP
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use <i>Cyclophosphamide</i>)	NF	SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	SP
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	4	SP
HEXALEN CAPS	4	SP
IFEX SOLR 1 GM (Use <i>Ifosfamide</i>)	NF	SP
IFEX SOLR 3 GM	4	SP
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	SP
<i>ifosfamide solr 1 gm</i>	4	SP
IFOSFAMIDE SOLR 3 GM	4	SP
LEUKERAN TABS	4	SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	SP
MYLERAN TABS	4	SP
<i>oxaliplatin soln</i>	4	SP
<i>oxaliplatin solr</i>	4	SP

Drug Name	Drug Tier	Requirements/ Limits
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 15 MG	4	SP
<i>thiotepa solr ij</i>	4	SP
TREANDA SOLR 100 MG	4	SP
TREANDA SOLR 25 MG	4	PA; SP
ZANOSAR SOLR	4	SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>cladribine soln</i>	4	PA; SP
<i>clofarabine soln</i>	4	SP
CLOLAR SOLN (Use Clofarabine)	NF	SP
<i>cytarabine soln</i>	4	PA; SP
CYTARABINEAQUEOUS SOLN	4	PA; SP
DACOGEN SOLR (Use Decitabine)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
DEPOCYT SUSP	4	SP
<i>floxuridine solr ij</i>	4	SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml</i>	4	SP
FOLOTYN SOLN	4	SP
<i>gemcitabine hcl soln</i>	4	SP
<i>gemcitabine hcl solr</i>	4	SP
GEMZAR SOLR (Use Gemcitabine HCl)	NF	SP
<i>mercaptopurine tabs or</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 200 mg/8ml, 250 mg/10ml</i>	1	PA
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	2	PA
<i>methotrexate sodium solr ij 1 gm</i>	1	PA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	
TABLOID TABS	4	PA; SP
TREXALL TABS	2	
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
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC 100 MG/5ML	4	PA; SP
ARZERRA CONC 1000 MG/50ML	4	SP
CAMPATH SOLN	4	SP
ERBITUX SOLN	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
HERCEPTIN SOLR 440 MG	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA; SP
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs or</i>	1	PA
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	PA
AROMASIN TABS (<i>Use Exemestane</i>)	NF	SP
<i>bicalutamide tabs</i>	4	SP
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	SP
ELIGARD KIT	4	PA; SP
EMCYT CAPS	4	SP
<i>exemestane tabs</i>	4	SP
FARESTON TABS	2	
FASLODEX SOLN	4	SP
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; SP
<i>flutamide caps</i>	4	SP
<i>letrozole tabs or</i>	1	
<i>leuprolide acetate kit ij</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (4-MONTH) KIT	4	PA; SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; SP
LYSODREN TABS	4	PA; SP
MEGACE ORAL SUSP (<i>Use Megestrol Acetate</i>)	NF	
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	
NILANDRON TABS (<i>Use Nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	3	QL(2 ea daily)
SOLTAMOX SOLN	3	PA
<i>tamoxifen citrate tabs or 10 mg, 20 mg</i>	0	
TRELSTAR MIXJECT SUSR	4	PA; SP
TRELSTAR SUSR	4	PA; SP
XTANDI CAPS	4	PA; SP
ZOLADEX IMPL	4	PA; SP
ZYTIGA TABS 250 MG	4	PA; SP
Antineoplastic Antibiotics		
ADRIAMYCIN SOLR	4	SP
<i>bleomycin sulfate solr</i>	4	SP
COSMEGEN SOLR (<i>Use Dactinomycin</i>)	NF	SP
<i>dactinomycin solr</i>	4	SP
DOXIL INJ (<i>Use Doxorubicin HCl Liposomal</i>)	NF	SP
<i>doxorubicin hcl liposomal inj</i>	4	SP
<i>doxorubicin hcl soln 2 mg/ml</i>	4	SP

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl solr 10 mg</i>	4	SP
ELLENCES SOLN (<i>Use Epirubicin HCl</i>)	NF	PA; SP
<i>epirubicin hcl soln</i>	4	PA; SP
IDAMYCIN PFS SOLN (<i>Use Idarubicin HCl</i>)	NF	SP
<i>idarubicin hcl soln</i>	4	SP
<i>mitomycin solr iv 5 mg, 20 mg, 40 mg</i>	4	SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
VALSTAR SOLN	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; SP
BOSULIF TABS 100 MG, 500 MG	4	PA; SP
CAPRELSA TABS	4	PA; SP
COMETRIQ KIT	4	PA; SP
GLEEVEC TABS (<i>Use Imatinib Mesylate</i>)	NF	PA; SP
<i>imatinib mesylate tabs</i>	4	PA; SP
IMBRUVICA CAPS 70 MG, 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INLYTA TABS	4	PA; SP
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS	4	PA; SP
KYPROLIS SOLR 60 MG	4	PA; SP
NEXAVAR TABS	4	PA; SP
NINLARO CAPS	4	PA; QL(1 ea per 7 days retail); SP

Drug Name	Drug Tier	Requirements/Limits
ROMIDEPSIN SOLR	4	PA; SP
SPRYCEL TABS	4	PA; SP
STIVARGA TABS	4	PA; SP
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA; SP
TARCEVA TABS	4	PA; SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; SP
<i>temsirolimus soln</i>	4	SP
TORISEL SOLN (<i>Use Temsirolimus</i>)	NF	SP
TYKERB TABS	4	PA; SP
VELCADE SOLR	4	PA; SP
VOTRIENT TABS	4	PA; SP
XALKORI CAPS	4	PA; SP
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; SP
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
ARSENIC TRIOXIDE SOLN IV	4	SP
<i>bexarotene caps</i>	4	PA; SP
DACARBAZINE SOLR 100 MG	4	SP
<i>dacarbazine solr 200 mg</i>	4	SP
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps or</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INTRON A SOLR 18 MU	4	PA; SP
INTRON A W/DILUENT SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	SP
NIPENT SOLR	4	SP
PHOTOFRIN SOLR	4	SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (Use Bexarotene)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN 10 MG/10ML	4	SP
UVADEX SOLN	4	SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	1	
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	2	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
DOCEFREZ SOLR	4	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 140 MG/7ML, 160 MG/8ML, 20 MG/0.5ML	4	SP

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	4	SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	4	SP
<i>docetaxel soln 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	4	SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (Use Docetaxel)	NF	SP
ETOPOPHOS SOLR	4	SP
ETOPOSIDE CAPS OR 50 MG	4	SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN (Use Vinorelbine Tartrate)	NF	SP
PACLITAXEL CONC 150 MG/25ML	4	SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i>	4	SP
TAXOL CONC (Use Paclitaxel)	NF	SP
TAXOTERE CONC (Use Docetaxel)	NF	SP
TENIPOSIDE SOLN	4	SP
VINBLASTINE SULFATE SOLN	4	SP
<i>vincristine sulfate soln</i>	4	SP
<i>vinorelbine tartrate soln</i>	4	SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	4	SP

Drug Name	Drug Tier	Requirements/ Limits
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
IRINOTECAN SOLN	4	SP
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs or</i>	1	
LODOSYN TABS (Use Carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use Benztropine Mesylate)	NF	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (Use Tolcapone)	NF	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps or 100 mg</i>	1	
<i>amantadine hcl syrp or 50 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amantadine hcl tabs or 100 mg</i>	1	
<i>bromocriptine mesylate caps or 5 mg</i>	1	
<i>bromocriptine mesylate tabs or 2.5 mg</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	2	
MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (Use Pramipexole Dihydrochloride)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use Bromocriptine Mesylate)	NF	
PARLODEL TABS (Use Bromocriptine Mesylate)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (Use Ropinirole Hydrochloride)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (Use Ropinirole Hydrochloride)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use Ropinirole Hydrochloride)	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)

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Drug Name	Drug Tier	Requirements/ Limits
<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	2	
STALEVO 125 TABS	2	
STALEVO 150 TABS	2	
STALEVO 200 TABS	2	
STALEVO 50 TABS	2	
STALEVO 75 TABS	2	
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 or 0.5 mg, 1 mg</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps or</i>	1	
<i>selegiline hcl tabs or</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps or 150 mg, 300 mg, 600 mg</i>	1	AL(At least 6 yrs old)
LITHIUM CARBONATE CAPS OR 150 MG, 600 MG (<i>Use Lithium Carbonate</i>)	NF	AL(At least 6 yrs old)
<i>lithium carbonate tabs or 300 mg</i>	1	AL(At least 6 yrs old)
<i>lithium carbonate tbcR or 300 mg, 450 mg</i>	1	AL(At least 6 yrs old)
LITHIUM SOLN	1	AL(At least 6 yrs old)
LITHOBID TBCR (<i>Use Lithium Carbonate</i>)	NF	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily); AL(At least 6 yrs old)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily); AL(At least 6 yrs old)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily); AL(At least 6 yrs old)
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 120 MG	3	PA; AL(At least 6 yrs old)
LATUDA TABS 20 MG, 40 MG, 80 MG	3	PA; QL(1 ea daily); AL(At least 6 yrs old)
<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); AL(At least 6 yrs old)
FANAPT TITRATION PACK TABS	2	PA; Limit 2 packs per year; QL(16 ea per 365 days retail); AL(At least 6 yrs old)
INVEGA TB24 3 MG, 9 MG, 1.5 MG (<i>Use Paliperidone</i>)	NF	PA; QL(1 ea daily); AL(At least 6 yrs old)
INVEGA TB24 6 MG (<i>Use Paliperidone</i>)	NF	PA; QL(2 ea daily); AL(At least 6 yrs old)
<i>paliperidone tb24 3 mg, 9 mg, 1.5 mg</i>	1	PA; QL(1 ea daily); AL(At least 6 yrs old)
<i>paliperidone tb24 6 mg</i>	1	PA; QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SUSR	2	PA; QL(2 ea per 28 days retail); AL(At least 18 yrs old)
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	QL(2 ea daily); AL(At least 6 yrs old)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	NF	QL(8 ml daily); AL(At least 6 yrs old)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (Use Risperidone)	NF	QL(2 ea daily); AL(At least 6 yrs old)
RISPERDAL TABS 4 MG (Use Risperidone)	NF	QL(4 ea daily); AL(At least 6 yrs old)
RISPERIDONE ODT TBDP	2	QL(2 ea daily); AL(At least 6 yrs old)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily); AL(At least 6 yrs old)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>risperidone tabs 4 mg</i>	1	QL(4 ea daily); AL(At least 6 yrs old)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NF	Limit 1 injection per 28 days; QL(1 ml per 28 days retail); AL(At least 18 yrs old)
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NF	Limit 1 injection per 28 days; QL(1 ml per 28 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
HALDOL SOLN (Use Haloperidol Lactate)	NF	AL(At least 18 yrs old)
<i>haloperidol decanoate soln im 50 mg/ml, 100 mg/ml</i>	1	Limit 1 injection per 28 days; QL(1 ml per 28 days retail); AL(At least 18 yrs old)
<i>haloperidol lactate soln ij 5 mg/ml</i>	1	AL(At least 18 yrs old)
<i>haloperidol tabs or 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	AL(At least 6 yrs old)
Dibenzapines		
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	AL(At least 6 yrs old)
CLOZARIL TABS (Use Clozapine)	NF	AL(At least 6 yrs old)
<i>loxapine succinate caps</i>	1	AL(At least 6 yrs old)
<i>olanzapine solr im 10 mg</i>	1	Limit 6 per month; QL(6 ea per 28 days retail); AL(At least 18 yrs old)
<i>olanzapine tabs or 15 mg, 20 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>olanzapine tabs or 5 mg, 10 mg, 2.5 mg, 7.5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 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)
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg</i>	1	PA; AL(At least 10 yrs old)
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL TABS (<i>Use Quetiapine Fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use Quetiapine Fumarate</i>)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (<i>Use Quetiapine Fumarate</i>)	NF	PA; AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (<i>Use Olanzapine</i>)	NF	Limit 6 per month; QL(6 ea per 28 days retail); AL(At least 18 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (<i>Use Olanzapine</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
ZYPREXA TABS OR 5 MG, 10 MG, 2.5 MG, 7.5 MG (<i>Use Olanzapine</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	3	AL(At least 6 yrs old)
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	AL(At least 6 yrs old)
FLUPHENAZINE HCL CONC OR 5 MG/ML	2	AL(At least 6 yrs old)
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	2	AL(At least 6 yrs old)
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	2	AL(At least 6 yrs old)
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	AL(At least 6 yrs old)
<i>perphenazine tabs or 2 mg, 4 mg, 8 mg, 16 mg</i>	1	AL(At least 6 yrs old)
<i>prochlorperazine maleate tabs or 5 mg, 10 mg</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	AL(At least 6 yrs old)
<i>trifluoperazine hcl tabs</i>	1	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
Quinolinone Derivatives		
ABILIFY TABS (<i>Use Aripiprazole</i>)	NF	PA; QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	PA; QL(10 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	PA; QL(1 ea daily); AL(At least 6 yrs old)
Thioxanthenes		
<i>thiothixene caps</i>	1	AL(At least 6 yrs old)
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	2	PA; QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	PA; QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS	3	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	2	
CRIXIVAN CAPS 200 MG	2	PA; QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	PA; QL(6 ea daily)
DESCOVY TABS	3	QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 <i>Lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>Lamivudine</i>)	NF	QL(2 ea daily); SP
EPIVIR TABS 300 MG (Use <i>Lamivudine</i>)	NF	QL(1 ea daily); SP
EPZICOM TABS (Use <i>Abacavir Sulfate- Lamivudine</i>)	NF	PA; QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	PA; QL(4 ea daily)
FUZEON SOLR	4	PA; Limit 1 injection per month;QL(0.04 ea daily); SP
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOLN 400MG/5ML-100MG/5ML (Use <i>Lopinavir-Ritonavir</i>)	NF	PA; QL(12.5 ml daily)
KALETRA TABS 100MG- 25MG, 200MG-50MG	2	PA; QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	4	QL(2 ea daily); SP
<i>lamivudine tabs 300 mg</i>	4	QL(1 ea daily); SP
<i>lamivudine-zidovudine tabs</i>	3	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	PA; QL(56 ml daily)
LEXIVA TABS 700 MG (Use <i>Fosamprenavir Calcium</i>)	NF	PA; QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	PA; QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR CAPS 100 MG	2	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use <i>Ritonavir</i>)	NF	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use <i>Zidovudine</i>)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
RETROVIR SYRP 50 MG/5ML (<i>Use Zidovudine</i>)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (<i>Use Atazanavir Sulfate</i>)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (<i>Use Atazanavir Sulfate</i>)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
SUSTIVA CAPS 200 MG (<i>Use Efavirenz</i>)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (<i>Use Efavirenz</i>)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (<i>Use Efavirenz</i>)	NF	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
TIVICAY TABS	2	
TRIZIVIR TABS (<i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i>)	NF	PA; QL(2 ea daily)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
VIDEX EC CPDR 200 MG (<i>Use Didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (<i>Use Didanosine</i>)	NF	QL(1 ea daily)
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (<i>Use Nevirapine</i>)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use Nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 400 MG (<i>Use Nevirapine</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (<i>Use Tenofovir Disoproxil Fumarate</i>)	NF	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (<i>Use Stavudine</i>)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN TABS 300 MG (<i>Use Abacavir Sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use Ganciclovir Sodium</i>)	NF	
FOSCAVIR SOLN	3	
<i>ganciclovir sodium solr</i>	1	
VALCYTE SOLR 50 MG/ML (<i>Use Valganciclovir HCl</i>)	NF	PA; QL(18 ml daily)
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl solr 50 mg/ml</i>	2	PA; QL(18 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDGE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDGE TABS 0.5 MG, 1 MG (<i>Use Entecavir</i>)	NF	PA; QL(1 ea daily); SP
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS	4	PA; QL(1 ea daily); SP
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily)
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	NF	PA; QL(3 ea daily)
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use Adefovir Dipivoxil)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	PA; QL(3 ea daily)
MAVYRET TABS	4	PA; QL(3 ea daily)
PEG-INTRON REDIPEN KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily); SP
PEGASYS PROCLICK SOLN	4	PA; QL(2 ml per 28 days retail); SP
PEGASYS SOLN 180 MCG/0.5ML	4	PA; QL(2 ml per 28 days retail); SP
PEGASYS SOLN 180 MCG/ML	4	PA; Limit 4 pens per month; QL(0.15 ml daily); SP
PEGINTRON KIT	4	PA; Limit 4 pens per month; QL(0.15 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
<i>ribavirin (hepatitis c) caps</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	PA; QL(7 ea daily)
SOVALDI TABS	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
TYZEKA TABS	4	PA; QL(1 ea daily); AL(At least 16 yrs old); SP
Herpes Agents		
<i>acyclovir caps or 200 mg</i>	1	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	1	Limit 400ml per month; QL(13.3 4 ml daily)
<i>acyclovir tabs or 400 mg</i>	1	QL(5 ea daily)
<i>acyclovir tabs or 800 mg</i>	1	QL(50 ea per 30 days retail)
<i>famciclovir tabs or 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs or 500 mg</i>	1	QL(4 ea daily)
FAMVIR TABS 125 MG, 250 MG (Use Famciclovir)	NF	QL(3 ea daily)
FAMVIR TABS 500 MG (Use Famciclovir)	NF	QL(4 ea daily)
<i>valacyclovir hcl tabs or 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs or 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	Limit 400ml per month; QL(13.3 4 ml daily)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NF	QL(5 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NF	QL(50 ea per 30 days retail)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg</i>	2	QL(20 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps or 45 mg, 75 mg</i>	2	QL(10 ea per 30 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	QL(120 ml per 30 days retail)
RELENZA DISKHALER AEPB	2	Limit 1 inhaler per month;QL(0.67 ea daily)
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG (Use <i>Oseltamivir Phosphate</i>)	NF	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use <i>Oseltamivir Phosphate</i>)	NF	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML (Use <i>Oseltamivir Phosphate</i>)	NF	QL(120 ml per 30 days retail)
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 iv 5 mg/ml</i>	1	
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps or 200 mg, 400 mg</i>	1	
<i>atenolol tabs or 25 mg, 50 mg, 100 mg</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	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg</i>	1	
SECTRAL CAPS (Use <i>Acebutolol HCl</i>)	NF	
TENORMIN TABS (Use <i>Atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>)	NF	
ZEBETA TABS (Use <i>Bisoprolol Fumarate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE TABS (Use <i>Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>Nadolol</i>)	NF	
INDERAL LA CP24 (Use <i>Propranolol HCl</i>)	NF	
<i>nadolol tabs or 20 mg, 40 mg, 80 mg</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	2	
<i>propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</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 OR 5 MG, 10 MG, 20 MG	2	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		

Drug Name	Drug Tier	Requirements/Limits
ADALAT CC TB24 (Use Nifedipine)	NF	
amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg	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	
diltiazem hcl coated beads cp24	1	
diltiazem hcl coated beads tb24	1	
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl soln iv 50 mg/10ml	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	
felodipine tb24	1	
isradipine caps	1	
nicardipine hcl caps	1	
nicardipine hcl soln	1	
nifedipine caps or 10 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nifedipine tb24 or 30 mg, 60 mg, 90 mg	1	
nimodipine caps or 30mg, 30 mg	1	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	2	
nisoldipine tb24	1	
NORVASC TABS (Use Amlodipine Besylate)	NF	
PROCARDIA CAPS (Use Nifedipine)	NF	
PROCARDIA XL TB24 (Use Nifedipine)	NF	
SULAR TB24 (Use Nisoldipine)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use Diltiazem HCl Extended Release Beads)	NF	
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	1	
verapamil hcl soln iv 2.5 mg/ml	1	
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	1	
verapamil hcl tbcr or 120 mg, 180 mg, 240 mg	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	
VERELAN PM CP24 (Use Verapamil HCl)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln ij 0.25 mg/ml	1	
DIGOXIN SOLN OR 0.05 MG/ML	2	
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	1	
LANOXIN PEDIATRIC SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN SOLN IJ 0.25 MG/ML (<i>Use Digoxin</i>)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (<i>Use Digoxin</i>)	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		
BIDIL TABS	2	
Impotence Agents		
CIALIS TABS (<i>Use Tadalafil</i>)	NF	PA; QL(1 ea daily)
STENDRA TABS	3	Limit 4 tablets per month; QL(4 ea per 28 days retail)
<i>tadalafil tabs or</i>	3	PA; QL(1 ea daily)
Prostaglandin Vasodilators		
REMODULIN SOLN	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA; SP
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG	4	PA; QL(1 ea daily); SP
TRACLEER TBSO 32 MG	4	PA; QL(4 ea daily); AL(Up to 12 yrs old)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use Tadalafil (Pulmonary Hypertension)</i>)	NF	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	PA; SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	2	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	2	
KEFLEX CAPS 250 MG, 500 MG (<i>Use Cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	2	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
CEFOTAN SOLR (<i>Use Cefotetan Disodium</i>)	NF	
<i>cefotetan disodium solr</i>	3	
CEFOTETAN SOLR	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefloxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN TABS 500 MG (Use Cefuroxime Axetil)	NF	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr</i>	1	
ZINACEF SOLR IJ 7.5 GM, 750 MG (Use Cefuroxime Sodium)	NF	
ZINACEF SOLR IV 1.5 GM (Use Cefuroxime Sodium)	NF	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
<i>cefdinir caps 300 mg</i>	1	AL (At least 2 yrs old)
<i>cefdinir susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	3	
<i>cefixime susr</i>	1	PA
<i>cefotaxime sodium solr 1 gm</i>	1	
CEFOTAXIME SODIUM SOLR 2 GM, 10 GM	2	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 1 gm, 2 gm, 6 gm</i>	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium solr iv 1 gm, 2 gm</i>	1	
FORTAZ SOLR IJ 1 GM, 2 GM, 6 GM (Use Cefazidime)	NF	
SPECTRACEF TABS	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	NF	PA
TAZICEF SOLR 1 GM, 2 GM	2	
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		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	NF	
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	NF	
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	NF	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	
<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)	NF	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	NF	
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NF	

Drug Name	Drug Tier	Requirements/ Limits
MODICON TABS (Use Norethindrone & Eth Estradiol)	NF	
NATAZIA TABS	0	
NECON 10/11-28 TABS	0	
<i>norethin acet & estrad-fe chew</i>	0	
<i>norethin acet & estrad-fe tabs</i>	0	
<i>norethindrone & eth estradiol tabs</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NF	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	NF	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NF	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NF	
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NF	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NF	
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	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	NF	
Progestin Contraceptives - IUD		

Drug Name	Drug Tier	Requirements/ Limits
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	NF	
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	NF	
DEPO-SUBQ PROVERA 104 SUSY	0	
medroxyprogesterone acetate (contraceptive) susp	0	
medroxyprogesterone acetate (contraceptive) susy	0	
Progestin Contraceptives - Oral		
NOR-QD TABS (Use Norethindrone (Contraceptive))	NF	
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	NF	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep or 3 mg	1	PA
CORTEF TABS (Use Hydrocortisone)	NF	
CORTISONE ACETATE TABS OR	2	
DEPO-MEDROL SUSP 20 MG/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate)	NF	
<i>dexamethasone elix or 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	
DEXAMETHASONE SOLN OR 0.5 MG/5ML	1	
<i>dexamethasone tabs or 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS OR 1 MG, 2 MG	1	
ENTOCORT EC CPEP (Use Budesonide)	NF	PA
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	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	
<i>methylprednisolone acetate susp ij 40 mg/ml, 80 mg/ml</i>	1	
METHYLPREDNISOLONE ACETATE SUSP IJ 40 MG/ML, 80 MG/ML	2	
<i>methylprednisolone sod succ solr</i>	1	
METHYLPREDNISOLONE SUSP IJ 80 MG/ML	2	
<i>methylprednisolone tabs or 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
MILLIPRED DP TBPK	3	

Drug Name	Drug Tier	Requirements/ Limits
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml</i>	3	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
PREDNISOLONE SOLN OR	2	
<i>prednisolone soln or</i>	1	
<i>prednisolone syrj or</i>	1	
PREDNISONE SOLN OR 5 MG/5ML	2	
<i>prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONE TABS OR 50 MG	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	2	
<i>triamcinolone acetonide susp ij 40 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
TRIAMCINOLONE ACETONIDE SUSP IJ 40 MG/ML	3	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs or</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	10 days supply per claim; QL(6 ea daily, 60 ea per fill retail)
<i>benzonatate caps 200 mg</i>	1	10 days supply per claim; QL(3 ea daily, 30 ea per fill retail)
TESSALON PERLES CAPS (Use Benzonatate)	NF	10 days supply per claim; QL(6 ea daily, 60 ea per fill retail)
Cough/Cold/Allergy Combinations		
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)	NF	
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i>	1	QL(1 ea daily)
<i>loratadine & pseudoephedrine tb12</i>	1	
<i>loratadine & pseudoephedrine tb24</i>	1	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
<i>HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))</i>	NF	
<i>HYPERSAL NEBU 3.5 %</i>	2	
<i>HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))</i>	NF	
<i>NEBUSAL NEBU</i>	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln in 10 %, 20 %</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 30 MG, 40 MG	3	PA; AL(At least 12 yrs old)
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
ADAPALENE LOTN 0.1 %	2	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	3	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
BENZACLIN GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZACLIN WITH PUMP GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (<i>Use Benzoyl Peroxide-Erythromycin</i>)	NF	PA; Limit 1 package per claim; QL(45 gm per fill retail); AL(At least 12 yrs old)
BENZEFOAM FOAM (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LOTN 6 %	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam ex 5.3 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam ex 9.8 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide gel ex 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide gel ex 5 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd ex 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide liqd ex 4 %</i>	3	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd ex 7 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide lotn ex 6 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; Limit 1 package per claim; QL(45 gm per fill retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLINDAGEL GEL	2	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	2	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	2	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
CLINDAMYCIN PHOSPHATE GEL EX 1 %	2	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	2	ST; AL(At least 12 yrs old)
DUAC GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>)	NF	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
EPIDUO GEL (<i>Use Adapalene-Benzoyl Peroxide</i>)	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
<i>isotretinoin caps or 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	Limit 1 package per claim; QL(120 ml per fill retail); AL(At least 12 yrs old)
PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A GEL (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	Limit 1 package per claim; QL(120 ml per fill retail); AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	ST; 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 (<i>Use Sulfacetamide Sodium w/ Sulfur</i>)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea ex 0.025 %, 0.05 %, 0.1 %</i>	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin gel ex 0.025 %, 0.01 %</i>	1	AL(At least 12 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old)
VELTIN GEL	3	ST; AL(At least 12 yrs old)
ZIANA GEL (<i>Use Clindamycin Phosphate-Tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(200 gm per 30 days retail)
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (<i>Use Diclofenac Sodium (Topical)</i>)	NF	QL(200 gm per 30 days retail)
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (<i>Use Mupirocin Calcium (Topical)</i>)	NF	
CENTANY OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint ex</i>	1	
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea ex</i>	1	
<i>ciclopirox olamine susp ex</i>	1	
<i>ciclopirox sham 1 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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 ex</i>	1	
ERTACZO CREA	3	
EXELDERM CREA	3	
EXELDERM SOLN	3	
<i>ketoconazole (topical) crea</i>	1	
<i>ketoconazole (topical) sham</i>	1	
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	2	RX/OTC
LOTRIMIN ULTRA CREA (Use <i>Butenafine HCl</i>)	NF	RX/OTC
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>)	NF	
LULICONAZOLE CREA	3	PA
LUZU CREA	3	PA

Drug Name	Drug Tier	Requirements/ Limits
MENTAX CREA	2	RX/OTC
<i>naftifine hcl crea 1 %</i>	3	
<i>naftifine hcl crea 2 %</i>	1	
NAFTIN CREA 2 % (Use <i>Naftifine HCl</i>)	NF	
NAFTIN GEL 1 %	3	
NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT CREA (Use <i>Oxiconazole Nitrate</i>)	NF	
OXISTAT LOTN	2	
PENLAC NAIL LACQUER SOLN (Use <i>Ciclopirox</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA; Limit 1 package per claim;QL(105 gm per fill retail)
EFUDEX CREA (Use <i>Fluorouracil (Topical)</i>)	NF	Limit 1 package per claim;QL(40 gm per fill retail)
<i>fluorouracil (topical) crea</i>	1	Limit 1 package per claim;QL(40 gm per fill retail)
FLUOROURACIL SOLN EX 2 %, 5 %	2	Limit 1 package per claim;QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (Use Diclofenac Sodium (Actinic Keratoses))	NF	PA; Limit 1 package per claim; QL(105 gm per fill retail)
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days; 1 tube per fill.
PRUDOXIN CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.
ZONALON CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.
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 ex</i>	1	PA; Limit 1 package per claim; QL(120 gm per fill retail)
<i>calcipotriene oint ex</i>	1	PA; Limit 1 package per claim; QL(120 gm per fill retail)
<i>calcipotriene soln ex</i>	1	PA; Limit 1 package per claim; QL(60 ml per fill retail)
CALCITRIOL OINT EX 3 MCG/GM	1	Limit 1 package per claim; QL(105 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DOVONEX CREA (Use Calcipotriene)	NF	PA; Limit 1 package per claim; QL(120 gm per fill retail)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (Use Methoxsalen Rapid)	NF	QL(4 ea daily)
SORIATANE CAPS 10 MG, 17.5 MG (Use Acitretin)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (Use Acitretin)	NF	QL(2 ea daily)
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP
<i>tazarotene crea ex</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use Tazarotene)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	Limit 1 package per claim; QL(105 gm per fill retail)
Antiseborrheic Products		
<i>selenium sulfide lotn ex 2.5 %</i>	1	Limit 1 package per claim; QL(120 ml per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint</i>	3	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	
Burn Products		
<i>mafenide acetate pack ex</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
SILVADENE CREA (<i>Use Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea ex</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (<i>Use Mafenide Acetate</i>)	NF	
Corticosteroids - Topical		
ACLOVATE CREA (<i>Use Alclometasone Dipropionate</i>)	NF	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	2	
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 ex 0.1 %</i>	1	
<i>betamethasone valerate foam ex 0.12 %</i>	1	
<i>betamethasone valerate lotn ex 0.1 %</i>	1	
<i>betamethasone valerate oint ex 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>clobetasol propionate crea ex</i>	1	PA
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate foam ex</i>	1	PA
<i>clobetasol propionate gel ex</i>	1	PA
<i>clobetasol propionate oint ex</i>	1	PA
<i>clobetasol propionate soln ex</i>	1	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (<i>Use Flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (<i>Use Flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
DERMA-SMOOTH/FS SCALP OIL (<i>Use Fluocinolone Acetonide</i>)	NF	
DERMATOP CREA (<i>Use Prednicarbate</i>)	NF	
<i>desonide crea ex</i>	3	
<i>desonide lotn ex</i>	3	
<i>desonide oint ex</i>	3	
DESOWEN CREA (<i>Use Desonide</i>)	NF	
DESOWEN LOTN (<i>Use Desonide</i>)	NF	
<i>desoximetasone crea ex 0.25 %</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone gel ex 0.05 %</i>	2	
<i>desoximetasone oint ex 0.25 %</i>	2	
DIFLORASONE DIACETATE CREA	2	
<i>diflorasone diacetate oint</i>	1	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE LOTN (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
<i>fluocinolone acetonide crea ex 0.025 %, 0.01 %</i>	1	
<i>fluocinolone acetonide oil ex 0.01 %</i>	1	
<i>fluocinolone acetonide oint ex 0.025 %</i>	1	
<i>fluocinolone acetonide soln ex 0.01 %</i>	1	
<i>fluocinonide crea ex 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel ex 0.05 %</i>	1	
<i>fluocinonide oint ex 0.05 %</i>	1	
<i>fluocinonide soln ex 0.05 %</i>	1	
<i>flurandrenolide crea</i>	1	
<i>flurandrenolide lotn</i>	1	
<i>fluticasone propionate crea ex 0.05 %</i>	1	
<i>fluticasone propionate oint ex 0.005 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	
HALOG OINT	3	
<i>hydrocortisone (topical) crea 1%, 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<i>mometasone furoate crea ex</i>	1	
<i>mometasone furoate oint ex</i>	1	
<i>mometasone furoate soln ex</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
OLUX FOAM (<i>Use Clobetasol Propionate</i>)	NF	PA
<i>prednicarbate crea</i>	1	
PREDNICARBATE CREA	2	
PREDNICARBATE OINT	2	
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	PA
TEMOVATE E CREA (<i>Use Clobetasol Propionate Emollient Base</i>)	NF	
TEMOVATE OINT (<i>Use Clobetasol Propionate</i>)	NF	PA
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	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
TRIDESILON CREA (<i>Use Desonide</i>)	NF	
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	NF	
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	NF	
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	
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(48 ea per 180 days retail)
<i>imiquimod crea ex</i>	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; Limit 1 package per month; QL(3.5 gm daily); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	NF	Limit 1 package per month; QL (3.5 gm daily); AL (At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	Limit 1 package per month; QL (3.5 gm daily); AL (At least 2 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (<i>Use Podofilox</i>)	NF	
<i>podofilox soln ex</i>	1	
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch ex 5 %</i>	1	PA; QL (3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
<i>lidocaine-prilocaine kit</i>	1	
LIDODERM PTCH (<i>Use Lidocaine</i>)	NF	PA; QL (3 ea daily)
SYNERA PTCH	3	
Rosacea Agents		
FINACEA GEL	2	
METROCREAM CREA (<i>Use Metronidazole (Topical)</i>)	NF	
METROGEL GEL (<i>Use Metronidazole (Topical)</i>)	NF	
METROLOTION LOTN (<i>Use Metronidazole (Topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) lotn</i>	1	
Scabicides & Pediculicides		
<i>crotamiton lotn ex</i>	3	
ELIMITE CREA (<i>Use Permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (<i>Use Crotamiton</i>)	NF	
LINDANE SHAM	3	
<i>lindane sham</i>	3	
<i>malathion lotn</i>	2	
NATROBA SUSP	2	
OVIDE LOTN (<i>Use Malathion</i>)	NF	
<i>permethrin crea ex 5 %</i>	1	
SKLICE LOTN	3	
SPINOSAD SUSP	2	
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL (12 ea per 365 days retail)
Diagnostic Tests		
CHEK-STIX CONTROL STRP	1	QL (6.67 ea daily)
CHEMSTRIP-K STRP	1	Limit 200 per month; QL (6.67 ea daily)
KETOCARE STRP	1	Limit 200 per month; QL (6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KETONE TEST STRIPS STRP	1	QL(6.67 ea daily)
KETOSTIX STRP	1	QL(6.67 ea daily)
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE TEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE TEST BLOOD GLUCOSE TEST STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE TEST STRIPS STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE TRACK BLOOD GLUCOSE TEST STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUE TRACK TEST STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	2	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	2	

Drug Name	Drug Tier	Requirements/ Limits
SUCRAID SOLN	3	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 or 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs or 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs or 250 mg</i>	1	QL(4 ea daily)
DIAMOX CP12 (Use Acetazolamide)	NF	QL(2 ea daily)
<i>methazolamide tabs or 25 mg, 50 mg</i>	1	QL(6 ea daily)
NEPTAZANE TABS (Use Methazolamide)	NF	QL(6 ea daily)
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	

Drug Name	Drug Tier	Requirements/Limits
<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>	3	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	2	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs or</i>	1	
DYRENIUM CAPS	3	QL(3 ea daily)
<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	2	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps or 12.5 mg</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs or 25 mg, 50 mg, 12.5 mg</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)

Drug Name	Drug Tier	Requirements/Limits
METHYCLOTHIAZIDE TABS	2	
<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; Limit 1 tablet per 28 days;QL(1 ea per 28 days retail)
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; Limit 4 tablets per month;QL(4 ea per 28 days retail)
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	Limit 4 tablets per month;QL(4 ea per 28 days retail)
ALENDRONATE SODIUM TABS 40 MG	2	
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (Use Risedronate Sodium)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	NF	SP
BONIVA TABS OR 150 MG (Use Ibandronate Sodium)	NF	Limit 1 tablet per 28 days;QL(1 ea per 28 days retail)
<i>calcitonin (salmon) soln</i>	1	Limit 1 inhaler per month;QL(4 ml per 30 days retail)
ETIDRONATE DISODIUM TABS	2	

Drug Name	Drug Tier	Requirements/ Limits
FORTEO SOLN	4	PA; Limit 1 pen per month; QL(2 ml per 28 days retail); SP
FOSAMAX PLUS D TABS	3	PA; Limit 4 tablets per month; QL(4 ea per 28 days retail)
FOSAMAX TABS (Use Alendronate Sodium)	NF	Limit 4 tablets per month; QL(4 ea per 28 days retail)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	SP
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tablet per 28 days; QL(1 ea per 28 days retail)
MIACALCIN SOLN NA 200 UNIT/ACT (Use Calcitonin (Salmon))	NF	Limit 1 inhaler per month; QL(4 ml per 30 days retail)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOLN	4	PA; SP
RECLAST SOLN (Use Zoledronic Acid)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; Limit 1 tablet per 28 days; QL(1 ea per 28 days retail)
<i>risedronate sodium tabs 35 mg</i>	1	PA; Limit 4 tablets per month; QL(4 ea per 28 days retail)
<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
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 (Use Zoledronic Acid)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO 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

Drug Name	Drug Tier	Requirements/Limits
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 (Use Raloxifene HCl)	NF	QL(1 ea daily)
<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		
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (Use Sodium Phenylbutyrate)	NF	
BUPHENYL TABS (Use Sodium Phenylbutyrate)	NF	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln iv 1 mcg/ml</i>	1	
CALCITRIOL SOLN IV 1 MCG/ML	2	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i>)	NF	
DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>Octreotide Acetate</i>)	NF	PA; SP
SOMATULINE DEPOT SOLN	4	PA; SP
Vasopressin Receptor Antagonists		
SAMSCA TABS	4	PA; SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	

Drug Name	Drug Tier	Requirements/Limits
CLIMARA PTWK (Use <i>Estradiol</i>)	NF	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use <i>Estradiol Valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use <i>Estradiol</i>)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil im 20 mg/ml, 40 mg/ml</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS 0.75 MG	1	
ESTROPIPATE TABS 3 MG, 1.5 MG	2	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (Use <i>Estradiol</i>)	NF	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Fluoroquinolones		
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	2	
AVELOX SOLN IV 400MG/250ML-0.8% (Use Moxifloxacin HCl in Sodium Chloride)	NF	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 5 GM/100ML	2	AL(Up to 12 yrs old)
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	AL(Up to 12 yrs old)
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPRO XR TB24 (Use Ciprofloxacin-Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS OR 100 MG	2	
<i>ciprofloxacin hcl tabs or 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	AL(Up to 12 yrs old)
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
FACTIVE TABS	3	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>moxifloxacin hcl tabs or 400 mg</i>	1	
OFLOXACIN TABS 300 MG	2	
<i>ofloxacin tabs 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	NF	
URSO 250 TABS (Use Ursodiol)	NF	
URSO FORTE TABS (Use Ursodiol)	NF	
<i>ursodiol caps or 300 mg</i>	1	
<i>ursodiol tabs or 250 mg, 500 mg</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	84 days supply within 365 Days;QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	84 days supply within 365 Days;QL(6 ea daily,504 ea per 365 days retail)
REGLAN TABS (Use Metoclopramide HCl)	NF	84 days supply within 365 Days;QL(6 ea daily,504 ea per 365 days retail)
Inflammatory Bowel Agents		

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Drug Name	Drug Tier	Requirements/Limits
APRISO CP24	2	PA
ASACOL HD TBEC	2	QL(6 ea daily)
ASACOL HD TBEC (Use Mesalamine)	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)	NF	
AZULFIDINE TABS (Use Sulfasalazine)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA; SP
CIMZIA STARTER KIT KIT	4	PA; SP
COLAZAL CAPS (Use Balsalazide Disodium)	NF	
DIPENTUM CAPS	2	
LIALDA TBEC (Use Mesalamine)	NF	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
PENTASA CPCR	2	
REMICADE SOLR	4	PA; SP
<i>sulfasalazine tabs or</i>	1	
<i>sulfasalazine tbec or</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	1	
LOTRONEX TABS (Use Alosetron HCl)	NF	
Peripheral Opioid Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ENTEREG CAPS	3	PA
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use Sevelamer Carbonate)	NF	AL(At least 6 yrs old)
RENVELA TABS (Use Sevelamer Carbonate)	NF	AL(At least 6 yrs old)
<i>sevelamer carbonate pack</i>	1	AL(At least 6 yrs old)
<i>sevelamer carbonate tabs</i>	1	AL(At least 6 yrs old)
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc r 1080 mg</i>	1	
SHOHL'S SOLUTION MODIFIED SOLN (Use Sodium Citrate & Citric Acid)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
Genitourinary Irrigants		
<i>acetic acid soln ir 0.25 %</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN IR 3 %, 3.3 %	1	
SORBITOL-MANNITOL SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (<i>Use Dutasteride</i>)	NF	PA; QL(1 ea daily)
<i>dutasteride caps or</i>	1	PA; QL(1 ea daily)
<i>finasteride tabs or</i>	1	
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	
PROSCAR TABS (<i>Use Finasteride</i>)	NF	
RAPAFLO CAPS	2	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs or 100 mg, 200 mg</i>	1	
PYRIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Gout Agents		
<i>allopurinol tabs or 100 mg, 300 mg</i>	1	
COLCHICINE TABS OR	2	QL(6 ea per fill retail)
COLCRYS TABS	2	QL(6 ea per fill retail)
ULORIC TABS	3	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Hematorheologic Agents		
<i>pentoxifylline tbcr or</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS 90 MG	2	
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs or 300 mg</i>	1	
<i>clopidogrel bisulfate tabs or 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs or 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT TABS 10 MG (<i>Use Prasugrel HCl</i>)	NF	
EFFIENT TABS 5 MG (<i>Use Prasugrel HCl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs 10 mg</i>	1	
<i>prasugrel hcl tabs 5 mg</i>	1	QL(1 ea daily)
REOPRO SOLN	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	NF	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	4	SP
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	4	PA; SP
EPOGEN SOLN	4	PA; SP
LEUKINE SOLR	4	PA; SP
NEULASTA ONPRO KIT PSKT	4	SP
NEULASTA SOSY	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NPLATE SOLR	4	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	4	PA; SP
PROMACTA TABS	4	PA; SP
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
CYKLOKAPRON SOLN (<i>Use Tranexamic Acid</i>)	NF	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NF	
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	
<i>tranexamic acid tabs or 650 mg</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix or 20 mg/5ml</i>	1	
<i>phenobarbital soln or 20 mg/5ml</i>	1	
<i>phenobarbital tabs or 30 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs 1 mg, 3 mg</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
<i>eszopiclone tabs 2 mg</i>	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (<i>Use Triazolam</i>)	NF	
LUNESTA TABS (<i>Use Eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
TRIAZOLAM TABS 0.125 MG	1	
<i>triazolam tabs 0.25 mg</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)
Selective Melatonin Receptor Agonists		
ROZEREM TABS	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		

Drug Name	Drug Tier	Requirements/ Limits
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	
MOVIPREP SOLR	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</i>	0	
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 (<i>Use Bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use Docusate Sodium</i>)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps 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	
LIDOCAINE HCL SOLN IJ 4 %	2	
XYLOCAINE SOLN IJ 0.5 %, 1 % (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	1	QL(2 ea per fill retail)
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml</i>	1	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	1	Limit 1 package per claim;QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail)
<i>azithromycin tabs or 600 mg</i>	1	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM	1	QL(2 ea per fill retail)
ZITHROMAX SOLR IV 500 MG (<i>Use Azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML (<i>Use Azithromycin</i>)	NF	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (<i>Use Azithromycin</i>)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (<i>Use Azithromycin</i>)	NF	QL(4 ea per fill retail)
ZITHROMAX TABS OR 600 MG (<i>Use Azithromycin</i>)	NF	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(4 ea per fill retail)
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
Clarithromycin		
BIAXIN SUSR (<i>Use Clarithromycin</i>)	NF	
BIAXIN TABS (<i>Use Clarithromycin</i>)	NF	
CLARITHROMYCIN SUSR OR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin susr or 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin tabs or 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 or 500 mg</i>	1	
Erythromycins		
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERYPED 400 SUSR	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml</i>	3	
ERYTHROMYCIN ETHYLSUCCINATE TABS OR 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
ATLAS COLORED LUBRICATEDCONDOM DEVI	0	

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Drug Name	Drug Tier	Requirements/ Limits
ATLAS LUBRICATED CONDOM DEVI	0	
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	
CLASS ACT LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE DEVI	0	
ELEXA NATURAL FEEL MISC	0	
ELEXA STIMULATING MISC	0	
ELEXA ULTRA SENSITIVE MISC	0	
EXTRA SENSITIVE SPERMICIDAL DEVI	0	
FANTASY LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICID E MISC	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	
INTENSE SENSATION DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATE D MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
KIMONO PS LUBRICATED MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATE D MISC	0	
KIMONO SENSATION LUBRICATED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO SPECIAL DEVI	0	
MAXX LUBRICATED MISC	0	
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	
REALITY LATEX/ULTRA THIN DEVI	0	
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	
TROJAN MAGNUM MISC	0	
TROJAN MAGNUM WARM SENSATIONS DEVI	0	
TROJAN MAGNUM XL LUBRICATED DEVI	0	
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	
TROJAN RIBBED W/SPERMICIDAL MISC	0	
TROJAN SHARED SENSATION/LUBRICATE D DEVI	0	
TROJAN SUPRAS SPERMICIDAL DEVI	0	

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Drug Name	Drug Tier	Requirements/ Limits
TROJAN TWISTED PLEASURE DEVI	0	
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	
TROJAN VERY SENSITIVE LUBRICATED MISC	0	
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	
TROJAN VERY THIN LUBRICATED MISC	0	
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	
TROJAN-ENZ LUBRICANT MISC	0	
TROJAN-ENZ LUBRICATED MISC	0	
TROJAN-ENZ W/SPERMICIDAL MISC	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
TRUSTEX LUBRICATED MISC	0	
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	0	
TRUSTEX LUBRICATED/SPERMICIDAL EXTRA LARGE MISC	0	
TRUSTEX LUBRICATED/SPERMICIDAL EXTRA STRENGTH MISC	0	
TRUSTEX LUBRICATED/SPERMICIDAL MISC	0	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICIDAL MISC	0	
ULTIMATE FEELING DEVI	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	2	QL(1 ea per 180 days retail)
AURORA LANCET SUPER THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AUTO-LANCET MINI MISC	2	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	2	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	2	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	2	QL(1 ea per 180 days retail)
BAYER MICROLET 2 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
BD LANCET DEVICE MISC	2	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 days retail)
CAREONE LANCET THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH LANCING DEVICewith EJECTOR MISC	2	QL(1 ea per 180 days retail)
CLEANLET LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CLOSERCARE MISC	2	QL(1 ea per 180 days retail)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
COMFORT LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DROPLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	2	QL(1 ea per 180 days retail)
EASYTEST II LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 23G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
FIFTY50 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
FORA LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
FORA LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	2	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTEEL LANCING DEVICE/BUFF BLACK MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/BUTTERFLY BLUE MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PLAYFUL PURPLE MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/PRINCESS PINK MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/STATELY SILVER MISC	2	QL(1 ea per 180 days retail)
GENTEEL LANCING DEVICE/WILLOWY WHITE MISC	2	QL(1 ea per 180 days retail)
GENTLE-LET GP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GLOBAL LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCET DEVICE MISC	2	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
HEALTH CARE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
HEALTHWISE LANCING PEN MISC	2	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
HY-VEE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
IN TOUCH LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
KINNEY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS MICRO THIN33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 days retail)
LANCETS 26G TWIST TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCING DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LANZO MISC	2	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LIBERTY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LITE TOUCH LANCING PEN MISC	2	QL(1 ea per 180 days retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	1	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MICROLET NEXT MISC	2	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
MM LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
MONOLET LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MULTI-LANCET DEVICE MISC	2	QL(1 ea per 180 days retail)
NOVA SUREFLEX LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ON CALL LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ON CALL PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ONETOUCH DELICA LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
PC LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PRECISION THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION THINS GP LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PRODIGY LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PX ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	2	QL(1 ea per 180 days retail)
PX LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
REALITY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION 2-IN-1 LANCING DEVICE 25G MISC	2	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	2	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS STANDARD 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
SELECT-LITE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SM MICRO THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SMART DIABETES VANTAGE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SOLUS V2 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
STERILANCE TL MISC	1	Limit 200 per month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCING PEN MISC	2	QL(1 ea per 180 days retail)
SURE-PEN MISC	2	QL(1 ea per 180 days retail)
SURELITE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
THINLETS LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	QL(1 ea per 90 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	1	QL(1 ea per 90 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	1	QL(1 ea per 90 days retail)
TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	1	QL(1 ea per 90 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	1	QL(1 ea per 90 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	1	QL(1 ea per 90 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	2	QL(1 ea per 180 days retail)
UNILET CLASSIC LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE II MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VALUE PLUS LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	2	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS PADS	1	RX/OTC
ALCOHOL PREPS PADS	1	RX/OTC
ALCOHOL SWABS PADS	1	RX/OTC
ALCOHOL WIPES PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SWABS SINGLE USE BUTTERFLY PADS	1	RX/OTC
BD SWABS SINGLE USE PADS	1	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	1	RX/OTC
CURITY ALCOHOL SWABS PADS	1	RX/OTC
CVS ALCOHOL PREP SWABS PADS	1	RX/OTC
CVS PREP PADS PADS	1	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	1	RX/OTC
EQL ALCOHOL SWABS PADS	1	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	1	RX/OTC
GNP ALCOHOL SWABS PADS	1	RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	1	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	1	RX/OTC
QC ALCOHOL SWABS PADS	1	RX/OTC
RA ALCOHOL SWABS PADS	1	RX/OTC
REALITY SWABS PADS	1	RX/OTC
RELION ALCOHOL SWABS PADS	1	RX/OTC
SB ALCOHOL PREP PADS PADS	1	RX/OTC
SHOPKO ALCOHOL SWABS PADS	1	RX/OTC
SM ALCOHOL PREP PADS PADS	1	RX/OTC
TGT ALCOHOL SWABS PADS	1	RX/OTC
ULTICARE ALCOHOL SWABS PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	1	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	1	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	1	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	2	QL(5 ea daily)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X8MM MISC	2	RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE 0.5ML/29G X 12.7MM MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	2	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/1ML/27GX12.7 MM MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	2	RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X 1/2" 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	2	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREFINE PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX5/16" MISC	2	RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	2	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	2	RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	2	QL(5 ea daily)
EASY TOUCH 32GX5MM MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH 32GX6MM MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLE 30G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	2	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	2	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	2	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	RX/OTC
INSUPEN 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN 33GX4MM MISC	2	QL(5 ea daily)
INSUPEN PEN NEEDLES 32G X4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	2	QL(5 ea daily)
INSUPEN SENSITIVE 32GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX8MM MISC	2	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	2	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	2	RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	2	RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	2	RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	2	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	2	RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
NOVOFINE 30GX8MM MISC	2	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	2	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	2	QL(5 ea daily)
NOVOFINE PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	RX/OTC
PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily)
PEN NEEDLES 30GX8MM MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 1/4" SHORT MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	2	RX/OTC
PEN NEEDLES 31GX8MM MISC	2	RX/OTC
PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	2	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	2	RX/OTC
PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM MISC	2	RX/OTC
PENTIPS 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	2	RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	2	RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	2	RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	2	QL(5 ea daily)
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	2	QL(5 ea daily); RX/OTC

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

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

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 8MM MISC	2	RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 6MM MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES/32GX 8MM MISC	2	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	2	RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX 1/4" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX 5/16" MISC	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	2	RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	2	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	2	RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	2	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	2	RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	2	RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	2	RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS 33GX4MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 33GX4MM MISC	2	QL(5 ea daily)
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIFINE PENTIPSSORIGINAL 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSSHORT 31GX8MM MISC	2	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily); RX/OTC
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(1 ea per 365 days retail); RX/OTC
EASIVENT MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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>	2	ST; Limit 8 per month; QL(8 ml per 30 days retail)
ERGOMAR SUBL	3	
MIGRANAL SOLN	2	ST; Limit 8 per month; QL(8 ml per 30 days retail)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	3	ST; QL(12 ea per 30 days retail); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	3	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 12 yrs old)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
AXERT TABS 12.5 MG (<i>Use Almotriptan Malate</i>)	NF	ST; QL(12 ea per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
AXERT TABS 6.25 MG (<i>Use Almotriptan Malate</i>)	NF	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 12 yrs old)
<i>eletriptan hydrobromide tabs</i>	3	ST; Limit 6 tablets per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	NF	ST; QL(12 ea per 30 days retail); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(12 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	NF	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT TABS 10 MG (Use Rizatriptan Benzoate)	NF	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT TABS 5 MG (Use Rizatriptan Benzoate)	NF	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use Rizatriptan Benzoate)	NF	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (Use Rizatriptan Benzoate)	NF	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
RELPAX TABS (Use Eletriptan Hydrobromide)	NF	ST; Limit 6 tablets per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
<i>sumatriptan soln na 5 mg/act, 20 mg/act</i>	1	Limit 6 per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
<i>zolmitriptan tabs or 5 mg, 2.5 mg</i>	1	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>zolmitriptan tbdp or 5 mg, 2.5 mg</i>	1	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG SOLN NA 5 MG, 2.5 MG	2	ST; Limit 6 per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
MINERALS & ELECTROLYTES		
Bicarbonates		
SODIUM ACETATE SOLN 2 MEQ/ML	2	
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM CHLORIDE SOLN	2	
<i>calcium gluconate soln iv 10 %</i>	1	
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
<i>dextrose in lactated ringers soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
IONOSOL-B/DEXTROSE 5% SOLN	1	
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	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
PLASMA-LYTE-56/D5W SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE SOLN 40MEQ/L-5%	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5%	1	
<i>ringer's soln</i>	1	
TPN ELECTROLYTES SOLN	2	
Magnesium		
MAGNESIUM SULFATE SOLN IJ 50 %	2	

Drug Name	Drug Tier	Requirements/ Limits
<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	
MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 4 GM/50ML, 4 GM/100ML, 20 GM/500ML, 40 GM/1000ML (Use Magnesium Sulfate)	NF	
Phosphate		
POTASSIUM PHOSPHATES SOLN	2	
<i>potassium phosphates soln</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NF	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (Use Potassium Chloride)	NF	
<i>potassium acetate soln iv</i>	1	
<i>potassium bicarb & chloride tbcf</i>	1	
<i>potassium bicarbonate tbcf or 25 meq, 2.5gm-2gm</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcf</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln iv 0.4 meq/ml, 2 meq/ml, 20 meq/50ml, 10 meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML	2	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbcf or 8 meq, 10 meq</i>	1	
Sodium		
SODIUM CHLORIDE SOLN IJ 0.9 %	2	
<i>sodium chloride soln ij 0.9 %, 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
SODIUM CHLORIDE SOLN IV 0.9 %, 23.4 %	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	PA
SYPRINE CAPS (Use Trientine HCl)	NF	SP
<i>trientine hcl caps</i>	4	SP
Immunomodulators		
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG, 2.5 MG	4	PA; SP
THALOMID CAPS	4	PA; SP
Immunosuppressive Agents		
ATGAM INJ	4	SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	2	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	NF	

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

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOLN 1 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	NF	
SIMULECT SOLR	3	
sirolimus tabs or 0.5 mg, 1 mg, 2 mg	1	
tacrolimus caps or 0.5 mg, 1 mg, 5 mg	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	4	SP
Irrigation Solutions		
irrigation solutions, physiological soln	1	
lactated ringer's (irrigation) soln	1	
ringer's irrigation soln	1	
water for irrigation, sterile soln	1	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLN	1	
DELFLEX-LC/2.5% DEXTROSE SOLN	1	
DELFLEX-LC/4.25% DEXTROSE SOLN	1	
DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
DIANEAL LOW CALCIUM/4.25% DEXTROSE SOLN	1	
DIANEAL PD-2/1.5% DEXTROSE SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
DIANEAL PD-2/2.5% DEXTROSE SOLN	1	
DIANEAL PD-2/4.25% DEXTROSE SOLN	1	
EXTRANEAL SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE SOLN	1	
Potassium Removing Agents		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	NF	
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	1	Limit 120ml per month;QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	2	
Anti-infectives - Throat		
clotrimazole lozg mt	1	
clotrimazole troc mt	1	
nystatin (mouth-throat) susp	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	

Drug Name	Drug Tier	Requirements/ Limits
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	NF	RX/OTC
stannous fluoride conc mt 0.63 %	0	RX/OTC
Periodontal Products		
ARESTIN MISC	3	PA
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
cevimeline hcl caps	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	
pilocarpine hcl (oral) tabs	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CO-NATAL FA TABS	1	QL(1 ea daily)
COMPLETENATE CHEW	1	QL(1 ea daily)
INATAL GT TABS	1	QL(1 ea daily)
M-NATAL PLUS TABS	1	QL(1 ea daily); RX/OTC
M-VIT TABS	1	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	1	QL(1 ea daily)
MYNATAL ADVANCE TABS	1	QL(1 ea daily)
MYNATAL CAPS	1	QL(1 ea daily)
MYNATAL PLUS TABS	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MYNATAL ULTRACAPLET TABS	1	QL(1 ea daily)
MYNATAL-Z TABS	1	QL(1 ea daily)
MYNATE 90 PLUS TBCR	1	QL(1 ea daily)
NATALVIT TABS	1	QL(1 ea daily)
NEONATAL PLUS TABS	1	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	1	QL(1 ea daily)
NIVA-PLUS TABS	1	QL(1 ea daily); RX/OTC
O-CAL FA TABS	1	QL(1 ea daily); RX/OTC
O-CAL PRENATAL TABS	1	QL(1 ea daily)
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	1	QL(1 ea daily); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	1	QL(1 ea daily); RX/OTC
PNV TABS 29-1 TABS	1	QL(1 ea daily)
PNV-VP-U CAPS	1	QL(1 ea daily)
PRE-NATAL FORMULA TABS	1	QL(1 ea daily)
PRENATABS FA TABS	1	QL(1 ea daily)
PRENATABS RX TABS	1	QL(1 ea daily)
PRENATAL 19 CHEW 30UNIT-1000UNIT-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG-100MG, 1000UNIT-400UNIT-20MG-25MG-3MG-200MG-29MG-7MG-6MG-3MG-12MCG-1MG-30UNIT-20MG-100MG	1	QL(1 ea daily)
PRENATAL AND IRON TABS	1	QL(1 ea daily)
PRENATAL FORTE TABS	1	QL(1 ea daily)
PRENATAL LOW IRON TABS	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL ONE DAILY TABS	1	QL(1 ea daily)
PRENATAL PLUS IRON TABS	1	QL(1 ea daily)
PRENATAL PLUS TABS	1	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, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	1	QL(1 ea daily)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	1	QL(1 ea daily); RX/OTC
PRENATAL TABS 4000UNIT-200MG-11UNIT-27MG-25MG-1.84MG-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG	1	QL(1 ea daily)
PRENATAL VITAMIN TABS	1	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	1	QL(1 ea daily); RX/OTC
PRENATAL-U CAPS	1	QL(1 ea daily)
PREPLUS TABS	1	QL(1 ea daily); RX/OTC
PRETAB TABS	1	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	1	QL(1 ea daily)
SE-NATAL 19 CHEW 30UNIT-1000UNIT-100MG-20MG-3MG-200MG-29MG-7MG-15MG-3MG-12MCG-400UNIT-1MG-20MG	1	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	1	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
THRIVITE RX TABS	1	QL(1 ea daily)
TRIADVANCE TABS	1	QL(1 ea daily)
TRICARE TABS	1	QL(1 ea daily); RX/OTC
TRINATAL GT TABS	1	QL(1 ea daily)
TRINATAL RX 1 TABS	1	QL(1 ea daily)
VIL-RX TABS	1	QL(1 ea daily)
VINATE M TABS	1	QL(1 ea daily)
VINATE ONE TABS	1	QL(1 ea daily)
VIRT-ADVANCE TABS	1	QL(1 ea daily)
VIRT-VITE GT TABS	1	QL(1 ea daily)
VITAFOL-OB TABS	1	QL(1 ea daily)
VOL-PLUS TABS	1	QL(1 ea daily); RX/OTC
VOL-TAB RX TABS	1	QL(1 ea daily)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs or 250 mg, 350 mg</i>	1	
CHLORZOXAZONE TABS 500 MG	2	
<i>cyclobenzaprine hcl tabs or 5 mg, 10 mg, 7.5 mg</i>	1	QL(3 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NF	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	

Drug Name	Drug Tier	Requirements/Limits
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
SKELAXIN TABS (Use Metaxalone)	NF	QL(4 ea daily)
SOMA TABS (Use Carisoprodol)	NF	
<i>tizanidine hcl caps or 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl tabs or 2 mg, 4 mg</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	NF	
ZANAFLEX TABS (Use Tizanidine HCl)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	
<i>azelastine hcl soln na 0.1 %, 137 mcg/spray</i>	1	Limit 1 inhaler per month;QL(1 ml daily)
<i>azelastine hcl soln na 0.15 %</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	Limit 2 inhalers per month;QL(18 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 1 inhaler per month;QL(16 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 1 inhaler per month;QL(16 ml per 30 days retail); RX/OTC
<i>fluticasone propionate (nasal) susp</i>	1	Limit 1 inhaler per month;QL(16 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; Limit 1 inhaler per month
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	PA; Limit 1 inhaler per month
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	NF	Limit 2 inhalers per month;QL(18 ml per 30 days retail); RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR 50 UNIT	3	PA
NUTRIENTS		
Proteins		

Drug Name	Drug Tier	Requirements/Limits
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	Limit 1 package per claim;QL(15 ml per fill retail)
<i>betaxolol hcl (ophth) soln</i>	1	Limit 1 package per claim;QL(15 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	1	
CARTEOLOL HCL SOLN	2	
COMBIGAN SOLN	2	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	Limit 1 package per claim;QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	Limit 1 package per claim;QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	Limit 1 package per claim;QL(10 ml per fill retail)
<i>levobunolol hcl soln</i>	1	Limit 1 package per claim;QL(15 ml per fill retail)
METIPRANOLOL SOLN	2	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLG	2	
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	NF	
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	NF	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	2	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	NF	
<i>tropicamide soln op 0.5 %, 1 %</i>	1	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	NF	Limit 1 package per claim;QL(15 ml per fill retail)
<i>apraclonidine hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>brimonidine tartrate soln op 0.15 %, 0.2 %</i>	1	Limit 1 package per claim;QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	NF	
IOPIDINE SOLN 1 %	3	
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN (<i>Use Sulfacetamide Sodium (Ophth)</i>)	NF	Limit 1 package per claim;QL(15 ml per fill retail)
CILOXAN SOLN (<i>Use Ciprofloxacin HCl (Ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	2	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
<i>levofloxacin (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (<i>Use Ofloxacin (Ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use Polymyxin B-Trimethoprim</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium (ophth) soln</i>	1	Limit 1 package per claim; QL (15 ml per fill retail)
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln op</i>	1	
VIROPTIC SOLN (Use Trifluridine)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use Proparacaine HCl)	NF	
<i>proparacaine hcl soln op</i>	1	
Ophthalmic Steroids		
ALREX SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	
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	

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (Use Neomycin-Polymyxin-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymyxin-Dexameth)	NF	
<i>neomycin-polymyxin-dexameth oint</i>	1	
<i>neomycin-polymyxin-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NF	
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	NF	
PRED MILD SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE ACETATE P-F SUSP	2	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	NF	Limit 1 package per claim; QL (5 ml per fill retail)
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	NF	Limit 1 package per claim; QL (5 ml per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
ALOCRIIL SOLN	3	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	1	Limit 1 package per claim; QL(6 ml per fill retail)
AZOPT SUSP	2	Limit 1 package per claim; QL(15 ml per fill retail)
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	2	
BROMFENAC SOLN	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA
<i>diclofenac sodium (ophth) soln</i>	1	
DORZOLAMIDE HCL SOLN	2	Limit 1 package per claim; QL(10 ml per fill retail)
<i>dorzolamide hcl soln</i>	1	Limit 1 package per claim; QL(10 ml per fill retail)
ELESTAT SOLN (Use <i>Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	Limit 1 package per claim; QL(5 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	PA
OCUFEN SOLN (Use <i>Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln</i>	1	PA
PATADAY SOLN (Use <i>Olopatadine HCl</i>)	NF	PA
PATANOL SOLN (Use <i>Olopatadine HCl</i>)	NF	PA
TRUSOPT SOLN (Use <i>Dorzolamide HCl</i>)	NF	Limit 1 package per claim; QL(10 ml per fill retail)
ZADITOR SOLN (Use <i>Ketotifen Fumarate (Ophth)</i>)	NF	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln op</i>	3	
LATANOPROST SOLN OP	2	
<i>latanoprost soln op</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN	2	
XALATAN SOLN (Use <i>Latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (Use <i>Ciprofloxacin HCl (Otic)</i>)	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
Otic Steroids		
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
HIZENTRA SOLN 1 GM/5ML	4	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
AMOXICILLIN CHEW 125 MG, 250 MG	2	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	2	
<i>ampicillin sodium solr ij 1 gm, 10 gm</i>	1	
AMPICILLIN SODIUM SOLR IV 1 GM	2	
<i>ampicillin sodium solr iv 10 gm</i>	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR 5000000 UNIT (<i>Use Penicillin G Potassium</i>)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 200MG-28.5MG	2	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 400MG-57MG	1	
<i>ampicillin & sulbactam sodium solr</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
UNASYN SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
NAFCILLIN SODIUM SOLR IJ 10 GM	2	
NAFCILLIN SODIUM SOLR IV 1 GM	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxacillin sodium solr 1 gm, 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	PA; QL(5 ml daily)
<i>megestrol acetate (appetite) susp</i>	3	PA; QL(5 ml daily)
<i>norethindrone acetate tabs or</i>	0	
<i>progesterone micronized caps or 100 mg, 200 mg</i>	1	
PROMETRIUM CAPS (Use Progesterone Micronized)	NF	
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	NF	
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use Donepezil Hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (Use Rivastigmine Tartrate)	NF	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml</i>	2	
<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 Memantine HCl)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use Memantine HCl)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NF	
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	3	QL(4 ea daily)
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
<i>tetrabenazine tabs</i>	4	PA; SP
XENAZINE TABS (Use Tetrabenazine)	NF	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use Dalfampridine)	NF	PA; SP
AVONEX KIT	4	PA; SP
AVONEX PEN AJKT	4	PA; SP
AVONEX PSKT	4	PA; SP
BETASERON KIT	4	PA; SP
COPAXONE SOSY 20 MG/ML (Use Glatiramer Acetate)	NF	PA; SP
<i>dalfampridine tb12</i>	4	PA; SP
EXTAVIA KIT	4	PA; SP
GILENYA CAPS 0.5 MG	4	PA; SP
<i>glatiramer acetate sosy 20 mg/ml</i>	4	PA; SP
REBIF REBIDOSE SOAJ	4	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; SP
REBIF TITRATION PACK SOSY	4	PA; SP
TYSABRI CONC	4	PA; SP
ZINBRYTA SOSY	4	PA; SP
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FLUOXETINE CAPS 20 MG	2	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS OR	3	
ORAP TABS (<i>Use Pimozide</i>)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 600 MG	3	
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 14 MG/24HR, 21 MG/24HR (<i>Use Nicotine</i>)	NF	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (<i>Use Nicotine</i>)	NF	
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	NF	
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	NF	
<i>nicotine polacrilex gum mt 2 mg, 4 mg</i>	0	
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	0	
<i>nicotine pt24 14 mg/24hr, 21 mg/24hr</i>	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine pt24 7 mg/24hr</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	Limit 1 inhaler per claim;QL(168 ea per fill retail)
NICOTROL NS SOLN	0	
ZYBAN TB12 (<i>Use Bupropion HCl (Smoking Deterrent)</i>)	NF	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; SP
PULMOZYME SOLN	4	PA; SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS OR	2	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
ADOXA TABS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use <i>Minocycline HCl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs or 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
MONODOX CAPS 100 MG (Use <i>Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS OR 250 MG, 500 MG (Use <i>Tetracycline HCl</i>)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use <i>Doxycycline Hyclate</i>)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	
<i>propylthiouracil tabs or</i>	1	
TAPAZOLE TABS (Use <i>Methimazole</i>)	NF	
Thyroid Hormones		
CYTOMEL TABS (Use <i>Liothyronine Sodium</i>)	NF	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	2	

Drug Name	Drug Tier	Requirements/Limits
<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 iv 10 mcg/ml</i>	1	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	
SYNTHROID TABS (Use <i>Levothyroxine Sodium</i>)	NF	
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use <i>Liothyronine Sodium</i>)	NF	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS OR 10 MG (Use <i>Dicyclomine HCl</i>)	NF	
BENTYL TABS OR 20 MG (Use <i>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 (Use <i>Chlordiazepoxide HCl-Clidinium Bromide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tabs or 5 mg, 2.5 mg</i>	1	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL SOLN IJ 4 MG/20ML (Use Glycopyrrolate)	NF	
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	QL(20 ml daily)
<i>cimetidine tabs or 200 mg</i>	1	RX/OTC
<i>cimetidine tabs or 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	2	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(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<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
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	RX/OTC
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	NF	RX/OTC
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 or</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use Rabeprazole Sodium)	NF	QL(1 ea daily)
CVS OMEPRAZOLE TBEC	1	QL(2 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
EQ OMEPRAZOLE TBEC	1	QL(2 ea daily)
EQL OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	3	ST; QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 20 mg</i>	3	QL(2 ea daily); RX/OTC
GNP OMEPRAZOLE TBEC	1	QL(2 ea daily)
HM OMEPRAZOLE TBEC	1	QL(2 ea daily)
KLS OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>lansoprazole cpdr or 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr or 30 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR CLEAR MINIS CPDR (<i>Use Esomeprazole Magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (<i>Use Esomeprazole Magnesium</i>)	3	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (<i>Use Esomeprazole Magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	ST; QL(1 ea daily)
<i>omeprazole cpdr or 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr or 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
OMEPRAZOLE TBEC OR 20 MG	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (<i>Use Lansoprazole</i>)	NF	QL(1 ea daily); RX/OTC
PREVACID CPDR 15 MG (<i>Use Lansoprazole</i>)	NF	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG (<i>Use Lansoprazole</i>)	NF	QL(1 ea daily)
PRILOSEC CPDR 10 MG, 40 MG (<i>Use Omeprazole</i>)	NF	QL(2 ea daily)
PRILOSEC CPDR 20 MG (<i>Use Omeprazole</i>)	NF	QL(2 ea daily); RX/OTC
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (<i>Use Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (<i>Use Pantoprazole Sodium</i>)	NF	
PX OMEPRAZOLE TBEC	1	QL(2 ea daily)
RA OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SB OMEPRAZOLE TBEC	1	QL(2 ea daily)
SM OMEPRAZOLE TBEC	1	QL(2 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
TGT OMEPRAZOLE TBEC	1	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (<i>Use Misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs or 100 mcg, 200 mcg</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 (<i>Use Omeprazole-Sodium Bicarbonate</i>)	NF	QL(1 ea daily); RX/OTC
ZEGERID OTC CAPS (<i>Use Omeprazole-Sodium Bicarbonate</i>)	NF	QL(1 ea daily); RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	NF	
HIPREX TABS (<i>Use Methenamine Hippurate</i>)	NF	
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use Nitrofurantoin Macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps or 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp or</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	3	PA; QL(1 ea daily)
DETROL LA CP24 (<i>Use Tolterodine Tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	NF	
DITROPAN XL TB24 (<i>Use Oxybutynin Chloride</i>)	NF	
ENABLEX TB24 (<i>Use Darifenacin Hydrobromide</i>)	NF	PA; QL(1 ea daily)
<i>oxybutynin chloride syrpr or 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs or 5 mg</i>	1	
<i>oxybutynin chloride tb24 or 5 mg, 10 mg, 15 mg</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS	2	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily)
URECHOLINE TABS (<i>Use Bethanechol Chloride</i>)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (<i>Use Clindamycin Phosphate Vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea 1 %</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (<i>Use Clotrimazole Vaginal</i>)	NF	
METROGEL-VAGINAL GEL (<i>Use Metronidazole Vaginal</i>)	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 3 CREA (<i>Use Terconazole Vaginal</i>)	NF	Limit 1 package per claim;QL(20 gm per fill retail)
TERAZOL 7 CREA (<i>Use Terconazole Vaginal</i>)	NF	Limit 1 package per claim;QL(45 gm per fill retail)
TERCONAZOLE CREA	2	Limit 1 package per claim;QL(20 gm per fill retail)
<i>terconazole vaginal crea 0.4 %</i>	1	Limit 1 package per claim;QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	1	Limit 1 package per claim;QL(20 gm per fill retail)
<i>terconazole vaginal supp 80 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Vaginal Estrogens		
ESTRACE CREA (<i>Use Estradiol Vaginal</i>)	NF	
<i>estradiol vaginal crea 0.1 mg/gm</i>	3	
FEMRING RING	3	
PREMARIN CREA	2	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	2	QL(0.07 ea daily)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (<i>Use Ergocalciferol</i>)	NF	
<i>ergocalciferol caps or 50000 unit</i>	0	
VITAMIN D2 TABS 400 UNIT	0	AL(At least 65 yrs old)

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ABRAXANE	35	ADDERALL	1	AEROCHAMBER Z-STAT PLUS/MEDIUM MASK	111
ABSORICA	50	ADDERALL XR	1	AEROCHAMBER Z-STAT PLUS/SMALL MASK	111
acamprosate calcium	125	adefovir dipivoxil	41	AEROCHAMBER/FLOWSIGNAL	111
acarbose	21	ADJUSTABLE LANCING DEVICE	71	AFINITOR	34
ACCOLATE	13	ADMELOG	22	AGAMATRIX ULTRA-THIN LANCETS 33G	72
ACCUPRIL	28	ADMELOG SOLOSTAR	22	AGGRENEX	66
acebutolol hcl	43	ADOXA	127	AGRYLIN	66
ACEON	28	ADOXA PAK 1/100	127	AIMSCO LUBRICATED	69
acetaminophen w/ codeine	7	ADOXA PAK 2/100	127	albendazole	9
acetazolamide	59	ADRIAMYCIN	33	ALBENZA	9
acetazolamide sodium	59	ADVAIR DISKUS	13	albuterol sulfate	13,14
acetic acid	66	ADVAIR HFA	13	ALBUTEROL SULFATE ER	13
acetic acid (otic)	123	ADVOCATE INSULIN PEN NEEDLES	81	ALCAINE	122
acetylcysteine	50	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM	81	alclometasone dipropionate	55
ACIPHEX	129	ADVOCATE INSULIN PEN NEEDLES 31GX5MM	81		
acitretin	54	ADVOCATE INSULIN PEN NEEDLES 31GX8MM	81		
ACLOVATE	55	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	81		
ACTEMRA	4	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	81		
		ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	81		
		ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	81		

ALCOHOL PREP PADS.....	80	aminophylline.....	14	APRISO.....	65
ALCOHOL PREPS.....	80	amiodarone hcl.....	12	APTIVUS.....	39
ALCOHOL SWABS.....	80	AMITIZA.....	64	AQUA LANCE ADJUSTABLE	
ALCOHOL WIPES.....	80	amitriptyline hcl.....	20	LANCING DEVICE.....	72
ALDACTAZIDE.....	59	amlodipine besylate.....	44	ARALAST NP.....	127
ALDACTONE.....	60	amlodipine besylate-benazepril		ARANESP ALBUMIN FREE.....	67
ALDARA.....	57	hcl.....	29	ARAVA.....	5
ALDURAZYME.....	62	AMOXAPINE.....	20	ARCALYST.....	4
alendronate sodium.....	60	amoxicillin.....	124	ARCAPTA NEOHALER.....	14
ALENDRONATE SODIUM.....	60	AMOXICILLIN.....	124	ARESTIN.....	117
alendronate sodium.....	60	amoxicillin.....	124	ARICEPT.....	125
alfuzosin hcl.....	66	amoxicillin & pot		ARIMIDEX.....	33
ALIMTA.....	32	clavulanate.....	124	aripiprazole.....	39
ALINIA.....	10	AMOXICILLIN/CLAVULANATE		ARIXTRA.....	15
ALKERAN.....	31	POTASSIUM.....	125	armodafinil.....	2
ALLEGRA ALLERGY.....	26	amphetamine-		AROMASIN.....	33
ALLEGRA ALLERGY		dextroamphetamine.....	1	ARRANON.....	32
CHILDRENS.....	26	AMPHOTERICIN B.....	25	ARTHROTEC 50.....	4
ALLEGRA-D 12 HOUR		ampicillin.....	124	ARTHROTEC 75.....	4
ALLERGY & CONGESTION.....	50	AMPICILLIN.....	124	ARZERRA.....	32
ALLEGRA-D 24 HOUR		ampicillin & sulbactam		ASACOL HD.....	65
ALLERGY & CONGESTION.....	50	sodium.....	125	ASMANEX TWISTHALER 120	
allopurinol.....	66	ampicillin sodium.....	124	METERED DOSES.....	13
almotriptan malate.....	112	AMPICILLIN SODIUM.....	124	ASMANEX TWISTHALER 14	
ALOCRI.....	123	ampicillin sodium.....	124	METERED DOSES.....	13
ALOMIDE.....	123	AMPYRA.....	126	ASMANEX TWISTHALER 30	
ALORA.....	63	ANADROL-50.....	9	METERED DOSES.....	13
alosetron hcl.....	65	ANAFRANIL.....	20	ASMANEX TWISTHALER 60	
ALOXI.....	24	anagrelide hcl.....	66	METERED DOSES.....	13
ALPHAGAN P.....	121	ANAPROX DS.....	4	ASMANEX TWISTHALER 7	
alprazolam.....	12	anastrozole.....	33	METERED DOSES.....	13
ALREX.....	122	ANCOBON.....	25	aspirin.....	5
ALTABAX.....	52	ANDRODERM.....	9	aspirin-dipyridamole.....	66
ALTACE.....	28	ANDROXY.....	9	ASSURE ID INSULIN	
ALTERNATE SITE LANCING		ANTABUSE.....	125	SAFETYSYRINGE/U-	
DEVICE.....	72	ANTI-STICK INSULIN		100/0.5ML/29G X 1/2".....	81
ALTOPREV.....	28	SYRINGE/U-100/0.5ML/28G X		ASSURE ID INSULIN	
ALVESCO.....	13	1/2".....	81	SAFETYSYRINGE/U-	
amantadine hcl.....	36	ANTI-STICK INSULIN		100/1ML/29G X 1/2".....	82
AMARYL.....	23	SYRINGE/U-100/0.5ML/29G X		ASSURE ID SAFETY PEN	
AMBIEN.....	68	1/2".....	81	NEEDLES 30G X 5/16".....	82
AMBISOME.....	25	ANTI-STICK INSULIN		ASSURE ID SAFETY PEN	
AMCINONIDE.....	55	SYRINGE/U-100/1ML/29G X		NEEDLES 31G X 3/16".....	82
AMERGE.....	112	1/2".....	81	ASTEPRO.....	119
amikacin sulfate.....	3	ANUSOL-HC.....	9	ATACAND.....	29
amiloride &		ANZEMET.....	24	atazanavir sulfate.....	39
hydrochlorothiazide.....	59	APIDRA.....	22	ATELVIA.....	60
amiloride hcl.....	60	APIDRA SOLOSTAR.....	22	atenolol.....	43
		apraclonidine hcl.....	121	atenolol & chlorthalidone.....	29
		aprepitant.....	25	ATGAM.....	115

ATIVAN.....	12	AZATHIOPRINE.....	115	BD INSULIN SYRINGE	
ATLAS COLORED		azathioprine.....	115	MICROFINE IV/U-100/1ML/27G	
LUBRICATEDCONDOM.....	69	azelastine hcl.....	119	X 5/8".....	82
ATLAS LUBRICATED		azelastine hcl (ophth).....	123	BD INSULIN SYRINGE	
CONDOM.....	70	AZELEX.....	50	MICROFINE IV/U-100/1ML/28G	
ATLAS LUBRICATED		AZILECT.....	37	X 1/2".....	82
CONDOM/SPERMICIDE.....	70	AZITHROMYCIN.....	69	BD INSULIN SYRINGE	
atomoxetine hcl.....	1,2	azithromycin.....	69	MICROFINE/U-100/0.3ML/28G X	
atorvastatin calcium.....	28	AZOPT.....	123	1/2".....	82
atovaquone.....	10	AZULFIDINE.....	65	BD INSULIN SYRINGE	
atovaquone-proguanil hcl.....	30	AZULFIDINE EN-TABS.....	65	MICROFINE/U-100/1ML/27G X	
ATRIPLA.....	39	B-D INSULIN SYRINGE		5/8".....	82
ATROVENT HFA.....	13	ULTRAFINE II/0.3ML/31G X		BD INSULIN SYRINGE	
AUGMENTIN.....	125	5/16".....	82	MICROFINE/U-100/1ML/28G X	
AUGMENTIN ES-600.....	125	B-D INSULIN SYRINGE		1/2".....	82
AUGMENTIN XR.....	125	ULTRAFINE II/0.5ML/31G X		BD INSULIN SYRINGE	
AURORA LANCET SUPER		5/16".....	82	SAFETYGLIDE/0.5ML/29G X	
THIN30G.....	72	B-D INSULIN SYRINGE		1/2".....	82
AURORA LANCET THIN		ULTRAFINE II/1ML/31G X		BD INSULIN SYRINGE	
23G.....	72	5/16".....	82	SAFETYGLIDE/1ML/29G X	
AURORA PEN NEEDLES		B-D INSULIN SYRINGE		1/2".....	82
29GX12MM.....	82	ULTRAFINE/0.3ML/30G X		BD INSULIN SYRINGE	
AURORA PEN NEEDLES 31G		1/2".....	82	SAFETYGLIDE/U-	
X6MM.....	82	B-D INSULIN SYRINGE		100/0.3ML/31G X 5/16".....	82
AURORA PEN NEEDLES 31G		ULTRAFINE/0.5ML/30G X		BD INSULIN SYRINGE SLIP	
X8MM.....	82	1/2".....	82	TIP/U-100/1ML.....	82
AURORA UNIFINE		bacitracin.....	9	BD INSULIN SYRINGE U-	
PENTIPS/32GX5/32".....	82	BACITRACIN.....	121	100/0.3ML/29G X 1/2".....	82
AURORA UNIFINE		baclofen.....	119	BD INSULIN SYRINGE U-	
PENTIPS/MINI/31GX3/16".....	82	BACTRIM.....	10	100/1ML/29G X 1/2".....	82
AUTO-LANCET.....	72	BACTRIM DS.....	10	BD INSULIN SYRINGE	
AUTO-LANCET MINI.....	72	BACTROBAN.....	52	ULTRAFINE HALF-	
AUTOLET IMPRESSION		balsalazide disodium.....	65	UNIT/0.3ML/31G X 5/16".....	83
LANCING DEVICE.....	72	BANZEL.....	16	BD INSULIN SYRINGE	
AUTOLET LANCING		BARACLUDE.....	41	ULTRAFINE	
DEVICE.....	72	BASAGLAR KWIKPEN.....	22	II/SHORT/0.5ML/31G X	
AUTOLET MINI.....	72	BAYER MICROLET 2		5/16".....	83
AUTOLET PLUS.....	72	LANCING DEVICE.....	72	BD INSULIN SYRINGE	
AVANDIA.....	22	BD LO-DOSE INSULIN		ULTRAFINE/0.3ML/30G X	
AVAPRO.....	29	SYRINGE MICROFINE		1/2".....	83
AVASTIN.....	32	IV/0.5ML/28G X 1/2".....	82	BD INSULIN SYRINGE	
AVELOX.....	64	BD INSULIN SYRINGE		ULTRAFINE/0.3ML/31G X	
AVELOX ABC PACK.....	64	0.5ML/29G X 12.7MM.....	82	5/16".....	83
AVODART.....	66	BD INSULIN SYRINGE LUER-		BD INSULIN SYRINGE	
AVONEX.....	126	LOK/U-100/1ML.....	82	ULTRAFINE/0.5ML/30G X	
AVONEX PEN.....	126	BD INSULIN SYRINGE		1/2".....	83
AXERT.....	112	MICROFINE IV/U-		BD INSULIN SYRINGE	
AYGESTIN.....	125	100/0.3ML/28G X 1/2".....	82	ULTRAFINE/0.5ML/31G X	
azacitidine.....	32	BD INSULIN SYRINGE		5/16".....	83
AZASAN.....	115	MICROFINE IV/U-		BD INSULIN SYRINGE	
AZASITE.....	121	100/0.5ML/28G X 1/2".....	82	ULTRAFINE/1ML/30G X	
				1/2".....	83

BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16".....	83	BD LANCET ULTRAFINE 30G.....	72	betamethasone dipropionate augmented.....	55
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	83	BD PEN NEEDLE/MINI/ULTRAFINE/31 G X 3/16".....	84	betamethasone valerate.....	55
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	83	BD PEN NEEDLE/NANO/ULTRAFINE/3 2G X 4MM.....	84	BETAPACE.....	43
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	83	BD PEN NEEDLE/SHORT/ULTRAFINE/ 31G X 5/16".....	84	BETASERON.....	126
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	83	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	84	betaxolol hcl.....	43
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	83	BD PEN NEEDLE/ULTRAFINE/29GX1/2 " 12.7MM.....	84	betaxolol hcl (ophth).....	120
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	83	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16".....	84	bethanechol chloride.....	131
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	83	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	84	BEVYXXA.....	14
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	83	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	84	bexarotene.....	34
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	83	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	84	BEYAZ.....	46
BD INSULIN SYRINGE/1ML/27GX12.7MM	83	BD SWABS SINGLE USE BUTTERFLY.....	80	BIAXIN.....	69
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	83	BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G.....	84	bicalutamide.....	33
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	83	benazepril hcl.....	28	BICNU.....	31
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	83	BENICAR.....	29	BIDIL.....	45
BD INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	83	BENTYL.....	128	BILTRICIDE.....	9
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	83	BENZAACLIN.....	51	bimatoprost.....	123
BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	83	BENZAACLIN WITH PUMP.....	51	bisacodyl.....	68
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	83	BENZAMYCIN.....	51	bisoprolol fumarate.....	43
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	83	BENZEFOAM.....	51	bleomycin sulfate.....	33
BD LANCET DEVICE.....	72	BENZEFOAM ULTRA.....	51	BLEPH-10.....	121
		benzonatate.....	50	BONIVA.....	60
		benzoyl peroxide.....	51	BOSULIF.....	34
		BENZOYL PEROXIDE CLEANSER.....	51	BOTOX.....	120
		benzoyl peroxide- erythromycin.....	51	BREO ELLIPTA.....	14
		benztropine mesylate.....	36	BREVICON-28.....	46
		BEPREVE.....	123	BRILINTA.....	66
		BESIVANCE.....	121	brimonidine tartrate.....	121
		BETAGAN.....	120	BROMFENAC.....	123
		betamethasone dipropionate (topical).....	55	bromfenac sodium (ophth).....	123
				bromocriptine mesylate.....	36
				BROVANA.....	14
				budesonide.....	48
				budesonide (inhalation).....	13
				budesonide (nasal).....	119
				bumetanide.....	59,60
				BUMEX.....	60
				BUPHENYL.....	62
				BUPRENEX.....	8
				BUPRENORPHINE.....	8
				buprenorphine hcl.....	8
				buprenorphine hcl-naloxone hcl dihydrate.....	8
				bupropion hcl.....	18
				bupropion hcl (smoking deterrent).....	127
				buspironone hcl.....	12

busulfan.....	31	CARVIDOPA/LEVODOPA/ENT		CAREONE UNIFINE PENTIPS	
BUSULFEX.....	31	ACAPONE.....	36	PLUS PEN NEEDLES	
butalbital-acetaminophen-		carbinoxamine maleate.....	26	29GX12MM.....	84
caffeine.....	5	carboplatin.....	31	CAREONE UNIFINE PENTIPS	
butalbital-acetaminophen-		CARDIOCOM LANCING		PLUS PEN NEEDLES	
caffeine w/ codeine.....	7	DEVICE.....	72	31GX5MM.....	84
butalbital-aspirin-caffeine.....	5	CARDIZEM.....	44	CAREONE UNIFINE PENTIPS	
butalbital-aspirin-caffeine		CARDIZEM CD.....	44	PLUS PEN NEEDLES	
w/cod.....	8	CARDIZEM LA.....	44	31GX6MM.....	84
butenafine hcl.....	52	CARDURA.....	29	CAREONE UNIFINE PENTIPS	
BUTORPHANOL TARTRATE	8	CAREFINE PEN NEEDLE		PLUS PEN NEEDLES	
butorphanol tartrate.....	8	32GX4MM.....	84	31GX8MM.....	85
BUTRANS.....	8	CAREFINE PEN NEEDLES		CAREONE UNIFINE PENTIPS	
BYETTA.....	22	29GX1/2".....	84	PLUS PEN NEEDLES	
BYSTOLIC.....	43	CAREFINE PEN NEEDLES		32GX4MM.....	85
cabergoline.....	63	30GX5/16".....	84	CARETOUCH LANCING	
CAFERGOT.....	112	CAREFINE PEN NEEDLES		DEVICEWITH EJECTOR.....	72
CALAN.....	44	31GX6MM.....	84	CARETOUCH PEN NEEDLES	
CALAN SR.....	44	CAREFINE PEN NEEDLES		31G X 6 MM.....	85
calcipotriene.....	54	31GX8MM.....	84	CARETOUCH PEN NEEDLES	
calcipotriene-betamethasone		CAREFINE PEN NEEDLES		31GX 5MM.....	85
dipropionate.....	55	32GX5MM.....	84	CARETOUCH PEN NEEDLES	
calcitonin (salmon).....	60	CAREFINE PEN NEEDLES		31GX 8MM.....	85
CALCITRIOL.....	54	CAREONE ADVANCED		CARETOUCH PEN NEEDLES	
calcitriol.....	62	LANCINGDEVICE.....	72	32GX 4MM.....	85
CALCITRIOL.....	62	CAREONE INSULIN		CARETOUCH PEN NEEDLES	
calcium acetate (phosphate		SYRINGES/0.3ML/30G X		32GX 5MM.....	85
binder).....	65	1/2".....	84	carisoprodol.....	119
CALCIUM CHLORIDE.....	114	CAREONE INSULIN		carmustine.....	31
calcium chloride (dihydrate)	114	SYRINGES/0.3ML/31G X		CARTEOLOL HCL.....	120
calcium gluconate.....	114	5/16".....	84	carteolol hcl (ophth).....	120
CAMPATH.....	32	CAREONE INSULIN		carvedilol.....	43
CAMPTOSAR.....	35,36	SYRINGES/0.5ML/30G X		CASODEX.....	33
CANASA.....	65	1/2".....	84	CASPOFUNGIN ACETATE.....	25
CANCIDAS.....	25	CAREONE INSULIN		caspofungin acetate.....	25
candesartan cilexetil.....	29	SYRINGES/0.5ML/31G X		CATAPRES.....	29
CAPASTAT SULFATE.....	31	5/16".....	84	CEDAX.....	46
capecitabine.....	32	CAREONE INSULIN		cefaclor.....	45
CAPRELSA.....	34	SYRINGES/1ML/30G X		CEFACLOR.....	45
captopril.....	28	1/2".....	84	CEFACLOR ER.....	45
CAPTOPRIL/HYDROCHLOROT		CAREONE INSULIN		cefadroxil.....	45
HIAZIDE.....	29	SYRINGES/1ML/31GX5/16"		cefazolin sodium.....	45
CARAFATE.....	129	.....	84	CEFAZOLIN SODIUM.....	45
CARBAGLU.....	62	CAREONE LANCET THIN.....	72	cefdinir.....	46
carbamazepine.....	16	CAREONE LANCET ULTRA		CEFDITOREN PIVOXIL.....	46
CARBATROL.....	16	THIN.....	72	cefepime hcl.....	46
carbidopa.....	36	CAREONE UNIFINE PENTIPS		cefixime.....	46
carbidopa-levodopa.....	36	29GX12MM.....	84	CEFOTAN.....	45
		CAREONE UNIFINE PENTIPS		cefotaxime sodium.....	46
		31GX5MM.....	84	CEFOTAXIME SODIUM.....	46
		CAREONE UNIFINE PENTIPS		CEFOTETAN.....	45
		31GX6MM.....	84	cefotetan disodium.....	45
		CAREONE UNIFINE PENTIPS			
		31GX8MM.....	84		
		CAREONE UNIFINE PENTIPS			
		PEN NEEDLES 32GX4MM84			

cefoxitin sodium	45,46	CHLORPROPAMIDE	23	CLEANLET LANCETS 28G	72
cefpodoxime proxetil	46	chlorthalidone	60	CLEMASTINE FUMARATE	26
cefprozil	46	CHLORZOXAZONE	119	clemastine fumarate	26
ceftazidime	46	CHOLBAM	64	CLEOCIN	11,131
CEFTIBUTEN	46	cholestyramine	27	CLEOCIN PEDIATRIC	
CEFTIN	46	cholestyramine light	27	GRANULES	11
ceftriaxone sodium	46	CHORIONIC		CLEOCIN PHOSPHATE	11
cefuroxime axetil	46	GONADOTROPIN	61	CLEOCIN-T	51
cefuroxime sodium	46	CIALIS	45	CLEVER CHOICE COMFORT	
CELEBREX	4	ciclopirox	52,53	EZINSULIN PEN NEEDLES	
celecoxib	4	ciclopirox olamine	52	31GX8MM	85
CELEXA	19	cidofovir	41	CLEVER CHOICE COMFORT	
CELLCEPT	115,116	cilostazol	66	EZINSULIN PEN NEEDLES	
CELLCEPT		CILOXAN	121	33GX4MM	85
INTRAVENOUS	116	cimetidine	129	CLEVER CHOICE COMFORT	
CELONTIN	18	CIMETIDINE HCL	129	EZINSULIN	
CENTANY	52	CIMZIA	65	SYRINGE/0.3ML/29G X 1/2"	85
cephalexin	45	CIMZIA STARTER KIT	65	CLEVER CHOICE COMFORT	
CEPHALEXIN	45	CIPRO	64	EZINSULIN	
CEREBYX	18	CIPRO HC	124	SYRINGE/0.3ML/30G X 1/2"	85
CEREZYME	67	CIPRO XR	64	CLEVER CHOICE COMFORT	
CESAMET	25	CIPRODEX	124	EZINSULIN	
cetirizine hcl	26	CIPROFLOXACIN	64	SYRINGE/0.3ML/30G X	
cetirizine-pseudoephedrine	50	ciprofloxacin	64	5/16"	85
CETRAXAL	123	CIPROFLOXACIN HCL	64	CLEVER CHOICE COMFORT	
cevimeline hcl	117	ciprofloxacin hcl	64	EZINSULIN	
CHANTIX	127	ciprofloxacin hcl (ophth)	121	SYRINGE/0.3ML/31G X	
CHANTIX CONTINUING		ciprofloxacin hcl (otic)	123	5/16"	85
MONTHPAK	127	ciprofloxacin in d5w	64	CLEVER CHOICE COMFORT	
CHANTIX STARTING MONTH		ciprofloxacin-ciprofloxacin		EZINSULIN	
PAK	127	hcl	64	SYRINGE/0.5ML/28G X 1/2"	85
CHEK-STIX CONTROL	58	CISPLATIN	31	CLEVER CHOICE COMFORT	
CHEMET	24	cisplatin	31	EZINSULIN	
CHEMSTRIP-K	58	citalopram hydrobromide	19	SYRINGE/0.5ML/30G X	
CHILDRENS ADVIL	4	cladribine	32	5/16"	85
CHILDRENS MOTRIN	4	CLARINEX	26	CLEVER CHOICE COMFORT	
CHLORAMPHENICOL SODIUM		CLARITHROMYCIN	69	EZINSULIN	
SUCCINATE	10	clarithromycin	69	SYRINGE/0.5ML/31G X	
chlordiazepoxide hcl-clidinium		CLARITIN	26	5/16"	85
bromide	128	CLARITIN ALLERGY		CLEVER CHOICE COMFORT	
chlorhexidine gluconate (mouth-		CHILDRENS	26	EZINSULIN	
throat)	117	CLARITIN CHILDRENS	26	SYRINGE/1.0ML/30G X 1/2"	85
CHLOROQUINE		CLARITIN REDITABS	26	CLEVER CHOICE COMFORT	
PHOSPHATE	30	CLARITIN-D 12 HOUR	50	EZINSULIN SYRINGE/1ML/28G	
chloroquine phosphate	30	CLARITIN-D 24 HOUR	50	X 1/2"	85
CHLOROTHIAZIDE	60	CLASS ACT		CLEVER CHOICE COMFORT	
chlorothiazide	60	LUBRICATED	70	EZINSULIN SYRINGE/1ML/29G	
CHLORPROMAZINE HCL	39			X 1/2"	85
chlorpromazine hcl	39			CLEVER CHOICE COMFORT	
				EZINSULIN SYRINGE/1ML/30G	
				X 5/16"	85

CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16"	85	clindamycin phosphate-benzoyl peroxide (refrigerate)	51	COLESTID	27
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	85	clindamycin phosphate-tretinoin	51	COLESTID FLAVORED	27
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	85	CLINIMIX 2.75%/DEXTROSE 5%	120	colestipol hcl	27
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	86	CLINIMIX 4.25%/DEXTROSE 10%	120	COLY-MYCIN S	124
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	86	CLINIMIX 4.25%/DEXTROSE 25%	120	COMBIGAN	120
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	86	CLINIMIX 4.25%/DEXTROSE 5%	120	COMBIVIR	39
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	86	CLINIMIX 5%/DEXTROSE 25%	120	COMETRIQ	34
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	86	CLINIMIX E 5%/DEXTROSE 20%	120	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2"	86
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	86	clobazam	15	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16"	86
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	86	clobetasol propionate	55	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	86
CLICKFINE PEN NEEDLE 32GX5/32"	86	clobetasol propionate emollient base	55	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2"	86
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	86	CLOCORTOLONE PIVALATE	55	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	86
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	86	CLOCORTOLONE PIVALATE PUMP	55	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	86
CLICKFINE PEN NEEDLES/31GX1/4"	86	CLODERM	55	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	86
CLICKFINE PEN NEEDLES/31GX5/16"	86	CLODERM PUMP	55	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	86
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"	86	clofarabine	32	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16"	86
CLIMARA	63	CLOLAR	32	COMFORT ASSURED LANCETS SUPER THIN 28G	72
CLIMARA PRO	63	clomipramine hcl	20	COMFORT LANCETS	72
CLINDAGEL	51	clonazepam	16	COMPLERA	39
clindamycin hcl	11	clonidine hcl	29	COMPLETENATE	117
clindamycin palmitate hydrochloride	11	clopidogrel bisulfate	66	COMTAN	36
clindamycin phosphate	11	CLOSERCARE	72	CONCERTA	2
CLINDAMYCIN PHOSPHATE	51	clotrimazole	117	CONDYLOX	58
clindamycin phosphate (topical)	51	clotrimazole (topical)	53	COPAXONE	126
clindamycin phosphate vaginal	131	clotrimazole vaginal	131	COPEGUS	41
clindamycin phosphate-benzoyl peroxide	51	clotrimazole w/ betamethasone	53	CORDRAN	55
		clozapine	38	COREG	43
		CLOZARIL	38	CORGARD	43
		CO-NATAL FA	117	CORTEF	48
		COARTEM	30	CORTENEMA	9
		codeine sulfate	5	CORTISONE ACETATE	48
		CODEINE SULFATE	5	CORTISPORIN	52
		COGENTIN	36	COSMEGEN	33
		COLACE	68	COSOPT	120
		COLAZAL	65	COUMADIN	14
		COLCHICINE	66	COZAAR	29
		colchicine w/ probenecid	66		
		COLCRYST	66		
		colesevelam hcl	27		

CREON.....	59	CYTOVENE.....	41	desmopressin acetate spray	63
CRESTOR.....	28	D.H.E. 45.....	112	desmopressin acetate spray	
CRIVAN.....	39	DACARBAZINE.....	34	refrigerated.....	63
cromolyn sodium.....	12	dacarbazine.....	34	DESOGEN.....	46
cromolyn sodium (ophth).....	123	DACOGEN.....	32	desogestrel & ethinyl	
crotonamiton.....	58	dactinomycin.....	33	estradiol.....	46
CUBICIN.....	10	dalfampridine.....	126	desogestrel-ethinyl estradiol	
CUBICIN RF.....	10	danazol.....	9	(biphasic).....	46
CUPRIMINE.....	115	DANTRIUM.....	119	desogestrel-ethinyl estradiol	
CURITY ALCOHOL		dantrolene sodium.....	119	(triphasic).....	46
PREPS/MEDIUM 2 PLY.....	80	dapsone.....	10	desonide.....	55
CURITY ALCOHOL SWABS.....	80	daptomycin.....	10	DESOWEN.....	55
CUVITRU.....	124	DARAPRIM.....	30	desoximetasone.....	55,56
CVS ALCOHOL PREP		darifenacin hydrobromide.....	131	DESOXYN.....	1
SWABS.....	80	DAYPRO.....	4	DESQUAM-X WASH.....	51
CVS LANCETS 21G.....	72	DDAVP.....	62,63	desvenlafaxine succinate.....	20
CVS LANCETS MICRO THIN		decitabine.....	32	DETROL.....	131
33G.....	72	DELESTROGEN.....	63	DETROL LA.....	131
CVS LANCETS ORIGINAL.....	72	DELFLEX-LC/1.5%		dexamethasone.....	49
CVS LANCETS THIN 26G.....	72	DEXTROSE.....	116	DEXAMETHASONE.....	49
CVS LANCETS ULTRA THIN		DELFLEX-LC/2.5%		dexamethasone.....	49
30G.....	72	DEXTROSE.....	116	DEXAMETHASONE.....	49
CVS LANCING DEVICE.....	72	DELFLEX-LC/4.25%		DEXAMETHASONE	
CVS OMEPRAZOLE.....	129	DEXTROSE.....	116	INTENSOL.....	49
CVS PREP PADS.....	80	DEMADEX.....	60	dexamethasone sodium	
CVS ULTRA THIN		demeclocycline hcl.....	128	phosphate.....	49
LANCETS.....	72	DEMEROL.....	6	DEXAMETHASONE SODIUM	
CYCLESSA.....	46	DENAVIR.....	54	PHOSPHATE.....	122
cyclobenzaprine hcl.....	119	DEPACON.....	18	DEXEDRINE.....	1
cyclophosphamide.....	31	DEPAKONE.....	18	DEXILANT.....	129
CYCLOPHOSPHAMIDE.....	31	DEPAKOTE.....	18	dexamethylphenidate hcl.....	2
cyclophosphamide.....	31	DEPAKOTE ER.....	18	dextroamphetamine sulfate.....	1
CYCLOSERINE.....	31	DEPO-ESTRADIOL.....	63	DEXTROSE 5%/ELECTROLYTE	
CYCLOSET.....	22	DEPO-MEDROL.....	48,49	#48 VIAFLEX.....	114
cyclosporine.....	116	DEPO-PROVERA		dextrose in lactated ringers.....	114
CYCLOSPORINE		CONTRACEPTIVE.....	48	DIAMOX.....	59
MODIFIED.....	116	DEPO-SUBQ PROVERA		DIANEAL LOW	
cyclosporine modified (for		104.....	48	CALCIUM/1.5%DEXTROSE	
microemulsion).....	116	DEPO-TESTOSTERONE.....	9	DIANEAL LOW	
CYKLOKAPRON.....	67	DEPOCYT.....	32	CALCIUM/4.25%DEXTROSE	
CYMBALTA.....	20	DERMA-SMOOTH/FS		DIANEAL PD-2/1.5%	
cyproheptadine hcl.....	27	SCALP.....	55	DEXTROSE.....	116
CYSTADANE.....	62	DERMATOP.....	55	DIANEAL PD-2/2.5%	
CYSTAGON.....	65	DERMOTIC.....	124	DEXTROSE.....	117
CYSTARAN.....	123	DESCOVY.....	39	DIANEAL PD-2/4.25%	
cytarabine.....	32	desipramine hcl.....	20	DEXTROSE.....	117
CYTARABINEAQUEOUS.....	32	desloratadine.....	26	DIASTAT ACUDIAL.....	16
CYTOMEL.....	128	DESLOTRADINE ODT.....	26	DIASTAT PEDIATRIC.....	16
CYTOTEC.....	130	desmopressin acetate.....	63	diazepam.....	12
				DIAZEPAM.....	16

diazepam (anticonvulsant)...	16	DITROPAN XL.....	131	DROPLET INSULIN SYRINGE	
DIAZEPAM RECTAL GEL...	16	divalproex sodium.....	18	U-100/1ML/31G X 5/16".....	87
DIBENZYLIN.....	29	DIVIGEL.....	63	DROPLET LANCETS ULTRA	
diclofenac potassium.....	4	DOCEFREZ.....	35	THIN 30G.....	72
diclofenac sodium.....	4	DOCETAXEL.....	35	DROPLET LANCING	
diclofenac sodium (actinic		docetaxel.....	35	DEVICE.....	72
keratoses).....	53	DOCETAXEL.....	35	DROPLET PEN NEEDLES	
diclofenac sodium (ophth)...	123	docetaxel.....	35	29GX12MM.....	87
diclofenac sodium (topical)...	52	docusate calcium.....	68	DROPLET PEN NEEDLES	
diclofenac w/ misoprostol....	4	docusate sodium.....	68	31GX5MM.....	87
dicloxacin sodium.....	125	dofetilide.....	12	DROPLET PEN NEEDLES	
dicyclomine hcl.....	128	DOLOPHINE.....	6	31GX6MM.....	87
didanosine.....	39	donepezil hydrochloride...	126	DROPLET PEN NEEDLES	
DIFFERIN.....	51	DORIBAX.....	10	31GX8MM.....	87
DIFICID.....	69	DORIPENEM.....	10	DROPLET PEN NEEDLES 32G	
DIFLORASONE		DORZOLAMIDE HCL.....	123	X 1/4".....	87
DIACETATE.....	56	dorzolamide hcl.....	123	DROPLET PEN NEEDLES 32G	
diflorasone diacetate.....	56	dorzolamide hcl-timolol		X 5/16".....	87
DIFLUCAN.....	25	maleate.....	120	DROPLET PEN NEEDLES 32G	
diflunisal.....	5	DORZOLAMIDE		X 5/32".....	87
digoxin.....	44	HCL/TIMOLOL		DROPLET PEN NEEDLES	
DIGOXIN.....	44	MALEATE.....	121	32GX4MM.....	87
digoxin.....	44	DOVONEX.....	54	DROPLET PEN NEEDLES	
dihydroergotamine		doxazosin mesylate.....	29	32GX5MM.....	87
mesylate.....	112	doxepin hcl.....	20	DROPLET PEN NEEDLES	
DILANTIN.....	18	doxepin hcl (antipruritic)...	54	32GX6MM.....	87
DILANTIN INFATABS.....	18	doxercalciferol.....	62	DROPLET PEN NEEDLES	
DILANTIN-125.....	18	DOXIL.....	33	32GX8MM.....	87
DILAUDID.....	6	doxorubicin hcl.....	33,34	DROPSAFE SAFETY PEN	
diltiazem hcl.....	44	doxorubicin hcl liposomal...	33	NEEDLES/31G X 5/16".....	87
DILTIAZEM HCL.....	44	doxycycline		DROPSAFE SAFETY PEN	
diltiazem hcl.....	44	(monohydrate).....	128	NEEDLES/31G X 1/4".....	87
diltiazem hcl coated beads...	44	doxycycline hyclate.....	128	drosiprenone-ethinyl	
diltiazem hcl extended release		DRISDOL.....	132	estradiol.....	46
beads.....	44	dronabinol.....	25	drosiprenone-ethinyl estradiol-	
DIOVAN.....	29	DROPLET INSULIN SYRINGE		levomefolate calcium.....	47
DIOVAN HCT.....	29	U-100/0.3/31G X 5/16".....	86	DROXIA.....	67
DIPENTUM.....	65	DROPLET INSULIN SYRINGE		DRUG MART ADJUSTABLE	
diphenhydramine hcl.....	26	U-100/0.3ML/30G X 1/2".....	86	LANCING DEVICE.....	72
diphenoxylate w/ atropine...	23	DROPLET INSULIN SYRINGE		DRUG MART LANCETS	
DIPHENOXYLATE/ATROPINE		U-100/0.3ML/30G X 5/16".....	86	THIN.....	72
.....	24	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE PENTIPS	
DIPROLENE.....	56	U-100/0.5ML/30G X 1/2".....	86	31GX5MM.....	87
DIPROLENE AF.....	56	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
dipyridamole.....	66	U-100/0.5ML/30G X 5/16".....	87	PENTIPS29G X 12MM.....	87
DISALCID.....	5	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
disopyramide phosphate.....	12	U-100/0.5ML/31G X 5/16".....	87	PENTIPS31GX6MM.....	87
disulfiram.....	125	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
		U-100/1ML/30G X 1/2".....	87	PENTIPS31GX8MM.....	87
		DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
		U-100/1ML/30G X 5/16".....	87	PENTIPS32GX4MM.....	87
				DRUG MART UNIFINE	
				PENTIPSPLUS 32GX4MM...	87
				DRUG MART UNILET	
				LANCETSSUPER THIN 30G73	
				DRUG MART UNILET	
				LANCETSULTRA THIN 28G73	

DUAC.....	51	EASY TOUCH 32GX6MM.....	88	EASY TOUCH INSULIN	
DULCOLAX.....	68	EASY TOUCH ALCOHOL		SYRINGE/U-100/1ML/27G X	
duloxetine hcl.....	20	PREP PADS/MEDIUM.....	80	1/2".....	88
DURAGESIC.....	6	EASY TOUCH FLIPLOCK		EASY TOUCH INSULIN	
DUREX EXTRA SENSITIVE.....	70	SAFETY INSULIN SYRINGE		SYRINGE/U-100/1ML/28G X	
DUREZOL.....	122	1ML/29GX1/2".....	88	1/2".....	88
dutasteride.....	66	EASY TOUCH FLIPLOCK		EASY TOUCH INSULIN	
DYAZIDE.....	59	SAFETY INSULIN SYRINGE		SYRINGE/U-100/1ML/29G X	
DYRENIUM.....	60	1ML/30GX1/2".....	88	1/2".....	88
DYSPORT.....	120	EASY TOUCH FLIPLOCK		EASY TOUCH INSULIN	
E-Z JECT LANCETS.....	73	SAFETY INSULIN SYRINGE		SYRINGE/U-100/1ML/30G X	
E-Z JECT LANCETS 21G.....	73	1ML/30GX5/16".....	88	1/2".....	88
E-Z JECT LANCETS		EASY TOUCH FLIPLOCK		EASY TOUCH INSULIN	
COLOR.....	73	SAFETY INSULIN SYRINGE		SYRINGE/U-100/1ML/31G X	
E-Z JECT LANCETS SUPER		1ML/31GX5/16".....	88	5/16".....	88
THIN 30G.....	73	EASY TOUCH INSULIN		SYRINGE/0.3ML/30G X	
E-Z JECT LANCETS THIN		SYRINGE/0.3ML/31G X		5/16".....	88
26G.....	73	EASY TOUCH INSULIN		SYRINGE/0.5ML/29G X	
E-ZJECT LANCETS MICRO-		1/2".....	88	EASY TOUCH INSULIN	
THIN 33G.....	73	SYRINGE/0.5ML/30G X		SYRINGE/0.5ML/30G X	
E.E.S. 400.....	69	5/16".....	88	5/16".....	88
E.E.S. GRANULES.....	69	EASY TOUCH INSULIN		SYRINGE/1ML/30G X	
EASIVENT.....	111	SYRINGE/0.5ML/30G X		5/16".....	88
EASY COMFORT INSULIN		5/16".....	88	EASY TOUCH INSULIN	
SYRINGE/0.5ML/30G X		EASY TOUCH INSULIN		SYRINGE/SAFETY/U-	
5/16".....	87	SYRINGE/1ML/30G X		100/0.5ML/29G X 1/2".....	88
EASY COMFORT INSULIN		5/16".....	88	EASY TOUCH INSULIN	
SYRINGE/0.5ML/31G X		EASY TOUCH INSULIN		SYRINGE/SAFETY/U-	
5/16".....	87	SYRINGE/SAFETY/U-		100/0.5ML/30G X 5/16".....	88
EASY COMFORT INSULIN		100/0.5ML/29G X 1/2".....	88	EASY TOUCH INSULIN	
SYRINGE/1ML/30G X 5/16".....	87	EASY TOUCH INSULIN		SYRINGE/SAFETY/U-	
EASY COMFORT INSULIN		SYRINGE/SAFETY/U-		100/1ML/29G X 1/2".....	88
SYRINGE/1ML/31G X 5/16".....	87	100/1ML/30G X 1/2".....	88	EASY TOUCH INSULIN	
EASY COMFORT INSULIN		EASY TOUCH INSULIN		SYRINGE/SAFETY/U-	
SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.3ML/30G X		100/1ML/30G X 1/2".....	88
1/2".....	87	1/2".....	88	EASY TOUCH INSULIN	
EASY COMFORT INSULIN		EASY TOUCH INSULIN		SYRINGE/U-100/0.5ML/27G X	
SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/0.5ML/27G X		1/2".....	88
1/2".....	87	1/2".....	88	EASY TOUCH INSULIN	
EASY COMFORT PEN		EASY TOUCH INSULIN		SYRINGE/U-100/0.5ML/28G X	
NEEDLES31GX1/4".....	87	SYRINGE/U-100/0.3ML/30G X		1/2".....	88
EASY COMFORT PEN		1/2".....	88	EASY TOUCH INSULIN	
NEEDLES31GX3/16".....	87	EASY TOUCH INSULIN		SYRINGE/U-100/0.5ML/30G X	
EASY COMFORT PEN		SYRINGE/U-100/0.5ML/27G X		1/2".....	88
NEEDLES31GX5/16".....	87	1/2".....	88	EASY TOUCH INSULIN	
EASY COMFORT PEN		EASY TOUCH INSULIN		SYRINGE/U-100/0.5ML/28G X	
NEEDLES32GX5/32".....	87	SYRINGE/U-100/0.5ML/28G X		1/2".....	88
EASY GLIDE PEN NEEDLES		1/2".....	88	EASY TOUCH INSULIN	
33G X 5/32".....	87	EASY TOUCH INSULIN		SYRINGE/U-100/0.5ML/30G X	
EASY MINI EJECT LANCING		SYRINGE/U-100/0.5ML/30G X		1/2".....	88
DEVICE.....	73	1/2".....	88	EASY TOUCH INSULIN	
EASY MINI LANCING		EASY TOUCH INSULIN		SYRINGE/U-100/0.5ML/31G X	
DEVICE.....	73	SYRINGE/U-100/0.5ML/31G X		5/16".....	88
EASY TOUCH 32GX5MM.....	87	5/16".....	88		

EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	89	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	89	EQL COLOR LANCETS MICRO THIN 33G.....	73
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	89	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89	EQL INSULIN SYRINGE/0.3ML/29G X 1/2".....	89
EASYTEST II LANCETS.....	73	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89	EQL INSULIN SYRINGE/0.3ML/30G X 5/16".....	89
EASYTEST LANCETS.....	73	ELIXOPHYLLIN.....	14	EQL INSULIN SYRINGE/0.3ML/31G X 5/16".....	89
EC-NAPROSYN.....	4	ELLA.....	48	EQL INSULIN SYRINGE/0.5ML/29G X 1/2".....	89
econazole nitrate.....	53	ELLECE.....	34	EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	89
EDARBI.....	29	ELMIRON.....	66	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	89
EDECIN.....	60	ELOCON.....	56	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	89
EDURANT.....	40	EMADINE.....	123	EQL INSULIN SYRINGE/1ML/30G X 5/16".....	89
efavirenz.....	40	EMBEDA.....	6	EQL INSULIN SYRINGE/1ML/31G X 5/16".....	89
EFFEXOR XR.....	20	EMCYT.....	33	EQL OMEPRAZOLE.....	129
EFFIENT.....	66	EMEND.....	25	EQL SUPER THIN LANCETS 30G.....	73
EFUDEX.....	53	EMSAM.....	18	EQL THIN LANCETS 26G.....	73
ELAPRASE.....	62	EMTRIVA.....	40	EQUETRO.....	37
ELAVIL.....	20	EMVERM.....	9	ERAXIS.....	25
ELDEPRYL.....	37	ENABLEX.....	131	ERBITUX.....	32
ELELYSO.....	67	enalapril maleate.....	28	ergocalciferol.....	132
ELESTAT.....	123	enalapril maleate & hydrochlorothiazide.....	29	ERGOLOID MESYLATES.....	127
ELESTRIN.....	63	ENBREL.....	5	ERGOMAR.....	112
eletriptan hydrobromide.....	112	ENBREL MINI.....	5	ergotamine w/ caffeine.....	112
ELEXA NATURAL FEEL.....	70	ENBREL SURECLICK.....	5	ERIVEDGE.....	33
ELEXA STIMULATING.....	70	enoxaparin sodium.....	15	ERTACZO.....	53
ELEXA ULTRA SENSITIVE.....	70	entacapone.....	36	ertapenem sodium.....	10
ELIDEL.....	57	entecavir.....	42	ERWINAZE.....	34
ELIGARD.....	33	ENTEREG.....	65	ERY-TAB.....	69
ELIMITE.....	58	ENTOCORT EC.....	49	ERYPED 200.....	69
ELIPHOS.....	65	EPCLUSA.....	42	ERYPED 400.....	69
ELIQUIS.....	14	EPIDUO.....	52	erythromycin (acne aid).....	52
ELIQUIS STARTER PACK.....	14	epinastine hcl (ophth).....	123	erythromycin (ophth).....	121
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	89	epinephrine (anaphylaxis).....	132	erythromycin base.....	69
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	89	epirubicin hcl.....	34	erythromycin ethylsuccinate.....	69
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	89	EPIVIR.....	40	ERYTHROMYCIN ETHYLSUCCINATE.....	69
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	89	EPIVIR HBV.....	42	ERYTHROMYCIN ETHYLSUCCINATE.....	69
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	89	eplerenone.....	30	escitalopram oxalate.....	19
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89	EPOGEN.....	67	ESGIC.....	5
		EPROSARTAN MESYLATE.....	29	esomeprazole magnesium.....	129
		EPZICOM.....	40	estazolam.....	68
		EQ OMEPRAZOLE.....	129		
		EQL ALCOHOL SWABS 21G.....	80		
		EQL COLOR LANCETS 21G.....	73		

ESTRACE.....	63	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	90	fenofibrate micronized.....	28
estradiol.....	63	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	90	fenoprofen calcium.....	4
estradiol vaginal.....	132	EXELDERM.....	53	fentanyl.....	6
estradiol valerate.....	63	EXELON.....	126	fentanyl citrate.....	6
ESTROGEL.....	63	exemestane.....	33	FER-IN-SOL.....	67
ESTROPIPATE.....	63	EXJADE.....	24	FERRIPROX.....	24
ESTROSTEP FE.....	47	EXTAVIA.....	126	ferrous fumarate-folic acid.....	67
eszopiclone.....	68	EXTRA SENSITIVE SPERMICIDAL.....	70	ferrous sulfate.....	67
ethacrynic acid.....	60	EXTRANEAL.....	117	FEXMID.....	119
ethambutol hcl.....	31	EZ SMART BLOOD GLUCOSE LANCETS.....	73	fexofenadine hcl.....	26
ethosuximide.....	18	EZ-LETS LANCETS 23G.....	73	fexofenadine-pseudoephedrine	50
ethynodiol diacet & eth estrad.....	47	EZ-LETS LANCETS 26G SUPER-SOFT.....	73	FIASP.....	22
ETIDRONATE DISODIUM.....	60	EZ-LETS LANCETS 28G ULTRA-SOFT.....	73	FIASP FLEXTOUCH.....	22
etodolac.....	4	EZ-LETS LANCETS 30G.....	73	FIFTY50 ALCOHOL PREP PADS.....	80
ETOPOPHOS.....	35	ezetimibe.....	28	FIFTY50 LANCING DEVICE.....	73
ETOPOSIDE.....	35	ezetimibe-simvastatin.....	27	FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	90
etoposide.....	35	FABRAZYME.....	62	FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	90
EURAX.....	58	FACTIVE.....	64	FIFTY50 PEN NEEDLES 31GX5MM.....	90
EVAMIST.....	63	famciclovir.....	42	FIFTY50 PEN NEEDLES/31GX8MM.....	90
EVISTA.....	62	famotidine.....	129	FIFTY50 PEN NEEDLES/32GX4MM.....	90
EVOXAC.....	117	FAMOTIDINE PREMIXED.....	129	FIFTY50 PEN NEEDLES/32GX6MM.....	90
EXALGO.....	6	FAMVIR.....	42	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	90
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM.....	89	FANAPT.....	37	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	90
EXCEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM.....	89	FANAPT TITRATION PACK.....	37	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	90
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM.....	89	FANTASY LUBRICATED.....	70	FINACEA.....	58
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM.....	89	FANTASY LUBRICATED/SPERMICIDE	70	finasteride.....	66
EXCEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2".....	90	FARESTON.....	33	finasteride (alopecia).....	57
EXCEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16".....	90	FASLODEX.....	33	FIORICET.....	5
EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".....	90	FC FEMALE CONDOM.....	70	FIORINAL.....	5
EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".....	90	FC2 FEMALE CONDOM.....	70	FIORINAL/CODEINE #3.....	8
EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	90	felbamate.....	17	FIRMAGON.....	33
EXCEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2".....	90	FELBATOL.....	17	FLAGYL.....	9
		FELDENE.....	4	flavoxate hcl.....	131
		felodipine.....	44	flecainide acetate.....	12
		FEMARA.....	33	FLECTOR.....	52
		FEMCAP.....	70	FLOMAX.....	66
		FEMCON FE.....	47		
		FEMRING.....	132		
		fenofibrate.....	28		

FLONASE ALLERGY RELIEF CHILDRENS	120	FORTAZ	46	galantamine hydrobromide	126
FLONASE ALLERGY RELIEF DISKUS	13	FORTEO	61	GAMMAGARD LIQUID	124
FLOVENT HFA	13	FOSAMAX	61	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	124
FLOXIN OTIC	124	FOSAMAX PLUS D	61	GAMMAKED	124
floxuridine	32	fosamprenavir calcium	40	GAMUNEX-C	124
fluconazole	25	FOSCAVIR	41	ganciclovir sodium	41
flucytosine	25	fosinopril sodium	28	gatifloxacin (ophth)	121
fludarabine phosphate	32	fosphenytoin sodium	18	GEL-KAM ORAL CARE RINSE	117
fludrocortisone acetate	50	FOSRENOL	65	gemcitabine hcl	32
FLUMADINE	42	FRAGMIN	15	gemfibrozil	28
fluocinolone acetonide (otic)	124	FREDS PHARMACY AUTOLET LANCING DEVICE	74	GEMZAR	32
fluocinolone acetonide emulsified base	56	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	90	GENERESS FE	47
fluorometholone (ophth)	122	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	90	GENOTROPIN	61
fluorouracil	32	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	90	GENOTROPIN MINIQUICK	61
FLUOROURACIL	53	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	74	GENTAK	121
fluorouracil (topical)	53	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	74	gentamicin in saline	3
FLUOXETINE	126,127	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	90	gentamicin sulfate	3
fluoxetine hcl	19	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	90	gentamicin sulfate (ophth)	121
FLUOXETINE HYDROCHLORIDE	19	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/31G X 5/16"	90	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	3
FLUPHENAZINE HCL	39	FROVA	112	GENTEEL LANCING DEVICE/BUFF BLACK	74
fluphenazine hcl	39	frovatriptan succinate	112	GENTEEL LANCING DEVICE/BUTTERFLY BLUE	74
flurandrenolide	56	FURADANTIN	130	GENTEEL LANCING DEVICE/GLORIOUS GOLD	74
flurbiprofen	4	furosemide	60	GENTEEL LANCING DEVICE/PLAYFUL PURPLE	74
flurbiprofen sodium	123	FUROSEMIDE	60	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	74
flutamide	33	furosemide	60	GENTEEL LANCING DEVICE/PRINCESS PINK	74
fluticasone propionate (nasal)	120	FUZEON	40	GENTEEL LANCING DEVICE/STATELY SILVER	74
fluvastatin sodium	28	gabapentin	16	GENTEEL LANCING DEVICE/WILLOWY WHITE	74
fluvoxamine maleate	19	GABITRIL	17	GENTLE-LET GP LANCETS	74
FML	122	galantamine hydrobromide	126	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	74
FML FORTE	122	GALANTAMINE HYDROBROMIDE	126	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	74
FML LIQUIFILM	122			GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	74
FOCALIN	2			GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	74
folic acid	67			GENVOYA	40
FOLOTYN	32			GEODON	37
fondaparinux sodium	15				
FORA LANCETS	74				
FORA LANCING DEVICE	74				
FORA LANCING DEVICE/CLEARCAP	74				
FORTAMET	21				

GILENYA.....	126	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	91	glyburide-metformin.....	21
glatiramer acetate.....	126	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	91	glycine (gu irrigant).....	66
GLEEVEC.....	34	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	91	glycopyrrolate.....	128
GLEOSTINE.....	31	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	91	GLYNASE.....	23
glimepiride.....	23	GLOBAL LANCING DEVICE.....	74	GLYSET.....	21
glipizide.....	23	GLUCAGEN DIAGNOSTIC.....	58	GNP ALCOHOL SWABS.....	80
glipizide-metformin hcl.....	21	GLUCAGEN HYPOKIT.....	21	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	92
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	90	GLUCAGON EMERGENCY KIT.....	21	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	92
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	90	GLUCOPHAGE.....	21	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	92
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	90	GLUCOPHAGE XR.....	21	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	92
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	91	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	92
GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	91	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	92
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	91	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	91	GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	91	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	91	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	91	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	92	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	91	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	92	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	91	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	92	GNP LANCETS.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	91	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	92	GNP LANCETS 21G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	91	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	92	GNP LANCETS MICRO THIN 33G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	91	GLUCOSOURCE LANCET DEVICE.....	74	GNP LANCETS SUPER THIN 30G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	91	GLUCOSOURCE LANCETS.....	74	GNP LANCETS THIN.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	91	GLUCOTROL.....	23	GNP LANCETS THIN 26G.....	74
		GLUCOTROL XL.....	23	GNP MICRO THIN LANCETS 33G.....	74
		GLUCOVANCE.....	21	GNP OMEPRAZOLE.....	129
		glyburide.....	23	GNP SUPER THIN LANCETS/30G.....	74
		glyburide micronized.....	23	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	92

GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	92	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	93	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	93
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	92	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	93	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	93
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	92	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	93	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	93
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	93	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	93
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	92	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	93	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	93
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	92	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	75	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	75
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	92	H-E-B INCONTROL ALCOHOL PADS.....	80	HECTOROL.....	62
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	92	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	75	heparin sod (porcine) in d5w.....	15
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	93	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	75	heparin sodium (porcine)....	15
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	93	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	75	HEPARIN SODIUM/D5W.....	15
GOLYTELY.....	68	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	93	HEPARIN SODIUM/NACL 0.45%.....	15
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	74	HALAVEN.....	35	HEPSERA.....	42
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	74	HALCION.....	68	HERCEPTIN.....	33
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	75	HALDOL.....	38	HEXALEN.....	31
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	75	HALDOL DECANOATE 100.....	38	HIGH SENSATION SPERMICIDAL.....	70
GOODSENSE LANCING DEVICE.....	75	HALDOL DECANOATE 50.....	38	HIPREX.....	130
GRANISETRON HCL.....	24	halobetasol propionate.....	56	HIZENTRA.....	124
granisetron hcl.....	24	HALOG.....	56	HM OMEPRAZOLE.....	129
GRASTEK.....	3	haloperidol.....	38	HORIZANT.....	127
GRIS-PEG.....	25	haloperidol decanoate.....	38	HUMALOG.....	22
griseofulvin microsize.....	25	haloperidol lactate.....	38	HUMALOG JUNIOR KWIKPEN.....	22
griseofulvin ultramicrosize.....	25	HARVONI.....	42	HUMALOG KWIKPEN.....	22
guanfacine hcl.....	29	HEALTH CARE LANCING DEVICE.....	75	HUMALOG MIX 50/50.....	22
guanfacine hcl (adhd).....	2	HEALTHWISE LANCING PEN.....	75	HUMALOG MIX 50/50 KWIKPEN.....	22
GUANIDINE HCL.....	30	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	93	HUMALOG MIX 75/25.....	22
GYNAZOLE-1.....	131	HEALTHWISE PEN NEEDLES 29GX12MM.....	93	HUMALOG MIX 75/25 KWIKPEN.....	22
GYNE-LOTRIMIN.....	131	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	93	HUMATROPE.....	61
		HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	93	HUMATROPE COMBO PACK.....	61
		HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	75	HUMIRA.....	3
				HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3
				HUMIRA PEN.....	3
				HUMIRA PEN-CD/UC/HS STARTER.....	3
				HUMIRA PEN-PS/UV STARTER.....	3

HUMULIN 70/30.....	22	imiquimod.....	57	INSULIN SYRINGE/U-	
HUMULIN 70/30 KWIKPEN.....	22	IMITREX.....	112	100/0.3ML/29G X 1/2".....	94
HUMULIN N.....	22	IMITREX STATDOSE		INSULIN SYRINGE/U-	
HUMULIN N KWIKPEN.....	22	SYSTEM.....	112	100/0.5ML/28G X 1/2".....	94
HUMULIN R.....	22	IMODIUM A-D.....	24	INSULIN SYRINGE/U-	
HUMULIN R U-500		IMURAN.....	116	100/0.5ML/29G X 1/2".....	94
(CONCENTRATED).....	22	IN TOUCH LANCING		INSULIN SYRINGE/U-	
HY-VEE LANCETS.....	75	DEVICE.....	75	100/1ML/28G X 1/2".....	94
HY-VEE THIN LANCETS.....	75	INATAL GT.....	117	INSULIN SYRINGE/U-	
HYCAMTIN.....	36	INCRELEX.....	62	100/1ML/29G X 1/2".....	94
hydralazine hcl.....	30	INCRUSE ELLIPTA.....	13	INSULIN SYRINGE/U-	
HYDREA.....	34	indapamide.....	60	100/1ML/30G X 5/16".....	94
hydrochlorothiazide.....	60	INDERAL LA.....	43	INSULIN SYRINGE/U-	
hydrocodone-acetaminophen.....	8	indomethacin.....	4	100/1ML/31G X 5/16".....	94
hydrocodone-ibuprofen.....	8	INLYTA.....	34	INSULIN	
hydrocortisone.....	49	INSPIRA.....	30	SYRINGES/0.5ML/28GX1/2"	94
hydrocortisone (intrarectal).....	9	INSULIN SYRINGE/0.3ML/29G		.....	94
hydrocortisone (rectal).....	9	X 1".....	93	INSULIN	
hydrocortisone (topical).....	56	INSULIN SYRINGE/0.3ML/29G		SYRINGES/0.5ML/29GX1/2"	94
hydrocortisone acetate		X 1/2".....	93	.....	94
(rectal).....	9	INSULIN SYRINGE/0.3ML/30G		INSULIN	
hydrocortisone butyrate.....	56	X 5/16".....	93	SYRINGES/0.5ML/30GX5/16"	94
hydrocortisone valerate.....	56	INSULIN SYRINGE/0.3ML/31G		.....	94
hydrocortisone w/acetic		X 5/16".....	93	INSULIN	
acid.....	124	INSULIN SYRINGE/0.5ML/27G		SYRINGES/0.5ML/31GX	
hydromorphone hcl.....	6	X 1/2".....	93	5/16".....	94
HYDROMORPHONE		INSULIN SYRINGE/0.5ML/28G		INSULIN	
HYDROCHLORIDE.....	6	X 1/2".....	93	SYRINGES/0.5ML/31GX5/16"	94
hydroxychloroquine sulfate.....	30	INSULIN SYRINGE/0.5ML/30G		.....	94
hydroxyurea.....	34	X 1/2".....	93	INSULIN	
hydroxyzine hcl.....	12	INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/27GX1/2".....	94
HYDROXYZINE PAMOATE.....	12	X 5/16".....	93	INSULIN	
HYPER-SAL.....	50	INSULIN SYRINGE/0.5ML/31G		SYRINGES/1ML/27GX1/2".....	94
HYPERSAL.....	50	X 5/16".....	93	INSULIN	
HYZAAR.....	29	INSULIN SYRINGE/1ML/28G X		SYRINGES/1ML/28GX1/2".....	94
ibandronate sodium.....	61	1/2".....	93	INSULIN	
ibuprofen.....	4	INSULIN SYRINGE/1ML/29G X		SYRINGES/1ML/29GX1/2".....	94
IDAMYCIN PFS.....	34	1/2".....	94	INSULIN	
idarubicin hcl.....	34	INSULIN SYRINGE/1ML/30G X		SYRINGES/1ML/30GX1/2".....	94
IFEX.....	31	5/16".....	94	INSULIN	
ifosfamide.....	31	INSULIN SYRINGE/NEEDLE		SYRINGES/1ML/31GX5/16".....	94
IFOSFAMIDE.....	31	0.3ML/30G X 5/16".....	94	INSUPEN 29G X 12MM.....	94
ILEVRO.....	123	INSULIN SYRINGE/NEEDLE		INSUPEN 31G X 5MM.....	94
imatinib mesylate.....	34	0.3ML/31G X 5/16".....	94	INSUPEN 31G X 8MM.....	94
IMBRUVICA.....	34	INSULIN SYRINGE/NEEDLE		INSUPEN 32G X 4MM.....	94
imipenem-cilastatin.....	10	0.5ML/29G X 1/2".....	94	INSUPEN 33GX4MM.....	95
imipramine hcl.....	20	INSULIN SYRINGE/NEEDLE		INSUPEN PEN NEEDLES 32G	
imipramine pamoate.....	20	0.5ML/30G X 5/16".....	94	X4MM.....	95
		INSULIN SYRINGE/NEEDLE		INSUPEN SENSITIVE	
		1ML/29G X 1/2".....	94	32GX6MM.....	95
		INSULIN SYRINGE/NEEDLE		INSUPEN SENSITIVE	
		1ML/30G X 5/16".....	94	32GX8MM.....	95
		INSULIN SYRINGE/NEEDLE		INSUPEN ULTRAFIN	
		1ML/31G X 5/16".....	94	29GX12MM.....	95

INSUPEN ULTRAFIN 30GX8MM	95	JAKAFI	34	KINERET	4
INSUPEN ULTRAFIN 31GX6MM	95	JANUVIA	22	KINNEY LANCETS	75
INSUPEN ULTRAFIN 31GX8MM	95	JEVTANA	35	KINNEY THIN LANCETS	75
INTELENCE	40	JULUCA	40	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	95
INTENSE SENSATION	70	K-TAB	115	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	95
INTRON A	35	KADIAN	6	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	95
INTRON A W/DILUENT	35	KALETRA	40	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	95
INTUNIV	2	KALYDECO	127	KITABIS PAK	3
INVANZ	10	KAMELEON LUBRICATED	70	KLARON	52
INVEGA	37	KAYEXALATE	117	KLONOPIN	16
INVIRASE	40	KCL 0.3%/D5W/NACL 0.9%	114	KLOR-CON M15	115
INVOKANA	23	KEFLEX	45	KLS OMEPRAZOLE	129
IONOSOL-B/DEXTROSE 5%	114	KENALOG-40	49	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	95
IONOSOL-MB/DEXTROSE 5%	114	KEPIVANCE	35	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	95
IOPIDINE	121	KEPPRA	16	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	95
ipratropium bromide	13	KEPPRA XR	16	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	95
ipratropium bromide (nasal)	119	KETEK	10	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	95
ipratropium-albuterol	14	KETOCARE	58	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	95
irbesartan	29	ketoconazole	25	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	95
IRINOTECAN	36	ketoconazole (topical)	53	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	95
irinotecan hcl	36	KETONE TEST STRIPS	59	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	95
irrigation solutions, physiological	116	ketoprofen	4	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	95
ISENTRESS	40	KETOPROFEN	4	KROGER LANCETS	75
ISENTRESS HD	40	ketorolac tromethamine	4	KROGER LANCETS 21G	75
ISOLYTE-P/DEXTROSE 5%	114	ketorolac tromethamine (ophth)	123	KROGER LANCETS MICRO THIN33G	75
ISOLYTE-S	114	KETOSTIX	59	KROGER LANCETS SUPER THIN	75
ISONIAZID	31	ketotifen fumarate (ophth)	123	KROGER LANCETS THIN 26G	75
isoniazid	31	KIMONO COLORS	70	KROGER LANCETS ULTRATHIN30G	75
ISOPTO CARPINE	121	KIMONO LUBRICATED	70		
ISORDIL TITRADOSE	11	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	70		
isosorbide dinitrate	11	KIMONO PLUS SPERMICIDE LUBRICATED	70		
ISOSORBIDE DINITRATE ER	11	KIMONO PLUS SPERMICIDE/LUBRICATED	70		
isosorbide mononitrate	11	KIMONO PS LUBRICATED	70		
ISOTONIC GENTAMICIN	3	KIMONO PS PLUS SPERMICIDE/LUBRICATED	70		
isotretinoin	52	KIMONO SENSATION LUBRICATED	70		
isradipine	44	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	70		
ISTODAX (OVERFILL)	34	KIMONO SPECIAL	70		
itraconazole	25				
ivermectin	9				
IXEMPRA KIT	35				
JADENU	24				
JADENU SPRINKLE	24				

KROGER LANCING		lanthanum carbonate	65	leucovorin calcium	35
DEVICE	75	LANZO	76	LEUCOVORIN CALCIUM	35
KROGER PEN NEEDLES 29G		LASIX	60	leucovorin calcium	35
X12MM	95	LASTACFT	123	LEUKERAN	31
KROGER PEN NEEDLES 31G		LATANOPROST	123	LEUKINE	67
X8MM	95	latanoprost	123	leuprolide acetate	33
KROGER PEN NEEDLES		LATUDA	37	levabuterol hcl	14
31GX1/4"	95	LEADER ADVANCED		levabuterol tartrate	14
KUVAN	62	LANCING DEVICE	76	LEVAQUIN	64
KYPROLIS	34	LEADER INSULIN		LEVEMIR	23
labetalol hcl	43	SYRINGE/0.3ML/29G X		LEVEMIR FLEXTOUCH	23
LAC-HYDRIN	57	1/2"	95	levetiracetam	16
LAC-HYDRIN TWELVE	57	LEADER INSULIN		levobunolol hcl	121
LACRISERT	120	SYRINGE/0.3ML/30G X		levocetirizine dihydrochloride	26
lactated ringer's	114	5/16"	95	levofloxacin	64
lactated ringer's (irrigation)	116	LEADER INSULIN		levofloxacin (ophth)	121
lactic acid (ammonium		SYRINGE/0.3ML/31G X		levofloxacin in d5w	64
lactate)	57	5/16"	95	levonorgestrel & eth	
lactulose	68	LEADER INSULIN		estradiol	47
lactulose (encephalopathy)	65	SYRINGE/0.5ML/28G X		levonorgestrel (emergency	
LAMICTAL	16	1/2"	95	oc)	48
LAMICTAL CHEWABLE		LEADER INSULIN		levonorgestrel-eth estradiol	
DISPERSIBLE	16	SYRINGE/0.5ML/29G X		(triphasic)	47
LAMISIL	25	1/2"	95	levonorgestrel-ethinyl estradiol	
lamivudine	40	LEADER INSULIN		(91-day)	47
lamivudine (hbv)	42	SYRINGE/0.5ML/30G X		levonorgestrel-ethinyl estradiol	
lamivudine-zidovudine	40	5/16"	95	(continuous)	47
lamotrigine	16	LEADER INSULIN		LEVORPHANOL TARTRATE	6
LANCET DEVICE		SYRINGE/1ML/28G X 1/2"	96	LEVOTHYROXINE	
ADJUSTABLE	75	LEADER INSULIN		SODIUM	128
LANCET DEVICE WITH		SYRINGE/1ML/29G X 1/2"	96	levothyroxine sodium	128
EJECTOR	75	LEADER INSULIN		LEXAPRO	19
LANCETS	75	SYRINGE/1ML/30G X		LEXIVA	40
LANCETS 26G TWIST TOP	75	5/16"	96	LIALDA	65
LANCETS 28G	75	LEADER INSULIN		LIBERTY MINI LANCING	
LANCETS 30G	75	SYRINGE/1ML/31G X		DEVICE	76
LANCETS SAFETY SEAL		5/16"	96	LIBRAX	128
21G	75	LEADER UNIFINE PENTIPS		lidocaine	58
LANCETS SAFETY SEAL		PLUS/MINI/31GX3/16"	96	lidocaine hcl	58
26G	75	LEADER UNIFINE PENTIPS		LIDOCAINE HCL	68
LANCETS SAFETY SEAL		PLUS/SHORT/31GX5/16"	96	lidocaine hcl (local anesth.)	68
28G	75	LEADER UNIFINE		lidocaine hcl (mouth-throat)	117
LANCETS SUPER THIN		PENTIPS/MINI/31GX3/16"		lidocaine-prilocaine	58
28G	75	96		LIDODERM	58
LANCETS THIN	76	LEADER UNIFINE		LILETTA	48
LANCETS ULTRA THIN	76	PENTIPS/NANO/32GX5/32"		LINCOCIN	11
LANCING DEVICE	76	96		lincomycin hcl	11
LANCING DEVICE		LEADER UNIFINE		LINDANE	58
ADJUSTABLE	76	PENTIPS/PLUS/32GX5/32"		lindane	58
LANOXIN	45	96			
LANOXIN PEDIATRIC	44	leflunomide	5		
lansoprazole	129	LETAIRIS	45		
		letrozole	33		

linezolid.....	11	LIVE BETTER ADVANCED LANCING DEVICE.....	76	LULICONAZOLE.....	53
LINEZOLID.....	11	LIVE BETTER LANCET SUPERTHIN 30G.....	76	LUMIGAN.....	123
linezolid.....	11	LIVE BETTER LANCET ULTRATHIN 28G.....	76	LUMIZYME.....	62
liothyronine sodium.....	128	LO LOESTRIN FE.....	47	LUNESTA.....	68
LIPITOR.....	28	LOCOID.....	56	LUPRON DEPOT (1-MONTH).....	33
lisinopril.....	28	LODINE.....	4	LUPRON DEPOT (3-MONTH).....	33
lisinopril & hydrochlorothiazide.....	29	LODOSYN.....	36	LUPRON DEPOT (4-MONTH).....	33
LITE TOUCH LANCING PEN.....	76	LOESTRIN 1.5/30-21.....	47	LUPRON DEPOT (6-MONTH).....	33
LITE TOUCH PEN NEEDLES/31G X 3/16".....	96	LOESTRIN 1/20-21.....	47	LUPRON DEPOT-PED (1-MONTH).....	62
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	96	LOESTRIN FE 1.5/30.....	47	LUPRON DEPOT-PED (3-MONTH).....	62
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	96	LOESTRIN FE 1/20.....	47	LUXIQ.....	56
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	96	LOFIBRA.....	28	LUZU.....	53
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	LOMOTIL.....	24	LYRICA.....	16,17
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	LYSODREN.....	33
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	LONGS LANCETS STANDARD.....	76	LYSTEDA.....	67
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	LONGS LANCETS THIN.....	76	M-NATAL PLUS.....	117
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	96	loperamide hcl.....	24	M-VIT.....	117
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	96	LOPID.....	28	MACROBID.....	130
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	96	lopinavir-ritonavir.....	40	MACRODANTIN.....	130
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96	LOPRESSOR.....	43	mafenide acetate.....	54
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	96	LOPROX.....	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	96
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	LOPROX SHAMPOO.....	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	96
LITETOUCH PEN NEEDLES 29GX12.7MM.....	96	loratadine.....	26	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	96
LITETOUCH PEN NEEDLES 31G X 6MM.....	96	loratadine & pseudoephedrine.....	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	96
LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	96	lorazepam.....	12	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	97
LITHIUM.....	37	losartan potassium.....	29	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	97
lithium carbonate.....	37	losartan potassium & hydrochlorothiazide.....	29	MAGNESIUM SULFATE.....	114
LITHIUM CARBONATE.....	37	LOSEASONIQUE.....	47	magnesium sulfate.....	115
lithium carbonate.....	37	LOTEMAX.....	122	MAGNESIUM SULFATE.....	115
LITHOBID.....	37	LOTENSIN.....	28	MALARONE.....	30
LIVALO.....	28	LOTREL.....	29	malathion.....	58
		LOTRIMIN AF.....	53	MAPROTILINE HCL.....	18
		LOTRIMIN AF FOR HER.....	53	MARATHON MEDICAL PENTIPS29GX12MM.....	97
		LOTRIMIN AF JOCK ITCH.....	53		
		LOTRIMIN ULTRA.....	53		
		LOTRISONE.....	53		
		LOTRONEX.....	65		
		lovastatin.....	28		
		LOVAZA.....	27		
		LOVENOX.....	15		
		loxapine succinate.....	38		

MARATHON MEDICAL PENTIPS31GX5MM.....	97	MEGACE ORAL.....	33	methadone hcl.....	6
MARATHON MEDICAL PENTIPS31GX8MM.....	97	megestrol acetate.....	33	METHADOSE.....	6
MARATHON MEDICAL PENTIPS32GX4MM.....	97	megestrol acetate (appetite).....	125	METHADOSE SUGAR-FREE.....	6
MARINOL.....	25	MEIJER ALCOHOL SWABS EXTRA-THICK.....	80	methamphetamine hcl.....	1
MARPLAN.....	18	MEIJER COLOR LANCETS UNIVERSAL 33G.....	76	methazolamide.....	59
MATULANE.....	35	MEIJER LANCETS.....	76	methenamine hippurate.....	130
MAVIK.....	28	MEIJER LANCETS THIN.....	76	methimazole.....	128
MAVYRET.....	42	MEIJER LANCETS UNIVERSAL21G.....	76	METHITEST.....	9
MAXALT.....	113	MEIJER LANCETS UNIVERSAL30G.....	76	methocarbamol.....	119
MAXALT-MLT.....	113	MEIJER LANCETS UNIVERSAL33G.....	76	methotrexate sodium.....	32
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2".....	97	MEIJER PEN NEEDLES 29G X12MM.....	97	METHOTREXATE SODIUM.....	32
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	97	MEIJER PEN NEEDLES 31G X6MM.....	97	methotrexate sodium.....	32
MAXIDEX.....	122	MEIJER PEN NEEDLES 31G X8MM.....	97	methoxsalen rapid.....	54
MAXIPIME.....	46	MEIJER SUPER THIN LANCETS.....	76	methscopolamine bromide.....	129
MAXITROL.....	122	meloxicam.....	4	METHYCLOTHIAZIDE.....	60
MAXX LUBRICATED.....	70	melphalan.....	31	methyl dopa.....	29
MAXX PLUS SPERMICIDE LUBRICATED.....	70	melphalan hcl.....	31	METHYLDOPATE HCL.....	29
MAXZIDE.....	59	memantine hcl.....	126	METHYLIN.....	2
MAXZIDE-25.....	59	MENEST.....	63	methylphenidate hcl.....	2
meclizine hcl.....	24	MENOSTAR.....	63	METHYLPHENIDATE HCL ER.....	2
MECLOFENAMATE SODIUM.....	4	MENTAX.....	53	METHYLPHENIDATE HYDROCHLORIDE ER.....	2
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	97	mepidine hcl.....	6	METHYLPREDNISOLONE.....	49
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	97	MEPERIDINE HCL.....	6	methylprednisolone.....	49
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	97	mepidine hcl.....	6	methylprednisolone acetate.....	49
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	97	meprobamate.....	12	METHYLPREDNISOLONE ACETATE.....	49
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	97	MEPRON.....	10	methylprednisolone sod succ.....	49
MEDISENSE THIN LANCETS.....	76	mercaptapurine.....	32	METIPRANOLOL.....	121
MEDROL.....	49	meropenem.....	10	metoclopramide hcl.....	64
MEDROL DOSEPAK.....	49	MERREM.....	10	metolazone.....	60
medroxyprogesterone acetate.....	125	mesalamine.....	65	metoprolol succinate.....	43
medroxyprogesterone acetate (contraceptive).....	48	MESTINON.....	30	metoprolol tartrate.....	43
mefenamic acid.....	4	MESTINON TIMESPAN.....	30	METROCREAM.....	58
mefloquine hcl.....	30	METADATE CD.....	2	METROGEL.....	58
MEFLOQUINE HCL.....	30	METAPROTERENOL SULFATE.....	14	METROGEL-VAGINAL.....	131
MEGACE ES.....	125	metaxalone.....	119	METROLOTION.....	58
		metformin hcl.....	21	metronidazole.....	9
		methadone hcl.....	6	metronidazole (topical).....	58
		METHADONE HCL.....	6	metronidazole vaginal.....	131
		methadone hcl.....	6	MEVACOR.....	28
		METHADONE HCL.....	6	mexiletine hcl.....	12
				MIACALCIN.....	61
				MICARDIS.....	29
				MICONAZOLE 3.....	131
				MICRO-K.....	115

MICROLET NEXT.....	76	MONISTAT SOOTHING CARE		MONOJECT ULTRA COMFORT	
MICROZIDE.....	60	ITCH RELIEF.....	56	INSULIN SYRINGE/0.3ML/29G X	
midodrine hcl.....	132	MONODOX.....	128	1/2".....	98
miglitol.....	21	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
miglustat.....	67	SYRINGE/1ML.....	97	INSULIN SYRINGE/0.3ML/30G X	
MIGRANAL.....	112	MONOJECT INSULIN		5/16".....	98
MILLIPRED.....	49	SYRINGE/1ML/31G X		MONOJECT ULTRA COMFORT	
MILLIPRED DP.....	49	5/16".....	97	INSULIN SYRINGE/0.3ML/31G X	
MINASTRIN 24 FE.....	47	MONOJECT INSULIN		5/16".....	98
MINI LANCING DEVICE.....	76	SYRINGE/DETACH		MONOJECT ULTRA COMFORT	
MINIPRESS.....	29	NEEDLE/1ML/25G X 5/8".....	97	INSULIN SYRINGE/0.5ML/28G X	
MINIVELLE.....	63	MONOJECT INSULIN		1/2".....	98
MINOCIN.....	128	SYRINGE/DETACH		MONOJECT ULTRA COMFORT	
minocycline hcl.....	128	NEEDLE/1ML/27G X 1/2".....	97	INSULIN SYRINGE/0.5ML/29G X	
minoxidil.....	30	MONOJECT INSULIN		1/2".....	98
MIRAPEX.....	36	SYRINGE/PERM		MONOJECT ULTRA COMFORT	
MIRCETTE.....	47	NEEDLE/1ML/28G X 1/2".....	97	INSULIN SYRINGE/0.5ML/30G X	
MIRENA.....	48	MONOJECT INSULIN		5/16".....	98
mirtazapine.....	18	SYRINGE/PERM NEEDLE/U-		MONOJECT ULTRA COMFORT	
misoprostol.....	130	100/0.5ML/28G X 1/2".....	97	INSULIN SYRINGE/0.5ML/31G X	
mitomycin.....	34	MONOJECT INSULIN		5/16".....	98
mitoxantrone hcl.....	34	SYRINGE/SAFETY/PERM		MONOJECT ULTRA COMFORT	
MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29G X		INSULIN SYRINGE/1ML/28G X	
100/0.3ML/30G X 5/16".....	97	1/2".....	97	1/2".....	98
MM INSULIN SYRINGE/U-		MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
100/0.3ML/31G X 5/16".....	97	SYRINGE/SAFETY/PERM		INSULIN SYRINGE/1ML/29G X	
MM INSULIN SYRINGE/U-		NEEDLE/0.3ML/29GX1/2".....	98	1/2".....	98
100/1/2ML/30G X 5/16".....	97	MONOJECT INSULIN		MONOJECT ULTRA COMFORT	
MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM		INSULIN SYRINGE/1ML/30G X	
100/1/2ML/31G X 5/16".....	97	NEEDLE/1ML/29G X 1/2".....	98	5/16".....	98
MM INSULIN SYRINGE/U-		MONOJECT INSULIN		MONOLET LANCETS.....	76
100/1ML/30G X 5/16".....	97	SYRINGE/SAFETY/PERM		MONOLET OPD LANCETS.....	76
MM INSULIN SYRINGE/U-		NEEDLE/0.5ML/29G X		montelukast sodium.....	13
100/1ML/31G X 5/16".....	97	1/2".....	98	MONUROL.....	130
MM LANCING DEVICE.....	76	MONOJECT INSULIN		MOORE MED MONOJECT	
MM PEN NEEDLES 31G X		SYRINGE/SAFETY/PERM		INSULIN SYRINGE/U-	
1/4".....	97	NEEDLE/1ML/29G X 1/2".....	98	100/0.5ML/28G X 1/2".....	98
MM PEN NEEDLES 31G X		MONOJECT INSULIN		MOORE MED MONOJECT	
3/16".....	97	SYRINGE/SOFTPACK/1ML/27		INSULIN SYRINGE/U-	
MM PEN NEEDLES 31G X		G X 1/2".....	98	100/0.5ML/29G X 1/2".....	98
5/16".....	97	MONOJECT INSULIN		MOORE MED MONOJECT	
MM PEN NEEDLES 31G X		SYRINGE/SAFETY/PERM		INSULIN SYRINGE/U-	
5/16".....	97	NEEDLE/1ML/29G X 1/2".....	98	100/1ML/28G X 1/2".....	98
MM PEN NEEDLES 32G X		MONOJECT INSULIN		MOORE MED MONOJECT	
5/32".....	97	SYRINGE/SOFTPACK/U-		INSULIN SYRINGE/U-	
MOBIC.....	4	100/0.5ML/28G X 1/2".....	98	100/1ML/29G X 1/2".....	98
modafinil.....	2	MONOJECT INSULIN		morphine sulfate.....	6,7
MODICON.....	47	SYRINGE/SAFETY/PERM		MORPHINE SULFATE.....	7
moexipril hcl.....	28	NEEDLE/1ML/29G X 1/2".....	98	morphine sulfate.....	7
mometasone furoate.....	56	MONOJECT INSULIN		MOTOFEN.....	24
mometasone furoate		SYRINGE/SAFETY/PERM		MOVIPREP.....	68
(nasal).....	120	NEEDLE/0.3ML/29G X		moxifloxacin hcl.....	64
		1/2".....	98	moxifloxacin hcl in sodium	
		MONOJECT INSULIN		chloride.....	64
		SYRINGE/REGULAR LUER		MOZOBIL.....	67
		TIP/SOFTPACK/1ML.....	98	MS CONTIN.....	7

MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	naproxen sodium.....	5	NICORETTE STARTER KIT.....	127
MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	naratriptan hcl.....	113	nicotine.....	127
MS INSULIN SYRINGE/1ML/31G X 5/16".....	99	NARDIL.....	19	nicotine polacrilex.....	127
MULTAQ.....	12	NASONEX.....	120	NICOTINE TRANSDERMAL SYSTEM.....	127
MULTI PRENATAL.....	117	NATACYN.....	121	NICOTROL INHALER.....	127
MULTI-LANCET DEVICE.....	76	NATALVIT.....	118	NICOTROL NS.....	127
mupirocin.....	52	NATAZIA.....	47	nifedipine.....	44
mupirocin calcium (topical).....	52	nateglinide.....	23	NILANDRON.....	33
MUSTARGEN.....	31	NATROBA.....	58	nilutamide.....	33
MYAMBUTOL.....	31	NAVELBINE.....	35	nimodipine.....	44
MYCAMINE.....	25	NEBUPENT.....	9	NINLARO.....	34
MYCOBUTIN.....	31	NEBUSAL.....	50	NIPENT.....	35
mycophenolate mofetil.....	116	NECON 10/11-28.....	47	nisoldipine.....	44
mycophenolate mofetil hcl.....	116	NEFAZODONE HCL.....	20	NISOLDIPINE ER.....	44
mycophenolate sodium.....	116	nefazodone hcl.....	20	NITRO-BID.....	11
MYDRIACYL.....	121	NEFAZODONE HYDROCHLORIDE.....	20	NITRO-DUR.....	12
MYFORTIC.....	116	neomycin sulfate.....	3	nitrofurantoin.....	130
MYLERAN.....	31	neomycin-bacitracin zn- polymyxin.....	121	nitrofurantoin macrocrystal.....	130
MYNATAL.....	117	neomycin-polymy- dexameth.....	122	nitrofurantoin monohyd macro.....	130
MYNATAL ADVANCE.....	117	neomycin-polymyxin-hc (otic).....	124	nitroglycerin.....	12
MYNATAL PLUS.....	117	NEOMYCIN/POLYMYXIN/HYD ROCORTISONE.....	122	NITROGLYCERIN.....	12
MYNATAL ULTRACAPLET.....	118	NEONATAL PLUS.....	118	nitroglycerin.....	12
MYNATAL-Z.....	118	NEONATAL VITAMIN.....	118	NITROSTAT.....	12
MYNATE 90 PLUS.....	118	NEORAL.....	116	NIVA-PLUS.....	118
MYRBETRIQ.....	131	NEPTAZANE.....	59	nizatidine.....	129
MYSOLINE.....	17	NEULASTA.....	67	NIZATIDINE.....	129
nabumetone.....	5	NEULASTA ONPRO KIT.....	67	NIZORAL.....	53
nadolol.....	43	NEUPOGEN.....	67	NOR-QD.....	48
nafcillin sodium.....	125	NEUPRO.....	36	NORCO.....	8
NAFCILLIN SODIUM.....	125	NEURONTIN.....	17	NORDITROPIN FLEXPRO.....	61
naftifine hcl.....	53	NEVANAC.....	123	norethin acet & estrad-fe.....	47
NAFTIN.....	53	nevirapine.....	40	norethindrone & eth estradiol.....	47
NAGLAZYME.....	62	NEXAVAR.....	34	norethindrone & ethinyl estradiol- fe.....	47
nalbuphine hcl.....	9	NEXIUM.....	130	norethindrone (contraceptive).....	48
NALFON.....	5	NEXIUM 24HR.....	130	norethindrone acet & eth estra.....	47
naloxone hcl.....	24	NEXIUM 24HR CLEAR.....		norethindrone acetate.....	125
NALOXONE HCL.....	24	MINIS.....	130	norethindrone acetate-ethinyl estradiol-fe.....	47
naltrexone hcl.....	24	NEXPLANON.....	48	norethindrone-eth estradiol (triphasic).....	47
NAMENDA.....	126	niacin (antihyperlipidemic).....	28	norgestimate-ethinyl estradiol.....	47
NAMENDA TITRATION PAK.....	126	NIASPAN.....	28	norgestimate-ethinyl estradiol (triphasic).....	47
NAPROSYN.....	5	nicardipine hcl.....	44		
naproxen.....	5	NICODERM CQ.....	127		
		NICORETTE.....	127		
		NICORETTE MINI.....	127		

norgestrel & ethinyl estradiol	47	O-CAL FA	118	OPTICHAMBER	
NORINYL 1+35	47	O-CAL PRENATAL	118	DIAMOND/LARGEFACE	
NORMOSOL-M IN D5W	114	octreotide acetate	63	MASK	111
NORMOSOL-R	114	OCUFEN	123	OPTICHAMBER	
NORPACE	12	OCUFLOX	121	DIAMOND/MEDIUM FACE	
NORPRAMIN	20	ODEFSEY	40	MASK	111
nortriptyline hcl	21	OFLOXACIN	64	OPTICHAMBER	
NORVASC	44	ofloxacin	64	DIAMOND/SMALLFACE	
NORVIR	40	ofloxacin (ophth)	121	MASK	111
NOVA SUREFLEX		ofloxacin (otic)	124	ORAP	127
LANCETS	76	OGESTREL	47	ORAPRED ODT	49
NOVA SUREFLEX LANCING		olanzapine	38	ORENCIA	5
DEVICE	76	olmesartan medoxomil	29	ORFADIN	62
NOVAREL	61	olopatadine hcl	123	orphenadrine citrate	119
NOVOFINE 30GX8MM	99	olopatadine hcl (nasal)	119	ORTHO MICRONOR	48
NOVOFINE 32GX6MM	99	OLUX	57	ORTHO TRI-CYCLEN	47
NOVOFINE AUTOCOVER		omega-3-acid ethyl esters	27	ORTHO TRI-CYCLEN LO	47
30GX8MM	99	omeprazole	130	ORTHO-CYCLEN	47
NOVOFINE PLUS		OMEPRAZOLE	130	ORTHO-NOVUM 1/35	47
32GX4MM	99	omeprazole magnesium	130	ORTHO-NOVUM 7/7/7	48
NOVOLIN 70/30	23	omeprazole-sodium		oseltamivir phosphate	42,43
NOVOLIN 70/30 FLEXPEN	23	bicarbonate	130	OSMOPREP	68
NOVOLIN 70/30 FLEXPEN		OMNIFLEX DIAPHRAGM	70	OVCON-35	48
RELION	23	OMNIPRED	122	OVIDE	58
NOVOLIN 70/30 RELION	23	OMNITROPE	61	oxacillin sodium	125
NOVOLIN N	23	ON CALL LANCING		oxaliplatin	31
NOVOLIN N RELION	23	DEVICE	76	OXANDRIN	9
NOVOLIN R	23	ON CALL PLUS LANCING		oxandrolone	9
NOVOLIN R RELION	23	DEVICE	76	oxaprozin	5
NOVOLOG	23	ONCASPAR	34	oxcarbazepine	17
NOVOLOG FLEXPEN	23	ondansetron	24	oxiconazole nitrate	53
NOVOLOG MIX 70/30	23	ondansetron hcl	24	OXISTAT	53
NOVOLOG MIX 70/30		ONDANSETRON		OXSORALEN ULTRA	54
PREFILLED FLEXPEN	23	HYDROCHLORIDE	24	oxybutynin chloride	131
NOVOLOG PENFILL	23	ONETOUCH DELICA		oxycodone hcl	7
NOVOTWIST 32GX5MM	99	LANCING DEVICE	76	OXYCODONE HCL ER	7
NOXAFIL	25	ONFI	16	oxycodone w/ acetaminophen	8
NPLATE	67	ONGLYZA	22	OXYCODONE/IBUPROFEN	8
NUCYNTA	7	OPANA	7	OXYCONTIN	7
NUCYNTA ER	7	OPTICHAMBER		oxymorphone hcl	7
NUEDEXTA	127	ADVANTAGE/LARGE		OXYMORPHONE	
NULOJIX	116	MASK	111	HYDROCHLORIDE ER	7
NUTROPIN AQ NUSPIN 10	61	OPTICHAMBER		PACLITAXEL	35
NUVARING	48	ADVANTAGE/MEDIUM FACE		paclitaxel	35
NUVIGIL	3	MASK	111	paliperidone	37
nystatin	25	OPTICHAMBER		palonosetron hcl	24
nystatin (mouth-throat)	117	ADVANTAGE/SMALL FACE		PALONOSETRON	
nystatin (topical)	53	MASK	111	HYDROCHLORIDE	24
nystatin-triamcinolone	53	OPTICHAMBER		PAMELOR	21
		DIAMOND	111		

pamidronate disodium.....	61	PEN NEEDLES 31GX6MM (1/4").....	99	PHARMACY COUNTER	
PAMIDRONATE DISODIUM.....	61	PEN NEEDLES 31GX8MM.....	99	LANCETS.....	76
PANCREAZE.....	59	PEN NEEDLES 31GX8MM (5/16").....	99	phenazopyridine hcl.....	66
PANOXYL-4 CREAMY WASH.....	52	PEN NEEDLES 32G X 4MM.....	99	phenelzine sulfate.....	19
PANRETIN.....	54	PEN NEEDLES 32G X 5MM.....	99	PHENERGAN.....	27
pantoprazole sodium.....	130	PEN NEEDLES 32G X 6MM.....	99	phenobarbital.....	67
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	48	PEN NEEDLES 32GX4MM.....	99	phenoxybenzamine hcl.....	29
parenteral electrolytes.....	114	penicillin g potassium.....	124	PHENYTEK.....	18
paricalcitol.....	62	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	124	phenytoin.....	18
PARLODEL.....	36	PENICILLIN G.....		phenytoin sodium.....	18
PARNATE.....	19	PROCAINE.....	124	phenytoin sodium extended.....	18
paromomycin sulfate.....	3	PENICILLIN G SODIUM.....	124	PHOSLYRA.....	65
paroxetine hcl.....	19	penicillin v potassium.....	124	PHOSPHOLINE IODIDE.....	121
PASER.....	31	PENICILLIN V POTASSIUM.....	124	PHOTOFRIN.....	35
PATADAY.....	123	penicillin v potassium.....	124	PICATO.....	54
PATANASE.....	119	PENLAC NAIL LACQUER.....	53	pilocarpine hcl.....	121
PATANOL.....	123	PENTAM 300.....	9	pilocarpine hcl (oral).....	117
PAXIL.....	19	PENTASA.....	65	pimozide.....	127
PAXIL CR.....	19	pentazocine w/ naloxone.....	9	pindolol.....	43
PC LANCETS SUPER THIN 30G.....	76	PENTIPS 29G X 12MM.....	99	pioglitazone hcl.....	22
PC UNIFINE PENTIPS 29G X1/2".....	99	PENTIPS 29GX12MM.....	99	pioglitazone hcl-metformin hcl.....	21
PC UNIFINE PENTIPS 31G X5MM MINI.....	99	PENTIPS 31G X 5MM.....	99	piperacillin sodium-tazobactam sodium.....	125
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	99	PENTIPS 31G X 8MM.....	99	piroxicam.....	5
PC UNIFINE PENTIPS 31G X8MM SHORT.....	99	PENTIPS 31GX5MM.....	99	PLAN B ONE-STEP.....	48
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	68	PENTIPS 31GX6MM.....	99	PLAQUENIL.....	30
PEG-INTRON REDIPEN.....	42	PENTIPS 31GX8MM.....	99	PLASMA-LYTE A.....	114
PEGANONE.....	18	PENTIPS 32G X 4MM.....	99	PLASMA-LYTE-148.....	114
PEGASYS.....	42	PENTIPS 32GX4MM.....	99	PLASMA-LYTE-56/D5W.....	114
PEGASYS PROCLICK.....	42	pentoxifylline.....	66	PLAVIX.....	66,67
PEGINTRON.....	42	PEPCID.....	129	PNV FOLIC ACID + IRON MULTIVITAMIN.....	118
PEN NEEDLES 29G X 12MM.....	99	PEPCID AC MAXIMUM STRENGTH.....	129	PNV PRENATAL PLUS MULTIVITAMIN.....	118
PEN NEEDLES 29GX1/2".....	99	PERCOCET.....	8	PNV TABS 29-1.....	118
PEN NEEDLES 30GX5/16".....	99	PERFECT LANCETS 30G.....	76	PNV-VP-U.....	118
PEN NEEDLES 30GX8MM.....	99	PERIDEX.....	117	podofilox.....	58
PEN NEEDLES 31G X 1/4" SHORT.....	99	perindopril erbumine.....	28	polymyxin b sulfate.....	11
PEN NEEDLES 31G X 3/16".....	99	PERJETA.....	33	polymyxin b-trimethoprim.....	121
PEN NEEDLES 31G X 5MM.....	99	permethrin.....	58	POLYTRIM.....	121
PEN NEEDLES 31G X 6MM.....	99	perphenazine.....	39	PONSTEL.....	5
PEN NEEDLES 31G X 8MM.....	99	PERPHENAZINE/AMITRIPTYL INE.....	126	potassium acetate.....	115
PEN NEEDLES 31GX5/16".....	99	PFIZERPEN.....	124	potassium bicarb & chloride.....	115
				potassium bicarbonate.....	115
				potassium chloride.....	115
				POTASSIUM CHLORIDE.....	115
				potassium chloride.....	115

POTASSIUM CHLORIDE ER.....	115	PRECISION ULTRA LANCET.....	77	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	100
potassium chloride in dextrose.....	114	PRECOSE.....	21	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	100
potassium chloride in dextrose & sodium chloride.....	114	PRED FORTE.....	122	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	100
potassium chloride in nacl.....	114	PRED MILD.....	122	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM.....	100
potassium chloride microencapsulated crystals er.....	115	prednicarbate.....	57	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	61
POTASSIUM CHLORIDE/DEXTROSE.....	114	PREDNICARBATE.....	57	PREMARIN.....	63
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	114	PREDNISOLONE.....	49	PREMIUM CONDOMS LUBRICATED.....	70
potassium citrate (alkalinizer).....	65	prednisolone.....	49	PREMPHASE.....	63
POTASSIUM PHOSPHATES.....	115	prednisolone acetate (ophth).....	122	PREMPRO.....	63
potassium phosphates.....	115	PREDNISOLONE ACETATE P-F.....	122	PRENATABS FA.....	118
POTIGA.....	17	prednisolone sodium phosphate.....	49	PRENATABS RX.....	118
PRADAXA.....	15	PREDNISOLONE SODIUM PHOSPHATE.....	49	PRENATAL.....	118
pramipexole dihydrochloride.....	36	prednisolone sodium phosphate.....	49	PRENATAL 19.....	118
PRANDIN.....	23	PREDNISOLONE SODIUM PHOSPHATE.....	122	PRENATAL AND IRON.....	118
prasugrel hcl.....	67	PREDNISONE.....	49	PRENATAL FORTE.....	118
PRAVACHOL.....	28	prednisone.....	49	PRENATAL LOW IRON.....	118
pravastatin sodium.....	28	PREDNISONE.....	49	PRENATAL ONE DAILY.....	118
praziquantel.....	9	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	100	PRENATAL PLUS.....	118
prazosin hcl.....	29	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	100	PRENATAL PLUS IRON.....	118
PRE-NATAL FORMULA.....	118	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	PRENATAL VITAMIN.....	118
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	100	PRENATAL VITAMINS PLUS LOW IRON.....	118
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	100	PRENATAL-U.....	118
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100	PREPLUS.....	118
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	100	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100	PREPOPIK.....	68
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	100	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	100	PRETAB.....	118
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/28G X 1/2".....	100	PREFERRED PLUS LANCETS COLORED 21G.....	77	PREVACID.....	130
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	100	PREFERRED PLUS LANCETS SUPER THIN 30G.....	77	PREVACID 24HR.....	130
PRECISION THIN LANCETS.....	76	PREFERRED PLUS LANCETS THIN 26G.....	77	PREZISTA.....	40
PRECISION THINS GP LANCET.....	77	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	100	PRIFTIN.....	31
				PRIOLOSEC.....	130
				PRIOLOSEC OTC.....	130
				PRIMAQUINE PHOSPHATE.....	30
				PRIMAXIN IV.....	10
				primidone.....	17
				PRINIVIL.....	28
				PRISTIQ.....	20
				PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	100
				PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	100

PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	100	PROPRANOLOL HCL	43	QC ALCOHOL SWABS	80
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	100	propranolol hcl	43	QC LANCETS SUPER THIN	77
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	100	propylthiouracil	128	QC LANCETS ULTRA THIN	77
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	100	PROSCAR	66	QC PEN NEEDLES 29G X 12MM	101
PRO COMFORT PEN NEEDLES/31G X 8MM	100	PROTONIX	130	QC PEN NEEDLES 31G X 6MM	101
PRO COMFORT PEN NEEDLES/32G X 4MM	100	PROTOPIC	58	QC PEN NEEDLES 31G X 8MM	101
PRO COMFORT PEN NEEDLES/32G X 5MM	100	protriptyline hcl	21	QC UNIFINE PENTIPS 32GX4MM	101
PRO COMFORT PEN NEEDLES/32G X 6MM	100	PROVENTIL HFA	14	QC UNILET LANCETS 33G/MICRO THIN	77
PROAIR HFA	14	PROVERA	125	QUALAQUIN	30
probenecid	66	PROVIGIL	3	QUARTETTE	48
procainamide hcl	12	PROZAC	19	QUESTRAN	27
PROCARDIA	44	PRUDOXIN	54	QUESTRAN LIGHT	27
PROCARDIA XL	44	PSORCON	57	quetiapine fumarate	38
prochlorperazine	39	PSS SELECT GP LANCETS	77	quinapril hcl	29
prochlorperazine maleate	39	PSS SELECT SAFETY LANCETS	77	QUINIDINE SULFATE	12
PROCRIT	67	PULMICORT	13	quinine sulfate	30
PROCTOCORT	9	PULMICORT FLEXHALER	13	QVAR	13
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101	PULMOZYME	127	RA ALCOHOL SWABS	80
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	101	PX ADVANCED LANCING DEVICE	77	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	77
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	101	PX EXTRA SHORT PEN NEEDLES 31GX6MM	101	RA E-ZJECT LANCETS 28G	77
PRODIGY LANCING DEVICE	77	PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	101	RA E-ZJECT LANCETS THIN 26G	77
PRODIGY TWIST TOP LANCETS	77	PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101	RA E-ZJECT LANCETS THIN 28G	77
progesterone micronized	125	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	101	RA E-ZJECT LANCETS ULTRATHIN 30G	77
PROGLYCEM	21	PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	101	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	101
PROGRAF	116	PX INSULIN SYRINGE/U-100/1ML/30G X 1/2"	101	RA INSULIN SYRINGE/1ML/29G X 1/2"	101
PROLASTIN-C	127	PX INSULIN SYRINGE/U-100/1ML/31G X 5/16"	101	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101
PROLEUKIN	35	PX LANCET AUTO INJECTOR	77	RA INSULIN SYRINGE/U-100/1ML/30G X 5/16"	101
PROLIA	61	PX LANCETS ULTRA THIN	77	RA LANCING DEVICE	77
PROMACTA	67	PX MINI PEN NEEDLES 31GX5MM	101	RA OMEPRAZOLE	130
promethazine hcl	27	PX OMEPRAZOLE	130	RA PEN NEEDLES 31G X 5MM3/16"	101
PROMETRIUM	125	PX PEN NEEDLE 29GX12MM	101	RA PEN NEEDLES 31G X 8MM5/16"	101
propafenone hcl	12	PX PEN NEEDLE 31GX8MM	101	rabeprazole sodium	130
proparacaine hcl	122	PX SHORTLENGTH PEN NEEDLES/31GX8MM	101	raloxifene hcl	62
PROPECIA	57	pyrazinamide	31	ramipril	29
propranolol hcl	43	PYRIDIDIUM	66	RANEXA	11
		pyridostigmine bromide	30	ranitidine hcl	129
		QC ADVANCED LANCING DEVICE	77	RAPAFLO	66

RAPAMUNE	116	RELION LANCETS MICRO-THIN33G	77	REXALL LANCETS ULTRA THIN	77
rasagiline mesylate	37	RELION LANCETS STANDARD 21G	77	REYATAZ	41
RAZADYNE	126	RELION LANCETS THIN 26G	77	RHINOCORT AQUA	120
RAZADYNE ER	126	RELION LANCETS ULTRA-THIN30G	77	ribavirin (hepatitis c)	42
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	101	RELION LANCING DEVICE	77	RIDAURA	4
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	101	RELION MINI PEN NEEDLES 31GX6MM	102	rifabutin	31
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2"	101	RELION PEN NEEDLES 29GX12MM	102	RIFADIN	31
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2"	101	RELION PEN NEEDLES 31GX6MM	102	RIFAMATE	30
REALITY LANCETS	77	RELION PEN NEEDLES 31GX8MM	102	rifampin	31
REALITY LATEX CONDOMS/LUBRICATED	70	RELION PEN NEEDLES 32GX4MM	102	RIFATER	30
REALITY LATEX/ULTRA TEXTURED	70	RELION SHORT PEN NEEDLES31GX8MM	102	RIGHT STEP PRENATAL	118
REALITY LATEX/ULTRA THIN	70	RELION ULTRA THIN LANCETS30G	77	RIGHTEST GD500 LANCING DEVICE	78
REALITY SWABS	80	RELION ULTRA THIN PLUS LANCETS 32G	77	RIGHTEST GL300 LANCETS	78
REBETOL	42	RELION ULTRA THIN PLUS LANCETS 33G	77	RILUTEK	120
REBIF	126	RELISTOR	65	riluzole	120
REBIF REBIDOSE	126	RELPAK	113	rimantadine hydrochloride	43
REBIF REBIDOSE TITRATIONPACK	126	REMERON	18	ringer's	114
REBIF TITRATION PACK	126	REMERON SOLTAB	18	ringer's irrigation	116
RECLAST	61	REMICADE	65	risedronate sodium	61
RECTIV	9	REMODULIN	45	RISPERDAL	38
REGLAN	64	RENOVELA	65	RISPERDAL CONSTA	38
REGRANEX	58	REOPRO	67	RISPERDAL M-TAB	38
RELENZA DISKHALER	43	repaglinide	23	risperidone	38
RELION 2-IN-1 LANCING DEVICE 25G	77	REPAGLINIDE/METFORMIN HYDROCHLORIDE	21	RISPERIDONE ODT	38
RELION 2-IN-1 LANCING DEVICE 30G	77	REQUIP	36	RITALIN	3
RELION ALCOHOL SWABS	80	REQUIP XL	36	RITALIN LA	3
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2"	101	RESCRIPTOR	40	ritonavir	41
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	101	RESECTISOL	66	RITUXAN	33
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	101	RESTASIS	122	rivastigmine tartrate	126
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101	RESTASIS MULTIDOSE	122	rizatriptan benzoate	113
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102	RETIN-A	52	ROBAXIN	119
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102	RETIN-A MICRO	52	ROBAXIN-750	119
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102	RETIN-A MICRO PUMP	52	ROBINUL	129
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102	RETROVIR	40,41	ROBINUL FORTE	129
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	RETROVIR IV INFUSION	40	ROCALTROL	62
		REVATIO	45	ROMIDEPSIN	34
		REVLIMID	115	ropinirole hydrochloride	36,37
				rosuvastatin calcium	28
				ROXICODONE	7
				ROZEREM	68
				RYCLORA	26
				RYTHMOL	12
				RYTHMOL SR	12
				SABRIL	17

SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	102	SB LANCETS THIN	78	SHOPKO UNIFINE PENTIPS PLUS PEN	
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	102	SB LANCETS ULTRA THIN	78	NEEDLES/MINI/REMOVER/31G X5MM	103
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	102	SB OMEPRAZOLE	130	SHOPKO UNIFINE PENTIPS PLUS PEN	
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	102	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2"	102	NEEDLES/REMOVER/29GX12M M	103
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	102	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16"	102	SHOPKO UNIFINE PENTIPS PLUS PEN	
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	102	scopolamine	24	NEEDLES/SHORT/REMOVR/31GX8MM	103
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	102	SE-NATAL 19	118	SHOPKO UNILET LANCETS SUPER THIN 30G	78
SAFETY INSULIN SYRINGES 1ML/27GX1/2"	102	SEASONIQUE	48	SHOPKO UNILET LANCETS ULTRA THIN 28G	78
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	102	SECTRAL	43	sildenafil citrate (pulmonary hypertension)	45
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	102	SELECT-LITE LANCING DEVICE	78	SILVADENE	55
SAFETY SEAL LANCETS 28G	78	selegiline hcl	37	silver sulfadiazine	55
SAFETY SEAL LANCETS 30G	78	selenium sulfide	54	SIMPLE DIAGNOSTICS LANCING DEVICE	78
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	102	SELZENTRY	41	SIMPONI	4
SAFYRAL	48	SENSIPAR	62	SIMULECT	116
SAIZEN	62	SEREVENT DISKUS	14	simvastatin	28
SAIZEN CLICK.EASY	61	SEROQUEL	39	SINEMET	37
SAIZENPREP RECONSTITUTIONKIT	62	SEROQUEL XR	39	SINEMET CR	37
SALAGEN	117	SEROSTIM	62	SINGULAIR	13
salsalate	5	sertraline hcl	19,20	sirolimus	116
SAMSCA	63	sevelamer carbonate	65	SKELAXIN	119
SANDIMMUNE	116	SHOHL'S SOLUTION MODIFIED	65	SKLICE	58
SANDOSTATIN	63	SHOPKO ALCOHOL SWABS	80	SKYLA	48
SANTYL	57	SHOPKO AUTOLET LANCING DEVICE	78	SM ALCOHOL PREP PADS	80
SAPHRIS	38	SHOPKO UNIFINE PENTIPS PEN		SM INSULIN SYRINGE/1ML/31G X 5/16"	103
SAVELLA	126	NEEDLES/MICRO/32GX4MM	102	SM MICRO THIN LANCETS 33G	78
SAVELLA TITRATION PACK	126	SHOPKO UNIFINE PENTIPS PEN		SM OMEPRAZOLE	130
SB ALCOHOL PREP PADS	80	NEEDLES/MINI/31GX5MM	102	SM TRUEDRAW LANCING DEVICE	78
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102	SHOPKO UNIFINE PENTIPS PLUS PEN		SMART DIABETES VANTAGE LANCING DEVICE	78
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102	NEEDLES/ORIGINAL/29GX12MM	103	SMART SENSE COLOR LANCETS UNIVERSAL 33G	78
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102	SHOPKO UNIFINE PENTIPS PEN		SMART SENSE STANDARD LANCETS UNIVERSAL 21G	78
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102	NEEDLES/SHORT/31GX8MM	103	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	78
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102	SHOPKO UNIFINE PENTIPS PLUS PEN		SMART SENSE THIN LANCETSUNIVERSAL 26G	78
		NEEDLES/MICRO/REMOVR/32GX4MM	103	SODIUM ACETATE	114
				sodium acetate	114
				SODIUM CHLORIDE	115
				sodium chloride	115

SODIUM CHLORIDE.....	115	STREPTOMYCIN		SURE COMFORT INSULIN	
sodium chloride (gu irrigant) .	66	SULFATE.....	3	SYRINGE/U-100/0.5ML/30G X	
sodium chloride (inhalant) .	50	STROMECTOL.....	9	5/16".....	103
sodium citrate & citric acid .	65	SUBOXONE.....	9	SURE COMFORT INSULIN	
sodium phenylbutyrate.....	62	SUCRAID.....	59	SYRINGE/U-100/0.5ML/31G X	
sodium polystyrene		sucralfate.....	129	5/16.....	103
sulfonate.....	117	SULAR.....	44	SURE COMFORT INSULIN	
SOLARAZE.....	54	sulfacetamide sodium		SYRINGE/U-100/1ML/28G X	
SOLTAMOX.....	33	(acne).....	52	1/2".....	103
SOLU-CORTEF.....	49	sulfacetamide sodium		SURE COMFORT INSULIN	
SOLU-MEDROL.....	49	(ophth).....	122	SYRINGE/U-100/1ML/29G X	
SOLUS V2 LANCING		sulfacetamide sodium w/		1/2".....	103
DEVICE.....	78	sulfur.....	52	SURE COMFORT INSULIN	
SOMA.....	119	SULFADIAZINE.....	127	SYRINGE/U-100/1ML/30G X	
SOMATULINE DEPOT.....	63	sulfamethoxazole-trimethoprim		1/2".....	103
SOMAVERT.....	61	.....	10	SURE COMFORT INSULIN	
SONATA.....	68	SULFAMYLON.....	55	SYRINGE/U-100/1ML/30G X	
SORBITOL.....	66	sulfasalazine.....	65	5/16".....	103
SORBITOL-MANNITOL.....	66	sulindac.....	5	SURE COMFORT INSULIN	
SORIATANE.....	54	SUMADAN WASH.....	52	SYRINGE/U-100/1ML/31G X	
sotalol hcl.....	43	sumatriptan.....	113	5/16".....	103
SOVALDI.....	42	sumatriptan succinate.....	113	SURE COMFORT LANCING	
SPECTRACEF.....	46	SUMATRIPTAN		PEN.....	78
SPINOSAD.....	58	SUCCINATE.....	113	SURE COMFORT PEN	
SPIRIVA HANDIHALER.....	13	sumatriptan succinate.....	113	NEEDLES29GX1/2"	
SPIRIVA RESPIMAT.....	13	SUPER THIN LANCETS.....	78	12.7MM.....	103
spironolactone.....	60	SUPRAX.....	46	SURE COMFORT PEN	
spironolactone &		SUPREP BOWEL PREP		NEEDLES30GX5/16"	
hydrochlorothiazide.....	59	KIT.....	68	SHORT.....	103
SPORANOX.....	25	SURE COMFORT INSULIN		SURE COMFORT PEN	
SPORANOX PULSEPAK.....	25	SYRINGE/U-100/0.3ML/29G X		NEEDLES31GX3/16"	
SPRYCEL.....	34	1/2".....	103	(5MM).....	103
STALEVO 100.....	37	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 125.....	37	SYRINGE/U-100/0.3ML/30G X		NEEDLES31GX5/16"	
STALEVO 150.....	37	1/2".....	103	(8MM).....	104
STALEVO 200.....	37	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 50.....	37	SYRINGE/U-100/0.3ML/31G X		NEEDLES32GX5/32".....	104
STALEVO 75.....	37	5/16".....	103	SURE COMFORT PEN	
stannous fluoride.....	117	SURE COMFORT INSULIN		NEEDLES32GX6MM.....	104
STARLIX.....	23	SYRINGE/U-100/0.3ML/29G X		SURE-FINE PEN NEEDLES	
stavudine.....	41	1/2".....	103	29GX1/2" 12.7MM.....	104
STELARA.....	54	SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES	
STENDRA.....	45	SYRINGE/U-100/0.3ML/31G X		31GX3/16" 5MM.....	104
STERILANCE TL.....	78	5/16.....	103	SURE-FINE PEN NEEDLES	
STIMATE.....	63	SURE COMFORT INSULIN		31GX5/16" 8MM.....	104
STIVARGA.....	34	SYRINGE/U-100/0.3ML/29G X		SURE-JECT INSULIN	
STRATTERA.....	2	1/2".....	103	SYRINGE/U-100/0.3ML/29G X	
		SURE COMFORT INSULIN		1/2".....	104
		SYRINGE/U-100/0.5ML/28G X		SURE-JECT INSULIN	
		1/2".....	103	SYRINGE/U-100/0.3ML/30G X	
		SURE COMFORT INSULIN		5/16".....	104
		SYRINGE/U-100/0.5ML/29G X		SURE-JECT INSULIN	
		1/2".....	103	SYRINGE/U-100/0.3ML/31G X	
		SURE COMFORT INSULIN		5/16".....	104
		SYRINGE/U-100/0.5ML/30G X		SURE-JECT INSULIN	
		1/2".....	103	SYRINGE/U-100/0.5ML/28G X	
				1/2".....	104

SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	TARGRETIN.....	35,54	TECHLITE PEN NEEDLES/31GX 8MM.....	105
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	104	TASIGNA.....	34	TECHLITE PEN NEEDLES/32GX 4MM.....	105
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	TASMAR.....	36	TECHLITE PEN NEEDLES/32GX 6MM.....	105
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	TAXOL.....	35	TECHLITE PEN NEEDLES/32GX 8MM.....	105
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	TAXOTERE.....	35	TEFLARO.....	46
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	tazarotene.....	54	TEGRETOL.....	17
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	TAZORAC.....	54	TEGRETOL-XR.....	17
SURE-PEN.....	78	TECHLITE AST LANCETS 78		TEKTURNA.....	30
SURELITE LANCETS.....	78	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2".....	104	telmisartan.....	29
SURMONTIL.....	21	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2".....	104	TEMODAR.....	32
SUSTIVA.....	41	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	104	TEMOVATE.....	57
SUTENT.....	34	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	104	TEMOVATE E.....	57
SW OMEPRAZOLE.....	130	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16".....	104	temozolomide.....	32
SYLATRON.....	35	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2".....	104	temsirolimus.....	34
SYMBICORT.....	14	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	104	TENEX.....	29
SYMLINPEN 120.....	21	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	104	TENIPOSIDE.....	35
SYMLINPEN 60.....	21	TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16".....	104	tenofovir disoproxil fumarate	41
SYNALAR.....	57	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2".....	104	TENORETIC 100.....	29
SYNAREL.....	62	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2".....	104	TENORETIC 50.....	30
SYNERA.....	58	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	105	TENORMIN.....	43
SYNRIBO.....	35	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	105	TEPADINA.....	32
SYNTHROID.....	128	TECHLITE LANCETS.....	78	TERAZOL 3.....	131
SYPRINE.....	115	TECHLITE LANCETS 30G 78		TERAZOL 7.....	131
TABLOID.....	32	TECHLITE PEN NEEDLES 29GX 12 MM.....	105	terazosin hcl.....	29
TACLONEX.....	57	TECHLITE PEN NEEDLES 31GX 5MM.....	105	terbutaline sulfate.....	14
tacrolimus.....	116	TECHLITE PEN NEEDLES/31GX 5MM.....	105	TERCONAZOLE.....	131
tacrolimus (topical).....	58	TECHLITE PEN NEEDLES/31GX 6 MM.....	105	terconazole vaginal.....	131
tadalafil.....	45			TESSALON PERLES.....	50
tadalafil (pulmonary hypertension).....	45			testosterone cypionate.....	9
TAGAMET HB.....	129			testosterone enanthate.....	9
TALWIN.....	9			tetrabenazine.....	126
TAMIFLU.....	43			tetracycline hcl.....	128
tamoxifen citrate.....	33			TETRACYCLINE HCL.....	128
tamsulosin hcl.....	66			TGT ALCOHOL SWABS.....	80
TAPAZOLE.....	128			TGT LANCET MICRO THIN 33G.....	78
TARCEVA.....	34			TGT LANCET THIN 26G.....	78
				TGT LANCET ULTRA THIN 30G.....	78
				TGT LANCING DEVICE.....	78
				TGT OMEPRAZOLE.....	130
				THALOMID.....	115
				THEO-24.....	14
				theophylline.....	14

THERANATAL CORE NUTRITION.....	118	TODAYS HEALTH ULTRA THINLANCETS 28G.....	79	TOPROL XL.....	43
THINLETS GP LANCETS...	78	TOFRANIL.....	21	TORISEL.....	34
THINLETS LANCET.....	78	TOLAZAMIDE.....	23	torsemide.....	60
thioridazine hcl.....	39	TOLBUTAMIDE.....	23	TOVIAZ.....	131
thiotepa.....	32	tolcapone.....	36	TPN ELECTROLYTES.....	114
thiothixene.....	39	TOLMETIN SODIUM.....	5	TRACLEER.....	45
THRIVITE RX.....	119	tolterodine tartrate.....	131	TRADJENTA.....	22
THYMOGLOBULIN.....	116	TOPAMAX.....	17	tramadol hcl.....	7
THYROLAR-1.....	128	TOPAMAX SPRINKLE.....	17	tramadol-acetaminophen.....	8
THYROLAR-1/2.....	128	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	105	trandolapril.....	29
THYROLAR-1/4.....	128	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	105	tranexamic acid.....	67
THYROLAR-2.....	128	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	105	TRANSDERM-SCOP.....	24
THYROLAR-3.....	128	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	105	tranylcypromine sulfate.....	19
tiagabine hcl.....	17	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	105	TRAVATAN Z.....	123
TIAZAC.....	44	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	105	trazodone hcl.....	20
TIGAN.....	24	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	105	TREANDA.....	32
tigecycline.....	10	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	105	TRECATOR.....	31
TIGECYCLINE.....	10	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105	TRELEGY ELLIPTA.....	14
TIKOSYN.....	12	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	TRELSTAR.....	33
TIMOLOL MALEATE.....	43	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	TRELSTAR MIXJECT.....	33
timolol maleate (ophth).....	121	TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105	tretinoin.....	52
TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	121	TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	105	tretinoin (chemotherapy).....	35
TIMOPTIC.....	121	TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	tretinoin microsphere.....	52
TIMOPTIC-XE.....	121	TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105	TREXALL.....	32
TIVICAY.....	41	TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	106	TRI-NORINYL 28.....	48
tizanidine hcl.....	119	TOPICORT.....	57	TRIADVANCE.....	119
TOBI.....	3	topiramate.....	17	triamcinolone acetonide.....	49
TOBRADEX.....	122	topotecan hcl.....	36	TRIAMCINOLONE ACETONIDE.....	50
TOBRAMYCIN.....	3			triamcinolone acetonide (mouth).....	117
tobramycin.....	3			triamcinolone acetonide (topical).....	57
tobramycin (ophth).....	122			triamterene & hydrochlorothiazide.....	59
TOBRAMYCIN SULFATE.....	3			TRIAZOLAM.....	68
tobramycin sulfate.....	3			triazolam.....	68
tobramycin-dexamethasone.....	122			TRICARE.....	119
TOBREX.....	122			TRICOR.....	28
TODAYS HEALTH ADVANCED LANCING DEVICE.....	78			TRIDESILON.....	57
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	105			trientine hcl.....	115
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	105			trifluoperazine hcl.....	39
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	105			trifluridine.....	122
TODAYS HEALTH SUPER THINLANCETS 30G.....	79			TRIGLIDE.....	28
				trihexyphenidyl hcl.....	36
				TRILEPTAL.....	17
				trimethobenzamide hcl.....	25
				trimethoprim.....	9

trimipramine maleate.....	21	TRUE METRIX CONTROL SOLUTION LEVEL 1.....	79	TRUEPLUS LANCETS 28G SUPER THIN.....	79
TRINATAL GT.....	119	TRUE METRIX CONTROL SOLUTION LEVEL 2.....	79	TRUEPLUS LANCETS 30G ULTRA THIN.....	79
TRINATAL RX 1.....	119	TRUE METRIX CONTROL SOLUTION LEVEL 3.....	79	TRUEPLUS LANCETS 33G.....	79
TRINTELLIX.....	20	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS.....	59	TRUEPLUS PEN NEEDLES 29GX12MM.....	106
TRIOSTAT.....	128	TRUECONTROL GLUCOSE CONTROL LEVEL 0.....	79	TRUEPLUS PEN NEEDLES 31GX5MM.....	106
TRISENOX.....	35	TRUECONTROL GLUCOSE CONTROL LEVEL 1.....	79	TRUEPLUS PEN NEEDLES 31GX6MM.....	106
TRIZIVIR.....	41	TRUEDRAW LANCING DEVICE.....	79	TRUEPLUS PEN NEEDLES 31GX8MM.....	106
TROJAN EXTENDED PLEASURE/LUBRICATED.....	70	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	106	TRUEPLUS PEN NEEDLES 32GX4MM.....	106
TROJAN MAGNUM.....	70	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	106	TRUETEST BLOOD GLUCOSE TEST.....	59
TROJAN MAGNUM WARM SENSATIONS.....	70	TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	106	TRUETEST BLOOD GLUCOSE TEST STRIPS.....	59
TROJAN MAGNUM XL LUBRICATED.....	70	TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM.....	106	TRUETEST GLUCOSE CONTROLLEVEL 1.....	79
TROJAN PLEASURE MESH/SPERMICIDAL.....	70	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	106	TRUETEST GLUCOSE CONTROLLEVEL 2.....	79
TROJAN RIBBED W/SPERMICIDAL.....	70	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	106	TRUETEST GLUCOSE CONTROLLEVEL 3.....	79
TROJAN SHARED SENSATION/LUBRICATED.....	70	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	106	TRUETEST STRIPS.....	59
TROJAN SUPRAS SPERMICIDAL.....	70	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	106	TRUETRACK BLOOD GLUCOSE TEST.....	59
TROJAN TWISTED PLEASURE.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	106	TRUETRACK TEST.....	59
TROJAN ULTRA PLEASURE/LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	106	TRUSOPT.....	123
TROJAN VERY SENSITIVE LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	106	TRUSTEX COLOR CONDOMS + LUBE.....	71
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT.....	71	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	106	TRUSTEX LUBRICATED.....	71
TROJAN VERY THIN LUBRICATED.....	71	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	106	TRUSTEX LUBRICATED EXTRALARGE.....	71
TROJAN VERY THIN SPERMICIDAL LUBRICANT.....	71	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	106	TRUSTEX LUBRICATED EXTRASTRENGTH.....	71
TROJAN-ENZ LUBRICANT.....	71	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	106	TRUSTEX LUBRICATED/RIBBED/STUDDED.....	71
TROJAN-ENZ LUBRICATED.....	71	TRUEPLUS LANCETS 26G.....	79	TRUSTEX LUBRICATED/SPERMICIDE.....	71
TROJAN-ENZ W/SPERMICIDAL.....	71			TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	71
tropicamide.....	121			TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	71
tropium chloride.....	131			TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	71
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	106			TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED.....	71
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	106				
TRUE COMFORT PEN NEEDLES31G X 5MM.....	106				
TRUE COMFORT PEN NEEDLES31G X 6MM.....	106				
TRUE COMFORT PEN NEEDLES32G X 4MM.....	106				
TRUE METRIX BLOOD GLUCOSE TEST STRIPS.....	59				

TRUSTEX/RIA		ULTICARE INSULIN	ULTICARE INSULIN
LUBRICATED.....	71	SYRINGE/SHORT/0.3ML/30G	SYRINGEULTRAFINE U-
TRUSTEX/RIA LUBRICATED		X 5/16".....	100/0.5ML/31G X 5/16".....
SPERMICIDE.....	71	ULTICARE INSULIN	ULTICARE INSULIN
TRUSTEX/RIA		SYRINGE/SHORT/0.3ML/31G	SYRINGEULTRAFINE U-
LUBRICATED/SPERMICIDE		X 5/16".....	100/1ML/31G X 5/16".....
.....	71	ULTICARE INSULIN	ULTICARE MICRO PEN
TRUVADA.....	41	SYRINGE/SHORT/0.5ML/30G	NEEDLES 31G X 8MM.....
TYGACIL.....	10	X 5/16".....	107
TYKERB.....	34	ULTICARE INSULIN	ULTICARE MICRO PEN
TYLENOL/CODEINE #3.....	8	SYRINGE/SHORT/0.5ML/31G	NEEDLES 32G X 4MM.....
TYLENOL/CODEINE #4.....	8	X 5/16".....	107
TYSABRI.....	126	ULTICARE INSULIN	ULTICARE MICRO PEN
TYZEKA.....	42	SYRINGE/SHORT/1ML/30G X	NEEDLES/31G X 1/4".....
TYZINE PEDIATRIC NASAL		5/16".....	107
DROPS.....	120	ULTICARE INSULIN	ULTICARE MICRO PEN
ULESFIA.....	58	SYRINGE/SHORT/1ML/31G X	NEEDLES/31G X 5/16".....
ULORIC.....	66	5/16".....	107
ULTI-LANCE AUTOMATIC/		ULTICARE INSULIN	ULTICARE MICRO PEN
CLEAR TIP.....	79	SYRINGE/SHORT/1ML/31G X	NEEDLES/32G X 4MM.....
ULTICARE ALCOHOL		5/16".....	107
SWABS.....	80	ULTICARE INSULIN	ULTICARE MICRO PEN
ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/29G X	NEEDLES/32G X 5/32".....
SYRINGE/0.5ML/29G X		1/2".....	107
1/2".....	106	ULTICARE INSULIN	ULTICARE MINI PEN NEEDLES
ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/30G X	31GX6MM.....
SYRINGE/1ML/29G X 1/2".....	106	5/16".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE MINI PEN NEEDLES
SYRINGE/0.3ML/29G X		SYRINGE/U-100/0.3ML/31G X	ULTI-FINE IV.....
1/2".....	107	5/16".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE MINI PEN
SYRINGE/0.3ML/30G X		SYRINGE/U-100/0.5ML/29G X	NEEDLES/31G X 6MM.....
1/2".....	107	1/2".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE MINI PEN
SYRINGE/0.3ML/30G X		SYRINGE/U-100/0.5ML/30G X	NEEDLES31GX6MM.....
5/16".....	107	1/2".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE ORIGINAL PEN
SYRINGE/0.5ML/28G X		SYRINGE/U-100/0.5ML/30G X	NEEDLES ULTI-FINE.....
1/2".....	107	5/16".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE PEN NEEDLES
SYRINGE/0.5ML/29G X		SYRINGE/U-100/0.5ML/30G X	31GX 5MM/MINI.....
1/2".....	107	5/16".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE PEN
SYRINGE/0.5ML/30G X		SYRINGE/U-100/0.5ML/31G X	NEEDLES/29GX 12.7MM.....
1/2".....	107	5/16".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE SHORT PEN
SYRINGE/0.5ML/30G X		SYRINGE/U-100/1ML/29G X	NEEDLES 31GX8MM.....
1/2".....	107	1/2".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE SHORT PEN
SYRINGE/0.5ML/30G X		SYRINGE/U-100/1ML/30G X	NEEDLES ULTI-FINE IV.....
1/2".....	107	1/2".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTICARE SHORT PEN
SYRINGE/0.5ML/30G X		SYRINGE/U-100/1ML/30G X	NEEDLES/31G X 8MM.....
5/16".....	107	5/16".....	107
ULTICARE INSULIN		ULTICARE INSULIN	ULTILET CLASSIC
SYRINGE/1ML/28G X 1/2".....	107	SYRINGE/U-100/1ML/30G X	LANCETS.....
ULTICARE INSULIN		5/16".....	79
SYRINGE/1ML/29G X 1/2".....	107	ULTICARE INSULIN	ULTILET INSULIN
ULTICARE INSULIN		SYRINGE/U-100/1ML/31G X	SYRINGE/0.3ML/30G X
SYRINGE/1ML/30G X 1/2".....	107	5/16".....	8MM.....
ULTICARE INSULIN		ULTICARE INSULIN	ULTILET INSULIN
SYRINGE/1ML/30G X 1/2".....	107	SYRINGEULTRAFINE U-	SYRINGE/0.3ML/31G X
ULTICARE INSULIN		100/0.3ML/31G X 5/16".....	8MM.....
SYRINGE/1ML/30G X			108
5/16".....	107		ULTILET INSULIN
			SYRINGE/0.5ML/30G X
			8MM.....
			108
			ULTILET INSULIN
			SYRINGE/1ML/30G X 8MM.....
			108
			ULTILET INSULIN
			SYRINGE/1ML/31G X 8MM.....
			108
			ULTILET INSULIN
			SYRINGE/SHORT/0.3ML/30G X
			12.7MM.....
			108
			ULTILET INSULIN
			SYRINGE/SHORT/0.3ML/30G X
			5/16".....
			108

ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	108	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	109	ULTRAM.....	7
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	108	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	109	ULTRAM ER.....	7
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	108	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	ULTRAVATE.....	57
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	108	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	UNASYN.....	125
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	108	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	109	UNASYN BULK PACK.....	125
ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	109	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	109	UNIFINE PENTIPS 29GX12MM.....	110
ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	109	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	109	UNIFINE PENTIPS 31G X 3/16".....	110
ULTILET PEN NEEDLE 29GX12.7MM.....	109	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	109	UNIFINE PENTIPS 31GX5MM.....	110
ULTILET PEN NEEDLE 31GX5MM.....	109	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	109	UNIFINE PENTIPS 31GX6MM.....	110
ULTILET PEN NEEDLE 31GX8MM.....	109	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	109	UNIFINE PENTIPS 31GX8MM.....	110
ULTILET PEN NEEDLE 32GX4MM.....	109	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	109	UNIFINE PENTIPS 32GX4MM.....	110
ULTILET PEN NEEDLE 32GX4MM/SHORT.....	109	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	109	UNIFINE PENTIPS 32GX6MM.....	110
ULTILET SHORT PEN NEEDLES 31GX5/16".....	109	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	109	UNIFINE PENTIPS 33GX4MM.....	110
ULTILET SHORT PEN NEEDLES 31GX3/16".....	109	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	110	UNIFINE PENTIPS PLUS 29GX12MM.....	110
ULTIMATE FEELING.....	71	ULTRA-THIN II INSULIN SYRINGE/U- 100/1ML/29GX1/2".....	110	UNIFINE PENTIPS PLUS 31GX5MM.....	110
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	109	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".....	110	UNIFINE PENTIPS PLUS 31GX6MM.....	110
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	109	ULTRA-THIN II PEN NEEDLES 29GX1/2".....	110	UNIFINE PENTIPS PLUS 31GX8MM.....	110
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	109	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16".....	110	UNIFINE PENTIPS PLUS 32GX4MM.....	110
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	109	ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE.....	117	UNIFINE PENTIPS PLUS 33GX4MM.....	110
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	109	ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE.....	117	UNILET COMFORTOUCH LANCET.....	79
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	109	ULTRABAG/DIANEAL PD- 2/1.5% DEXTROSE.....	117	UNILET EXCELITE.....	79
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	109	ULTRABAG/DIANEAL PD- 2/2.5% DEXTROSE.....	117	UNILET EXCELITE II.....	79
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109	ULTRABAG/DIANEAL PD- 2/4.25% DEXTROSE.....	117	UNILET G.P. LANCET.....	79
		ULTRACET.....	8	UNILET G.P. SUPERLITE LANCET.....	79
				UNILET GP 28 ULTRA THIN 79	79
				UNILET LANCET.....	79
				UNILET LANCETS MICRO- THIN33G.....	79
				UNILET LANCETS SUPER- THIN30G.....	79
				UNILET LANCETS ULTRA-THIN 28G.....	79
				UNILET SUPERLITE LANCET.....	79
				UNIVERSAL 1 LANCETS THIN26G.....	79
				UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	79
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				UROCIT-K 10.....	65

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URSO FORTE.....	64	VANCOCCIN HCL.....	10	VIIBRYD.....	20
ursodiol.....	64	vancomycin hcl.....	10	VIL-RX.....	119
UVADEX.....	35	VANISHPOINT INSULIN		VIMPAT.....	17
V-R MONOJECT INSULIN		SYRINGE/0.5ML/30G X		VINATE M.....	119
SYRINGE/U-100/0.3ML/29G X		1/2".....	110	VINATE ONE.....	119
V-R MONOJECT INSULIN		VANISHPOINT INSULIN		VINBLASTINE SULFATE.....	35
SYRINGE/U-100/0.5ML/28G X		SYRINGE/0.5ML/30G X		vincristine sulfate.....	35
1/2".....	110	5/16".....	110	vinorelbine tartrate.....	35
V-R MONOJECT INSULIN		VANISHPOINT INSULIN		VIRACEPT.....	41
SYRINGE/U-100/0.5ML/29G X		SYRINGE/1ML/29G X		VIRAMUNE.....	41
1/2".....	110	1/2".....	110	VIRAMUNE XR.....	41
V-R MONOJECT INSULIN		VANISHPOINT INSULIN		VIREAD.....	41
SYRINGE/U-100/1ML/28G X		SYRINGE/1ML/30G X		VIROPTIC.....	122
1/2".....	110	5/16".....	110	VIRT-ADVANCE.....	119
V-R MONOJECT INSULIN		VASERETIC.....	30	VIRT-VITE GT.....	119
SYRINGE/U-100/1ML/29G X		VASOTEC.....	29	VISTOGARD.....	24
1/2".....	110	VECTIBIX.....	33	VITAFOL-OB.....	119
valacyclovir hcl.....	42	VECTICAL.....	54	VITAMIN D2.....	132
VALCYTE.....	41	VELCADE.....	34	VIVELLE-DOT.....	63
valganciclovir hcl.....	41	VELTIN.....	52	VOL-PLUS.....	119
VALIUM.....	12	venlafaxine hcl.....	20	VOL-TAB RX.....	119
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valsartan.....	29	VENTOLIN HFA.....	14	voriconazole.....	26
valsartan-hydrochlorothiazide		verapamil hcl.....	44	VORTEX VALVED HOLDING	
.....	30	VERDROCET.....	8	CHAMBER.....	111
VALSTAR.....	34	VEREGEN.....	52	VOSPIRE ER.....	14
VALTRESX.....	42	VERELAN.....	44	VOTRIENT.....	34
VALUE HEALTH INSULIN		VERELAN PM.....	44	VP INSULIN SYRINGE/U-	
SYRINGE/U-100/0.5ML/29G X		VERIPRED 20.....	50	100/0.3ML/29G X 1/2".....	111
1/2".....	110	VESICARE.....	131	VPRIV.....	67
VALUE HEALTH INSULIN		VFEND.....	25	VYTORIN.....	27
SYRINGE/U-100/1ML/29G X		VIBRAMYCIN.....	128	VYVANSE.....	1
1/2".....	110	VICTOZA.....	22	W&F LANCETS 26G.....	80
VALUE PLUS LANCETS		VIDA MIA AUTOLET		W&F LANCETS COLORED	
STANDARD 21G.....	79	LANCINGDEVICE.....	80	21G.....	80
VALUE PLUS LANCETS		VIDA MIA UNIFINE		WALGREENS COMFORT	
SUPERTHIN 30G.....	80	PENTIPS32GX4MM.....	110	ASSURED LANCETS MICRO	
VALUE PLUS LANCETS THIN		VIDA MIA UNIFINE		THIN/33G.....	80
26G.....	80	PENTIPSMINI 31GX6MM.....	110	WALGREENS COMFORT	
VALUE PLUS LANCING		VIDA MIA UNIFINE		ASSURED LANCETS SUPER	
DEVICE.....	80	PENTIPSORIGINAL		THIN/28G.....	80
VALUMARK LANCET SUPER		29GX12MM.....	111	WALGREENS THIN	
THIN 30G.....	80	VIDA MIA UNILET LANCETS		LANCETS.....	80
VALUMARK LANCET ULTRA		SUPER THIN 30G.....	80	warfarin sodium.....	14
THIN 28G.....	80	VIDA MIA UNILET LANCETS		water for irrigation, sterile.....	116
VALUMARK PEN NEEDLES		ULTRA THIN 28G.....	80	WEBCOL ALCOHOL PREP	
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WEBCOL ALCOHOL PREP			
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WEBCOL ALCOHOL PREP			
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WEGMANS UNIFINE PENTIPS			
PLUS 32GX4MM	111		
WEGMANS UNIFINE PENTIPS			
PLUS/MINI/31GX5MM	111		
WEGMANS UNIFINE PENTIPS			
PLUS/SHORT/31GX8MM	111		
WEGMANS UNIFINE PENTIPS			
PLUS/ULTRA			
SHORT/31GX6MM	111		
WELCHOL	27		
WELLBUTRIN SR	18		
WELLBUTRIN XL	18		
WESTCORT	57		
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DIAPHRAGM KIT 60	71		
WIDE-SEAL SILICONE			
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WIDE-SEAL SILICONE			
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DIAPHRAGM KIT 75	71		
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DIAPHRAGM KIT 80	71		
WIDE-SEAL SILICONE			
DIAPHRAGM KIT 85	71		
WIDE-SEAL SILICONE			
DIAPHRAGM KIT 90	71		
WIDE-SEAL SILICONE			
DIAPHRAGM KIT 95	71		
XALATAN	123		
XALKORI	34		
XANAX	12		
XARELTO	14		
XELJANZ	4		
XELODA	32		
XENAZINE	126		
XEOMIN	120		
XGEVA	61		
XIFAXAN	10		
XODOL	8		
XOLAIR	13		
XOPENEX	14		
XOPENEX CONCENTRATE	14		
XOPENEX HFA	14		
XTANDI	33		
XULANE	48		
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XYZAL	27		
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ZADITOR	123		
zafirlukast	13		
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ZESTRIL	29		
ZETIA	28		
ZIAGEN	41		
ZIANA	52		
zidovudine	41		
zileuton	13		
ZINACEF	46		
ZINBRYTA	126		
ZIOPTAN	123		
ziprasidone hcl	37		
ZIRGAN	122		
ZITHROMAX	69		
ZITHROMAX TRI-PAK	69		
ZITHROMAX Z-PAK	69		
ZOCOR	28		
ZOFRAN	24		
ZOFRAN ODT	24		
ZOHYDRO ER	7		
ZOLADEX	33		
zoledronic acid	61		
ZOLEDRONIC ACID	61		
zoledronic acid	61		
ZOLINZA	34		
zolmitriptan	113		
ZOLOFT	20		
zolpidem tartrate	68		
ZOMACTON	62		
ZOMETA	61		
ZOMIG	114		
ZOMIG ZMT	114		
ZONALON	54		
ZONEGRAN	17		
zonisamide	17		
ZORBTIVE	62		
ZORTRESS	116		
ZOSYN	125		
ZOVIRAX	42,54		
ZYBAN	127		
ZYFLO CR	13		
ZYLOPRIM	66		
ZYMAXID	122		
ZYPREXA	39		
ZYRTEC ALLERGY	27		
ZYRTEC CHILDRENS			
ALLERGY	27		
ZYRTEC-D			
ALLERGY/CONGESTION	50		
ZYTIGA	33		
ZYVOX	11		