

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 Amphetamine-Dextroamphetamine)	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 Amphetamine-Dextroamphetamine)	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 Amphetamine-Dextroamphetamine)	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 Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
amphetamine-dextroamphetamine 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	1	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 6.25mg-6.25mg-6.25mg-6.25mg	1	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine 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	1	QL(3 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine 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	1	QL(2 ea daily); AL(At least 6 yrs old)
DESOXYN TABS (Use Methamphetamine HCl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use Dextroamphetamine Sulfate)	NF	QL(4 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
dextroamphetamine sulfate cp24 5 mg	1	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
dextroamphetamine sulfate tabs 5 mg, 10 mg	1	QL(4 ea daily); AL(At least 6 yrs old)
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg	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 tbcr 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 tbcr or 18 mg</i>	1	
<i>methylphenidate hcl tbcr or 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>methylphenidate hcl tbcr 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)

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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>paromomycin 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

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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)

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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)

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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)
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)
<i>nalbuphine hcl soln ij 10 mg/ml, 20 mg/ml</i>	1	QL(8 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
<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	
Rectal Steroids		

Drug Name	Drug Tier	Requirements/ Limits
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 (Use <i>Clindamycin HCl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use <i>Clindamycin Palmitate Hydrochloride</i>)	NF	AL(Up to 12 yrs old)
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 900 MG/6ML (Use <i>Clindamycin Phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML, 900 MG/6ML (Use <i>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 (Use <i>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 (Use <i>Linezolid</i>)	NF	PA; 14 days supply per claim;QL(600 ml daily,8400 ml per fill retail)
ZYVOX SUSR OR 100 MG/5ML (Use <i>Linezolid</i>)	NF	PA; 14 days supply per claim;QL(60 ml daily,840 ml per fill retail)
ZYVOX TABS OR 600 MG (Use <i>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 (Use <i>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	
ANTI-ANXIETY 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	
ANTI-ASTHMATIC 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	

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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)
LEVALBUTEROL TARTRATE HFA AERO	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	2	

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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>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	3	QL(1 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
DIASTAT PEDIATRIC GEL	3	QL(1 ea per fill retail)
DIAZEPAM GEL RE 10 MG, 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	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG	3	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)
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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	

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN SOLN 250 MG/5ML (<i>Use Gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use Gabapentin</i>)	NF	
<i>oxcarbazepine susp 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 (<i>Use Carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	2	
TEGRETOL-XR TB12 200 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(6 ea daily)
TEGRETOL-XR TB12 400 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(4 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use Topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use Topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (<i>Use Topiramate</i>)	NF	QL(3 ea daily)
TOPAMAX TABS 200 MG (<i>Use Topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use Topiramate</i>)	NF	QL(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)
<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)

Drug Name	Drug Tier	Requirements/Limits
TRILEPTAL SUSP 300 MG/5ML (<i>Use Oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use Oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use Oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps 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 (<i>Use Felbamate</i>)	NF	QL(120 ml daily)
FELBATOL TABS 400 MG (<i>Use Felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use Felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use Tiagabine HCl</i>)	NF	
SABRIL PACK (<i>Use Vigabatrin</i>)	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	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use Fosphenytoin Sodium</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use Phenytoin)	2	
DILANTIN-125 SUSP (Use Phenytoin)	2	
fosphenytoin sodium soln	1	
PEGANONE TABS	3	
PHENYTEK CAPS 200 MG (Use Phenytoin Sodium Extended)	2	
PHENYTEK CAPS 300 MG (Use Phenytoin Sodium Extended)	NF	
phenytoin chew or 50 mg	1	
phenytoin sodium extended caps	1	
phenytoin sodium soln ij	1	
phenytoin susp or 125 mg/5ml	1	
Succinimides		
CELONTIN CAPS	3	
ethosuximide caps or 250 mg	1	QL(6 ea daily)
ethosuximide soln or 250 mg/5ml	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		
DEPACON SOLN (Use Valproate Sodium)	NF	
DEPAKENE CAPS 250 MG (Use Valproic Acid)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	
divalproex sodium tb24 250 mg, 500 mg	1	
divalproex sodium tbec 125 mg, 250 mg, 500 mg	1	
valproate sodium soln iv 100 mg/ml, 500 mg/5ml	1	
valproic acid caps	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs or 15 mg, 30 mg, 45 mg, 7.5 mg	1	QL(1 ea daily)
mirtazapine tbdp or 15 mg, 30 mg, 45 mg	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.		
bupropion hcl tabs or 75 mg, 100 mg	1	QL(3 ea daily)
bupropion hcl tb12 or 100 mg, 150 mg, 200 mg	1	QL(2 ea daily)
bupropion hcl tb24 or 150 mg, 300 mg	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)
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
phenelzine sulfate tabs or	1	

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Drug Name	Drug Tier	Requirements/ Limits
<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)
FLUOXETINE HYDROCHLORIDE TABS	2	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use Sertraline HCl)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	NF	QL(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 Duloxetine HCl)	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 Venlafaxine HCl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	NF	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	NF	ST; QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE HCL ER TB24 150 MG (Use Venlafaxine HCl)	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 Venlafaxine HCl)	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 Clomipramine HCl)	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 Amitriptyline HCl)	NF	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use Desipramine HCl)	NF	
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use Trimipramine Maleate</i>)	NF	
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	NF	
<i>trimipramine maleate caps 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 (<i>Use Miglitol</i>)	NF	QL(3 ea daily)
<i>miglitol tabs</i>	3	QL(3 ea daily)
PRECOSE TABS (<i>Use Acarbose</i>)	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 (<i>Use Pioglitazone HCl-Metformin HCl</i>)	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 (<i>Use Glyburide-Metformin</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOVANCE TABS 5MG-500MG (<i>Use Glyburide-Metformin</i>)	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 (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (<i>Use Metformin HCl</i>)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (<i>Use Metformin HCl</i>)	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 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)
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)		

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

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Drug Name	Drug Tier	Requirements/Limits
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
Opioid Antagonists		
<i>naloxone hcl soln ij 0.4 mg/ml, 4 mg/10ml</i>	1	
NALOXONE HCL SOSY IJ 2 MG/2ML	2	
<i>naltrexone hcl tabs or</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN (<i>Use Palonosetron HCl</i>)	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	
<i>granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	100 ml / 30 days;QL(100 ml per 30 days retail)
<i>ondansetron hcl tabs or 24 mg</i>	1	Limit 4 tablets per month;QL(4 ea per 28 days retail)
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	QL(1 ea daily)
ONDANSETRON HYDROCHLORIDE SOLN	2	
<i>ondansetron tbdp</i>	1	QL(1 ea daily)
<i>palonosetron hcl soln</i>	3	ST
PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML	3	ST
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	NF	QL(1 ea daily)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NF	100 ml / 30 days;QL(100 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	NF	QL(1 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs or 25 mg, 12.5 mg</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	
TIGAN CAPS OR 300 MG (<i>Use Trimethobenzamide HCl</i>)	NF	
TRANSDERM-SCOP PT72	2	
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	NF	
<i>trimethobenzamide hcl caps or</i>	1	
Antiemetics - Miscellaneous		
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
MARINOL CAPS (Use Dronabinol)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
aprepitant caps 40 mg, 125 mg	1	PA; QL(2 ea per 30 days retail)
aprepitant caps 80 mg	1	PA; Limit 4 capsules per month;QL(4 ea per 28 days retail)
EMEND CAPS OR 40 MG, 125 MG (Use Aprepitant)	NF	PA; QL(2 ea per 30 days retail)
EMEND CAPS OR 80 MG (Use Aprepitant)	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 (Use Caspofungin Acetate)	NF	
caspofungin acetate solr 50 mg, 70 mg	3	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR IJ 50 MG	3	
ANCOBON CAPS (Use Flucytosine)	NF	
flucytosine caps or 250 mg, 500 mg	1	
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	NF	
griseofulvin microsize susp 125 mg/5ml	1	AL(Up to 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs	1	
LAMISIL TABS (Use Terbinafine HCl)	NF	QL(1 ea daily)
nystatin powd or	1	
nystatin tabs or	1	
terbinafine hcl tabs or	1	QL(1 ea daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (Use Fluconazole)	NF	
DIFLUCAN TABS (Use Fluconazole)	NF	
fluconazole susr or 10 mg/ml, 40 mg/ml	1	
fluconazole tabs or 50 mg, 100 mg, 150 mg, 200 mg	1	
itraconazole caps or 100 mg	1	PA; QL(4 ea daily)
itraconazole soln or 10 mg/ml	3	PA; QL(40 ml daily)
ketoconazole tabs or	1	
NOXAFIL SUSP OR 40 MG/ML	3	
SPORANOX CAPS 100 MG (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use Itraconazole)	NF	PA; QL(40 ml daily)
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	
voriconazole tabs or 50 mg, 200 mg	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tabs 4 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tabs or 2.68 mg</i>	1	
CLEMASTINE FUMARATE TABS OR 2.68 MG	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)
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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	
ANTIHYPERLIPIDEMICS - 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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		
fenofibrate micronized caps 67 mg, 134 mg, 200 mg	1	QL(1 ea daily)
fenofibrate tabs or 48 mg, 54 mg, 145 mg, 160 mg	1	QL(1 ea daily)
gemfibrozil tabs or	1	QL(2 ea daily)
LOFIBRA CAPS (Use Fenofibrate Micronized)	NF	QL(1 ea daily)
LOFIBRA TABS (Use Fenofibrate)	NF	QL(1 ea daily)
LOPID TABS (Use Gemfibrozil)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRICOR TABS (<i>Use 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 (<i>Use 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 (<i>Use Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)
MEVACOR TABS (<i>Use Lovastatin</i>)	NF	QL(2 ea daily)
PRAVACHOL TABS (<i>Use Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	ST; QL(1 ea daily)
<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	ST; QL(1 ea daily)
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	ST; QL(1 ea daily)
Nicotinic Acid Derivatives		

Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	QL(2 ea daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	NF	
ACEON TABS (<i>Use Perindopril Erbumine</i>)	NF	
ALTACE CAPS (<i>Use 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 (<i>Use Benazepril HCl</i>)	NF	
MAVIK TABS (<i>Use Trandolapril</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use Lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use Enalapril Maleate</i>)	NF	
ZESTRIL TABS (<i>Use Lisinopril</i>)	NF	
Agents for Pheochromocytoma		

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Drug Name	Drug Tier	Requirements/Limits
DIBENZYLIN CAPS (<i>Use Phenoxybenzamine HCl</i>)	NF	
<i>phenoxybenzamine hcl caps or</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use Candesartan Cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use Irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use Olmesartan Medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use Losartan Potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use Valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
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 (<i>Use 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		
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use 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)

Drug Name	Drug Tier	Requirements/Limits
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
TENEX TABS (<i>Use 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 (<i>Use Valsartan-Hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (<i>Use 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 (<i>Use Amlodipine Besylate-Benazepril HCl</i>)	NF	
TENORETIC 100 TABS (<i>Use Atenolol & Chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use Atenolol & Chlorthalidone</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Direct Renin Inhibitors		
TEKURNA TABS 150 MG	2	QL(8 ea daily)
TEKURNA TABS 300 MG	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPIRA TABS (Use <i>Eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln ij 20 mg/ml</i>	1	
<i>hydralazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>minoxidil tabs or 10 mg, 2.5 mg</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	QL(12 ea per 180 days retail)
COARTEM TABS	2	
MALARONE TABS (Use <i>Atovaquone-Proguanil HCl</i>)	NF	QL(12 ea per 180 days retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS OR 250 MG	2	
<i>chloroquine phosphate tabs or 500 mg</i>	1	
DARAPRIM TABS	3	
<i>hydroxychloroquine sulfate tabs or</i>	1	
MEFLOQUINE HCL TABS	2	
<i>mefloquine hcl tabs</i>	1	
PLAQUENIL TABS (Use <i>Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
QUALAQUIN CAPS (Use <i>Quinine Sulfate</i>)	NF	PA; 84 days supply within 365 days;QL(6 ea daily,504 ea per 365 days retail)
<i>quinine sulfate caps or</i>	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 <i>Pyridostigmine Bromide</i>)	NF	
MESTINON TIMESPAN TBCR (Use <i>Pyridostigmine Bromide</i>)	NF	
<i>pyridostigmine bromide tabs or 60 mg</i>	1	
<i>pyridostigmine bromide tbc or 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	NF	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs or</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (<i>Use Rifampin</i>)	NF	
RIFADIN SOLR (<i>Use 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 (<i>Use Melphalan HCl</i>)	NF	
ALKERAN TABS (<i>Use Melphalan</i>)	NF	
BICNU SOLR (<i>Use Carmustine</i>)	NF	SP
<i>busulfan soln</i>	4	SP
BUSULFEX SOLN (<i>Use 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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (<i>Use 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 (<i>Use 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
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (<i>Use Temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 15 MG	4	SP
<i>thiotepa solr ij</i>	4	SP
TREANDA SOLR 100 MG	4	SP
TREANDA SOLR 25 MG	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
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		

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Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>doxorubicin hcl solr 10 mg</i>	4	SP
ELLECE 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

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Drug Name	Drug Tier	Requirements/Limits
<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
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

Drug Name	Drug Tier	Requirements/Limits
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	
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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	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	4	SP
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML (Use Docetaxel)	NF	SP

Drug Name	Drug Tier	Requirements/Limits
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
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	NF	PA; SP
HYCANTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCANTIN SOLR IV 4 MG (Use Topotecan HCl)	NF	PA; SP
<i>irinotecan hcl soln</i>	4	PA; SP
IRINOTECAN SOLN	4	SP

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Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use Carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (<i>Use Benztropine Mesylate</i>)	NF	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use Entacapone</i>)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (<i>Use Tolcapone</i>)	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	2	
MIRAPEX TABS 0.125 MG (<i>Use Pramipexole Dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (<i>Use Pramipexole Dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use Bromocriptine Mesylate</i>)	NF	
PARLODEL TABS (<i>Use Bromocriptine Mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (<i>Use Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (<i>Use Ropinirole Hydrochloride</i>)	NF	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (<i>Use Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (<i>Use Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS	2	
STALEVO 125 TABS	2	
STALEVO 150 TABS	2	

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
RISPERDAL CONSTA SUSR	2	PA; QL(2 ea per 28 days retail); AL(At least 18 yrs old)
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	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 (<i>Use Risperidone</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
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 <i>Haloperidol Decanoate</i>)	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 <i>Haloperidol Decanoate</i>)	NF	Limit 1 injection per 28 days;QL(1 ml per 28 days retail); AL(At least 18 yrs old)
HALDOL SOLN (Use <i>Haloperidol Lactate</i>)	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		

Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	AL(At least 6 yrs old)
CLOZARIL TABS (Use <i>Clozapine</i>)	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)
SEROQUEL TABS (Use <i>Quetiapine Fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (Use <i>Quetiapine Fumarate</i>)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use <i>Quetiapine Fumarate</i>)	NF	PA; AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use <i>Olanzapine</i>)	NF	Limit 6 per month;QL(6 ea per 28 days retail); AL(At least 18 yrs old)

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Drug Name	Drug Tier	Requirements/Limits
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)
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		

Drug Name	Drug Tier	Requirements/Limits
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)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (<i>Use Lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	NF	QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 300 MG (Use Lamivudine)	NF	QL(1 ea daily); SP
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	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)
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	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)

Drug Name	Drug Tier	Requirements/Limits
LEXIVA TABS 700 MG (Use Fosamprenavir Calcium)	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 Ritonavir)	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 Zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	NF	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine caps</i>	1	QL(2 ea daily)
SUSTIVA CAPS 200 MG (Use <i>Efavirenz</i>)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use <i>Efavirenz</i>)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use <i>Efavirenz</i>)	NF	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
TIVICAY TABS	2	
TRIZIVIR TABS (Use <i>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 (Use <i>Didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use <i>Didanosine</i>)	NF	QL(1 ea daily)
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use <i>Nevirapine</i>)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use <i>Nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 400 MG (Use <i>Nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (Use <i>Tenofovir Disoproxil Fumarate</i>)	NF	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use <i>Stavudine</i>)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN TABS 300 MG (Use <i>Abacavir Sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrpf 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (Use <i>Ganciclovir Sodium</i>)	NF	
FOSCAVIR SOLN	3	
<i>ganciclovir sodium solr</i>	1	
VALCYTE SOLR 50 MG/ML (Use <i>Valganciclovir HCl</i>)	NF	PA; QL(18 ml daily)
VALCYTE TABS 450 MG (Use <i>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
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use <i>Entecavir</i>)	NF	PA; QL(1 ea daily); SP
COPEGUS TABS (Use <i>Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
<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 <i>Lamivudine (HBV)</i>)	NF	PA; QL(3 ea daily)
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use <i>Adefovir Dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	PA; QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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 Oseltamivir Phosphate)	NF	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use Oseltamivir Phosphate)	NF	QL(10 ea per 30 days retail)

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Drug Name	Drug Tier	Requirements/Limits
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	
<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		

Drug Name	Drug Tier	Requirements/Limits
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		
ADALAT CC TB24 (Use <i>Nifedipine</i>)	NF	
<i>amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	
CALAN SR TBCR (Use <i>Verapamil HCl</i>)	NF	
CALAN TABS (Use <i>Verapamil HCl</i>)	NF	
CARDIZEM CD CP24 (Use <i>Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>Diltiazem HCl Coated Beads</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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 tbc 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	
LANOXIN SOLN IJ 0.25 MG/ML (Use Digoxin)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
BIDIL TABS	2	
Impotence Agents		
CIALIS TABS (Use Tadalafil)	NF	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN TABS 500 MG (<i>Use Cefuroxime Axetil</i>)	NF	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr</i>	1	
ZINACEF SOLR IJ 7.5 GM, 750 MG (<i>Use Cefuroxime Sodium</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
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	
<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 Ceftazidime)	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	

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol- Fe)	NF	
<i>ethynodiol diacet & eth estradiol 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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	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	
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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use Methylprednisolone Acetate)	NF	
dexamethasone elix or 0.5 mg/5ml	1	
DEXAMETHASONE INTENSOL CONC	1	
dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml	1	
DEXAMETHASONE SOLN OR 0.5 MG/5ML	1	
dexamethasone tabs or 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg	1	
DEXAMETHASONE TABS OR 1 MG, 2 MG	1	
ENTOCORT EC CPEP (Use Budesonide)	NF	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone tabs or 5 mg, 10 mg, 20 mg</i>	1	
KENALOG-40 SUSP (<i>Use Triamcinolone Acetonide</i>)	NF	
MEDROL DOSEPAK TBPK (<i>Use Methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (<i>Use Methylprednisolone</i>)	NF	
<i>methylprednisolone acetate susp 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	
MILLIPRED SOLN 10 MG/5ML (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (<i>Use Prednisolone Sodium Phosphate</i>)	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone soln or</i>	1	
PREDNISOLONE SOLN OR	2	
<i>prednisolone syrp or</i>	1	
PREDNISONONE SOLN OR 5 MG/5ML	2	
<i>prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONONE 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 (<i>Use Methylprednisolone Sod Succ</i>)	NF	
SOLU-MEDROL SOLR 500 MG	2	
TRIAMCINOLONE ACETONIDE SUSP IJ 40 MG/ML	3	
<i>triamcinolone acetonide susp ij 40 mg/ml</i>	3	
VERIPRED 20 SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	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)

Drug Name	Drug Tier	Requirements/Limits
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)
cetirizine-pseudoephedrine tb12	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NF	
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	
fexofenadine-pseudoephedrine tb12 60mg-120mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180mg-240mg	1	QL(1 ea daily)
loratadine & pseudoephedrine tb12	1	
loratadine & pseudoephedrine tb24	1	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	2	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln in 10 %, 20 %	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)
adapalene crea 0.1 %	1	PA; AL(At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL(At least 12 yrs old)
ADAPALENE LOTN 0.1 %	2	ST; AL(At least 12 yrs old)
adapalene-benzoyl peroxide gel	3	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	PA; Limit 1 package per claim; QL(45 gm per fill retail); AL(At least 12 yrs old)
BENZEFOAM FOAM (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LOTN 6 %	2	AL(At least 12 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<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)
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
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)

Drug Name	Drug Tier	Requirements/ Limits
RETIN-A CREA (Use <i>Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A GEL (Use <i>Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A MICRO GEL 0.1 % (Use <i>Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use <i>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 (Use <i>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)
<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 (Use <i>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)

Drug Name	Drug Tier	Requirements/ Limits
VOLTAREN GEL (Use <i>Diclofenac Sodium (Topical)</i>)	NF	QL(200 gm per 30 days retail)
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use <i>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	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
<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
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	

Drug Name	Drug Tier	Requirements/ Limits
<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)
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (Use <i>Diclofenac Sodium (Actinic Keratoses)</i>)	NF	PA; Limit 1 package per claim; QL(105 gm per fill retail)
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA EX	3	PA; Limit 1 fill every 180 days; 1 tube per fill.

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Drug Name	Drug Tier	Requirements/ Limits
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)
DOVONEX CREA (<i>Use Calcipotriene</i>)	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 (<i>Use Methoxsalen Rapid</i>)	NF	QL(4 ea daily)
SORIATANE CAPS 10 MG, 17.5 MG (<i>Use Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 % (<i>Use Tazarotene</i>)	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 % (<i>Use Acyclovir Topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack ex</i>	3	
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	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMATOP CREA (Use Prednicarbate)	NF	
<i>desonide crea ex</i>	3	
<i>desonide lotn ex</i>	3	
<i>desonide oint ex</i>	3	
DESOWEN CREA (Use Desonide)	NF	
DESOWEN LOTN (Use Desonide)	NF	
<i>desoximetasone crea ex 0.25 %</i>	2	
<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	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE OINT (<i>Use Betamethasone Dipropionate Augmented</i>)	NF	
ELOCON CREA (<i>Use Mometasone Furoate</i>)	NF	
ELOCON OINT (<i>Use Mometasone Furoate</i>)	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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use Hydrocortisone Butyrate</i>)	NF	
LOCOID OINT (<i>Use Hydrocortisone Butyrate</i>)	NF	
LOCOID SOLN (<i>Use Hydrocortisone Butyrate</i>)	NF	
LUXIQ FOAM (<i>Use Betamethasone Valerate</i>)	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 (<i>Use Hydrocortisone (Topical)</i>)	NF	RX/OTC
OLUX FOAM (<i>Use Clobetasol Propionate</i>)	NF	PA
PREDNICARBATE CREA	2	
<i>prednicarbate crea</i>	1	
PREDNICARBATE OINT	2	
PSORCON CREA	2	
SYNALAR CREA (<i>Use Fluocinolone Acetonide</i>)	NF	
SYNALAR OINT (<i>Use Fluocinolone Acetonide</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
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	
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

Drug Name	Drug Tier	Requirements/Limits
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; Limit1 package per month;QL(3.5 gm daily); AL(At least 2 yrs old)
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	NF	Limit1 package per month;QL(3.5 gm daily); AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	Limit1 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		

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch 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	
<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	
<i>lindane sham</i>	3	
LINDANE SHAM	3	
<i>malathion lotn</i>	2	
NATROBA SUSP	2	

Drug Name	Drug Tier	Requirements/Limits
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)
KETONE TEST STRIPS STRP	1	QL(6.67 ea daily)
KETOSTIX STRP	1	QL(6.67 ea daily)
TRUE METRIX BLOOD GLUCOSETEST 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
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUETEST STRIPS STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	1	Limit 200 per month; QL(6.67 ea daily); RX/OTC
TRUETRACK 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	
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)

Drug Name	Drug Tier	Requirements/ Limits
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use Bumetanide)	NF	QL(5 ea daily)
DEMADEX TABS (Use Torsemide)	NF	
EDECIN TABS (Use Ethacrynic Acid)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>toremide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	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)
METHYCLOTHIAZIDE TABS	2	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use Risedronate Sodium</i>)	NF	PA; Limit 1 tablet per 28 days;QL(1 ea per 28 days retail)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; Limit 4 tablets per month;QL(4 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	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 (<i>Use Risedronate Sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	NF	SP
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	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	
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 (<i>Use Alendronate Sodium</i>)	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)

Drug Name	Drug Tier	Requirements/ Limits
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	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 (<i>Use Zoledronic Acid</i>)	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)
<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 (<i>Use Zoledronic Acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
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
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
<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		

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Drug Name	Drug Tier	Requirements/ Limits
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	
calcitriol caps or 0.25 mcg, 0.5 mcg	1	
CALCITRIOL SOLN IV 1 MCG/ML	2	
calcitriol soln iv 1 mcg/ml	1	
calcitriol soln or 1 mcg/ml	1	
CARBAGLU TABS	4	SP
CYSTADANE POWD	4	PA; SP
doxercalciferol caps	1	
doxercalciferol soln	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

Drug Name	Drug Tier	Requirements/ Limits
ORFADIN CAPS 2 MG, 5 MG, 10 MG	4	PA; SP
paricalcitol caps or 1 mcg, 2 mcg, 4 mcg	1	
paricalcitol soln iv 2 mcg/ml, 5 mcg/ml	4	SP
ROCALTROL CAPS (Use Calcitriol)	NF	
ROCALTROL SOLN (Use Calcitriol)	NF	
SENSIPAR TABS	4	PA; SP
sodium phenylbutyrate powd or 3 gm/tsp	3	
sodium phenylbutyrate tabs or 500 mg	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
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	
DDAVP TABS OR 0.1 MG (Use Desmopressin Acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use Desmopressin Acetate)	NF	QL(8 ea daily)
desmopressin acetate soln ij 4 mcg/ml	1	PA
desmopressin acetate spray refrigerated soln	1	
desmopressin acetate spray soln	1	
desmopressin acetate tabs or 0.1 mg	1	QL(6 ea daily)
desmopressin acetate tabs or 0.2 mg	1	QL(8 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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 Octreotide Acetate)	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	
CLIMARA PTWK (Use Estradiol)	NF	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use Estradiol Valerate)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use Estradiol)	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	

Drug Name	Drug Tier	Requirements/Limits
<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 Estradiol)	NF	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
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		
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

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Drug Name	Drug Tier	Requirements/Limits
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	
DIPENTUM CAPS	2	
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
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>alosetron hcl tabs</i>	1	
LOTROXEX TABS (<i>Use Alosetron HCl</i>)	NF	
Peripheral Opioid Receptor Antagonists		
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 (<i>Use Calcium Acetate (Phosphate Binder)</i>)	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (<i>Use Lanthanum Carbonate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (<i>Use Sevelamer Carbonate</i>)	NF	AL(At least 6 yrs old)
RENVELA TABS (<i>Use Sevelamer Carbonate</i>)	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 1080 mg</i>	1	
SHOHL'S SOLUTION MODIFIED SOLN (<i>Use Sodium Citrate & Citric Acid</i>)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
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	

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Drug Name	Drug Tier	Requirements/Limits
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 finasteride tabs or</i>	1	PA; QL(1 ea daily)
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	
PYRIDIDIUM 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)
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		

Drug Name	Drug Tier	Requirements/Limits
Hematorheologic Agents		
<i>pentoxifylline tbc 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	
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

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Drug Name	Drug Tier	Requirements/Limits
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (Use Miglustat)	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
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		

Drug Name	Drug Tier	Requirements/Limits
FER-IN-SOL SOLN (Use Ferrous Sulfate)	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 (Use Tranexamic Acid)	NF	
LYSTEDA TABS (Use Tranexamic Acid)	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	
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use Zolpidem Tartrate)	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 (Use Triazolam)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
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		
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		

Drug Name	Drug Tier	Requirements/ Limits
<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	
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)

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Drug Name	Drug Tier	Requirements/ Limits
<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 (Use Azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)	NF	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea per fill retail)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	QL(8 ea per 28 days retail)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(4 ea per fill retail)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR (Use Clarithromycin)	NF	
BIAXIN TABS (Use Clarithromycin)	NF	
<i>clarithromycin susr or 125 mg/5ml, 250 mg/5ml</i>	1	
CLARITHROMYCIN SUSR OR 125 MG/5ML, 250 MG/5ML	2	
<i>clarithromycin tabs or 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 or 500 mg</i>	1	
Erythromycins		

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR	3	
<i>erythromycin base 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 LUBRICATED CONDOM DEVI	0	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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	
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	2	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET 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)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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 ASSUREDLANCETS MICRO THIN/33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
WALGREENS COMFORT ASSUREDLANCETS 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
BD SWABS SINGLE USE BUTTERFLY PADS	1	RX/OTC
BD SWABS SINGLE USE PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	1	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	1	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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 LUER-LOK/U-100/1ML MISC	2	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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/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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 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)
CAREFINE PEN NEEDLES 31GX8MM MISC	2	RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	QL(5 ea daily)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	2	QL(5 ea daily)
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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
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)

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM 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)
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
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)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX5/16" 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
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)

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Drug Name	Drug Tier	Requirements/Limits
INSUPEN ULTRAFIN 31GX6MM MISC	2	QL(5 ea daily)
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)
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

Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)
PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	2	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	2	RX/OTC
PEN NEEDLES 31GX8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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)
PRODIGY INSULIN SYRING/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

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Drug Name	Drug Tier	Requirements/Limits
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
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)
QC PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
RELION PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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/29GX12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVER/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); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 6 MM MISC	2	QL(5 ea daily)
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)
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 31GX1/4" MISC	2	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2" 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

Drug Name	Drug Tier	Requirements/Limits
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
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)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE 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/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	2	QL(5 ea daily)
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)

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 NEEDLES31GX3/16" 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

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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)
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)
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)
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)

Drug Name	Drug Tier	Requirements/Limits
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 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)
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

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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	
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	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)

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Drug Name	Drug Tier	Requirements/Limits
AXERT TABS 6.25 MG (Use <i>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 (Use <i>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 (Use <i>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 (Use <i>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 (Use <i>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 (Use <i>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 <i>Rizatriptan Benzoate</i>)	NF	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT TABS 5 MG (Use <i>Rizatriptan Benzoate</i>)	NF	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (Use <i>Rizatriptan Benzoate</i>)	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 <i>Rizatriptan Benzoate</i>)	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)
RELPAK TABS (Use <i>Eletriptan Hydrobromide</i>)	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)

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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 (<i>Use Zolmitriptan</i>)	NF	ST; Limit 9 tablets per month;QL(9 ea per 30 days retail); AL(At least 18 yrs old)
ZOMIG ZMT TBDP (<i>Use Zolmitriptan</i>)	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		
<i>magnesium sulfate soln ij 50 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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		
<i>potassium phosphates soln</i>	1	
POTASSIUM PHOSPHATES SOLN	2	
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 tbf</i>	1	
<i>potassium bicarbonate tbf 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 tbc</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	
<i>potassium chloride soln or 10 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride tbcr 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 %	2	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	PA
SYPRINE CAPS (<i>Use Trientine HCl</i>)	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 (<i>Use Mycophenolate Mofetil</i>)	NF	
CELLCEPT INTRAVENOUS SOLR (<i>Use Mycophenolate Mofetil HCl</i>)	NF	
CELLCEPT TABS 500 MG (<i>Use Mycophenolate Mofetil</i>)	NF	

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

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Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps or 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS	4	SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLN	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	Limit 120ml per month; QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	2	
Anti-infectives - Throat		
<i>clotrimazole lozg mt</i>	1	
<i>clotrimazole troc mt</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
<i>stannous fluoride conc mt 0.63 %</i>	0	RX/OTC
Periodontal Products		
ARESTIN MISC	3	PA
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use Cevimeline HCl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
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-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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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
THRIVITE RX TABS	1	QL(1 ea daily)
TRIADVANCE TABS	1	QL(1 ea daily)
TRICARE TABS	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
SKELAXIN TABS (Use Metaxalone)	NF	QL(4 ea daily)
SOMA TABS (Use Carisoprodol)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<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 <i>Tizanidine HCl</i>)	NF	
ZANAFLEX TABS (Use <i>Tizanidine HCl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>Dantrolene Sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use <i>Azelastine HCl</i>)	NF	
<i>azelastine hcl soln 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 <i>Olopatadine HCl (Nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	Limit 2 inhalers per month;QL(18 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 1 inhaler per month;QL(16 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	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 <i>Mometasone Furoate (Nasal)</i>)	NF	PA; Limit 1 inhaler per month
RHINOCORT AQUA SUSP (Use <i>Budesonide (Nasal)</i>)	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 <i>Riluzole</i>)	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		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	

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Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	NF	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 (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	Limit 1 package per claim; QL (15 ml per fill retail)
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
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 (Use Ofloxacin (Ophth))	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	Limit 1 package per claim; QL (15 ml per fill retail)
<i>tobramycin (ophth) soln</i>	1	
TOBEX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln op</i>	1	
VIROPTIC SOLN (Use Trifluridine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZIRGAN GEL	2	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use Proparacaine HCl)	NF	
<i>proparacaine hcl soln 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	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-polymyx-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)
ALOCRIAL 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)

Drug Name	Drug Tier	Requirements/ Limits
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	
<i>dorzolamide hcl soln</i>	1	Limit 1 package per claim; QL(10 ml per fill retail)
DORZOLAMIDE HCL SOLN	2	Limit 1 package per claim; QL(10 ml per fill retail)
ELESTAT SOLN (Use Epinastine HCl (Ophth))	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)
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	PA
OCUFEN SOLN (Use Flurbiprofen Sodium)	NF	
<i>olopatadine hcl soln</i>	1	PA
PATADAY SOLN (Use Olopatadine HCl)	NF	PA

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Drug Name	Drug Tier	Requirements/Limits
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	PA
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	Limit 1 package per claim; QL (10 ml per fill retail)
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	NF	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln op</i>	3	
<i>latanoprost soln op</i>	1	
LATANOPROST SOLN OP	2	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN	2	
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use Ciprofloxacin HCl (Otic)</i>)	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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 (Use Penicillin G Potassium)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXCILLIN/CLAVULANATE POTASSIUM CHEW 200MG-28.5MG	2	
AMOXCILLIN/CLAVULANATE POTASSIUM CHEW 400MG-57MG	1	
<i>ampicillin & sulbactam sodium solr</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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-Cataleptic 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)
<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)

Drug Name	Drug Tier	Requirements/Limits
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		
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

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Drug Name	Drug Tier	Requirements/Limits
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)
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 (Use Pimozide)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 600 MG	3	

Drug Name	Drug Tier	Requirements/Limits
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 (Use Nicotine)	NF	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (Use Nicotine)	NF	
NICORETTE GUM (Use Nicotine Polacrilex)	NF	
NICORETTE LOZG (Use Nicotine Polacrilex)	NF	
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	NF	
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	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)
<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 (Use Bupropion HCl (Smoking Deterrent))	NF	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		

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Drug Name	Drug Tier	Requirements/Limits
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 (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
ADOXA TABS 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
demeclocycline hcl tabs	1	
doxycycline (monohydrate) caps 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline (monohydrate) tabs 100 mg	1	QL(2 ea daily)
doxycycline hyclate caps or 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline hyclate solr iv 100 mg	1	
doxycycline hyclate tabs or 20 mg, 100 mg	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl)	NF	QL(3 ea daily)
minocycline hcl caps or 50 mg, 75 mg, 100 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl tabs or 50 mg, 75 mg, 100 mg	1	QL(3 ea daily)
MONODOX CAPS 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
tetracycline hcl caps or 250 mg, 500 mg	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS OR 250 MG, 500 MG (Use Tetracycline HCl)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
methimazole tabs or 5 mg, 10 mg	1	
propylthiouracil tabs or	1	
TAPAZOLE TABS (Use Methimazole)	NF	
Thyroid Hormones		
CYTOMEL TABS (Use Liothyronine Sodium)	NF	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	2	
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	1	
liothyronine sodium soln iv 10 mcg/ml	1	
liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg	1	
SYNTHROID TABS (Use Levothyroxine Sodium)	NF	
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	

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Drug Name	Drug Tier	Requirements/Limits
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NF	
BENTYL TABS OR 20 MG (Use Dicyclomine HCl)	NF	
chlordiazepoxide hcl-clidinium bromide caps	1	
dicyclomine hcl caps or 10 mg	1	
dicyclomine hcl soln or 10 mg/5ml	1	
dicyclomine hcl tabs or 20 mg	1	
glycopyrrolate soln ij 4 mg/20ml	1	
glycopyrrolate tabs or 1 mg, 2 mg	1	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
methscopolamine bromide tabs or 5 mg, 2.5 mg	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)
cimetidine tabs or 200 mg	1	RX/OTC
cimetidine tabs or 300 mg, 400 mg, 800 mg	1	
FAMOTIDINE PREMIXED SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml	1	
famotidine susr or 40 mg/5ml	1	QL(10 ml daily)
famotidine tabs or 20 mg	1	RX/OTC
famotidine tabs or 40 mg	1	
nizatidine caps 150 mg, 300 mg	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	
ranitidine hcl caps or 150 mg, 300 mg	1	
ranitidine hcl soln ij 150 mg/6ml	1	
ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml	1	QL(20 ml daily)
ranitidine hcl tabs or 150 mg	1	RX/OTC
ranitidine hcl tabs or 300 mg	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)

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Drug Name	Drug Tier	Requirements/Limits
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	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 20 mg</i>	3	ST; 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)
NEXIUM 24HR CLEAR MINIS CPDR (Use Esomeprazole Magnesium)	NF	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use Esomeprazole Magnesium)	3	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium)	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)

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

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Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS 20MG-1100MG (Use Omeprazole-Sodium Bicarbonate)	NF	QL(1 ea daily); RX/OTC
ZEGERID OTC CAPS (Use Omeprazole-Sodium Bicarbonate)	NF	QL(1 ea daily); RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Use Nitrofurantoin)	NF	
HIPREX TABS (Use Methenamine Hippurate)	NF	
MACROBID CAPS (Use Nitrofurantoin Monohyd Macro)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal)	NF	
methenamine hippurate tabs	1	
MONUROL PACK	3	
nitrofurantoin macrocrystal caps or 50 mg, 100 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp or	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	3	PA; QL(1 ea daily)
DETROL LA CP24 (Use Tolterodine Tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use Tolterodine Tartrate)	NF	
DITROPAN XL TB24 (Use Oxybutynin Chloride)	NF	
ENABLEX TB24 (Use Darifenacin Hydrobromide)	NF	PA; QL(1 ea daily)
oxybutynin chloride syrp or 5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tabs or 5 mg	1	
oxybutynin chloride tb24 or 5 mg, 10 mg, 15 mg	1	
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
tropium chloride cp24 60 mg	1	QL(1 ea daily)
tropium chloride tabs 20 mg	1	
VESICARE TABS	2	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg	1	QL(4 ea daily)
URECHOLINE TABS (Use Bethanechol Chloride)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea 1 %	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NF	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 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	
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)

Drug Name	Drug Tier	Requirements/ Limits
<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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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.....	64
ALCOHOL PREPS.....	80	amiodarone hcl.....	12	APTIVUS.....	39
ALCOHOL SWABS.....	80	AMITIZA.....	64	AQUA LANCE ADJUSTABLE LANCING DEVICE.....	71
ALCOHOL WIPES.....	80	amitriptyline hcl.....	20	ARALAST NP.....	127
ALDACTAZIDE.....	59	amlodipine besylate.....	43	ARANESP ALBUMIN FREE.....	67
ALDACTONE.....	60	amlodipine besylate-benazepril hcl.....	29	ARAVA.....	5
ALDARA.....	57	AMOXAPINE.....	20	ARCALYST.....	4
ALDURAZYME.....	62	amoxicillin.....	123	ARCAPTA NEOHALER.....	14
alendronate sodium.....	60	AMOXICILLIN.....	123	ARESTIN.....	117
ALENDRONATE SODIUM.....	60	amoxicillin.....	123	ARICEPT.....	125
alendronate sodium.....	60	amoxicillin & pot clavulanate.....	124	ARIMIDEX.....	33
alfuzosin hcl.....	66	AMOXICILLIN/CLAVULANATE POTASSIUM.....	124	aripiprazole.....	39
ALIMTA.....	32	amphetamine- dextroamphetamine.....	1	ARIXTRA.....	15
ALINIA.....	10	AMPHOTERICIN B.....	25	armodafinil.....	2
ALKERAN.....	31	ampicillin.....	123	AROMASIN.....	33
ALLEGRA ALLERGY.....	26	AMPICILLIN.....	123,124	ARRANON.....	32
ALLEGRA ALLERGY CHILDRENS.....	26	ampicillin & sulbactam sodium.....	124	ARSENIC TRIOXIDE.....	34
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	50	ampicillin sodium.....	123	ARTHROTEC 50.....	4
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	50	AMPICILLIN SODIUM.....	124	ARTHROTEC 75.....	4
allopurinol.....	66	ampicillin sodium.....	124	ARZERRA.....	32
almotriptan malate.....	111	AMPYRA.....	125	ASACOL HD.....	64
ALOCRIL.....	122	ANADROL-50.....	9	ASMANEX TWISTHALER 120 METERED DOSES.....	13
ALOMIDE.....	122	ANAFRANIL.....	20	ASMANEX TWISTHALER 14 METERED DOSES.....	13
ALORA.....	63	anagrelide hcl.....	66	ASMANEX TWISTHALER 30 METERED DOSES.....	13
alosetron hcl.....	65	ANAPROX DS.....	4	ASMANEX TWISTHALER 60 METERED DOSES.....	13
ALOXI.....	24	anastrozole.....	33	ASMANEX TWISTHALER 7 METERED DOSES.....	13
ALPHAGAN P.....	120	ANCOBON.....	25	aspirin.....	5
alprazolam.....	12	ANDRODERM.....	9	aspirin-dipyridamole.....	66
ALREX.....	121	ANDROXY.....	9	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....	81
ALTABAX.....	52	ANTABUSE.....	125	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....	81
ALTACE.....	28	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	81	ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	82
ALTERNATE SITE LANCING DEVICE.....	71	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	81	ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	82
ALTOPREV.....	28	ANUSOL-HC.....	9	ASTEPRO.....	119
ALVESCO.....	13	ANZEMET.....	24	ATACAND.....	29
amantadine hcl.....	36	APIDRA.....	22	atazanavir sulfate.....	39
AMARYL.....	23	APIDRA SOLOSTAR.....	22	ATELVIA.....	60
AMBIEN.....	67	apraclonidine hcl.....	120	atenolol.....	43
AMBISOME.....	25	aprepitant.....	25	atenolol & chlorthalidone.....	29
AMCINONIDE.....	55			ATGAM.....	115
AMERGE.....	111				
amikacin sulfate.....	3				
amiloride & hydrochlorothiazide.....	59				
amiloride hcl.....	60				

ATIVAN.....	12	AZATHIOPRINE.....	115	BD INSULIN SYRINGE	
ATLAS COLORED		azathioprine.....	115	MICROFINE IV/U-100/1ML/28G	
LUBRICATEDCONDOM.....	69	azelastine hcl.....	119	X 1/2".....	82
ATLAS LUBRICATED		azelastine hcl (ophth).....	122	BD INSULIN SYRINGE	
CONDOM.....	69	AZELEX.....	50	MICROFINE/U-100/0.3ML/28G X	
ATLAS LUBRICATED		AZILECT.....	37	1/2".....	82
CONDOM/SPERMICIDE.....	69	AZITHROMYCIN.....	68	BD INSULIN SYRINGE	
atomoxetine hcl.....	1,2	azithromycin.....	68,69	MICROFINE/U-100/0.5ML/28G X	
atorvastatin calcium.....	28	AZOPT.....	122	1/2".....	82
atovaquone.....	10	AZULFIDINE.....	64	BD INSULIN SYRINGE	
atovaquone-proguanil hcl.....	30	AZULFIDINE EN-TABS.....	64	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.....	124	5/16".....	82	MICROFINE/U-100/1ML/28G X	
AUGMENTIN ES-600.....	124	B-D INSULIN SYRINGE		1/2".....	82
AUGMENTIN XR.....	124	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 II/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/0.3ML/30G X		BD INSULIN SYRINGE SLIP	
X8MM.....	82	1/2".....	82	TIP/U-100/1ML.....	82
AURORA UNIFINE		B-D INSULIN SYRINGE		BD INSULIN SYRINGE U-	
PENTIPS/32GX5/32".....	82	ULTRAFINE/0.5ML/30G X		100/0.3ML/29G X 1/2".....	82
AURORA UNIFINE		1/2".....	82	BD INSULIN SYRINGE U-	
PENTIPS/MINI/31GX3/16".....	82	bacitracin.....	9	100/1ML/29G X 1/2".....	82
AUTO-LANCET.....	72	BACITRACIN.....	121	BD INSULIN SYRINGE	
AUTO-LANCET MINI.....	72	baclofen.....	118	ULTRAFINE HALF-	
AUTOLET IMPRESSION		BACTRIM.....	10	UNIT/0.3ML/31G X 5/16".....	82
LANCING DEVICE.....	72	BACTRIM DS.....	10	BD INSULIN SYRINGE	
AUTOLET LANCING		BACTROBAN.....	52	ULTRAFINE	
DEVICE.....	72	balsalazide disodium.....	64	II/SHORT/0.5ML/31G X	
AUTOLET MINI.....	72	BANZEL.....	16	5/16".....	82
AUTOLET PLUS.....	72	BARACLUDE.....	41	BD INSULIN SYRINGE	
AVANDIA.....	22	BASAGLAR KWIKPEN.....	22	ULTRAFINE II/SHORT/1ML/31G	
AVAPRO.....	29	BAYER MICROLET 2		X 5/16".....	83
AVASTIN.....	32	LANCING DEVICE.....	72	BD INSULIN SYRINGE	
AVELOX.....	63	BD LO-DOSE INSULIN		ULTRAFINE/0.3ML/30G X	
AVELOX ABC PACK.....	63	SYRINGE MICROFINE		1/2".....	83
AVODART.....	66	IV/0.5ML/28G X 1/2".....	82	BD INSULIN SYRINGE	
AVONEX.....	125	BD INSULIN SYRINGE LUER-		ULTRAFINE/0.3ML/31G X	
AVONEX PEN.....	126	LOK/U-100/1ML.....	82	5/16".....	83
AXERT.....	111,112	BD INSULIN SYRINGE		BD INSULIN SYRINGE	
AYGESTIN.....	124	MICROFINE IV/U-		ULTRAFINE/0.5ML/31G X	
azacitidine.....	32	100/0.3ML/28G X 1/2".....	82	5/16".....	83
AZASAN.....	115	BD INSULIN SYRINGE		BD INSULIN SYRINGE	
AZASITE.....	120	MICROFINE IV/U-		ULTRAFINE/1ML/30G X	
		100/0.5ML/28G X 1/2".....	82	1/2".....	83
		BD INSULIN SYRINGE		BD INSULIN SYRINGE	
		MICROFINE IV/U-		ULTRAFINE/1ML/31G X	
		100/1ML/27G X 5/8".....	82	5/16".....	83

BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	83	BD PEN NEEDLE/NANO/ULTRAFINE/3 2G X 4MM.....	83	BETASERON.....	126
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	83	BD PEN NEEDLE/SHORT/ULTRAFINE/ 31G X 5/16".....	83	betaxolol hcl.....	43
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	83	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	83	betaxolol hcl (ophth).....	120
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	83	BD PEN NEEDLE/ULTRAFINE/29GX1/2 " 12.7MM.....	84	bethanechol chloride.....	130
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	83	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16".....	84	BEVYXXA.....	14
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	83	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	84	bexarotene.....	34
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	83	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	84	BEYAZ.....	46
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	83	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	84	BIAXIN.....	69
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	83	BD SWABS SINGLE USE.....	80	bicalutamide.....	33
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	83	BD SWABS SINGLE USE BUTTERFLY.....	80	BICNU.....	31
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	83	BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G.....	84	BIDIL.....	44
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	83	benazepril hcl.....	28	BILTRICIDE.....	9
BD INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	83	BENICAR.....	29	bimatoprost.....	123
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	83	BENTYL.....	128	bisacodyl.....	68
BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	83	BENZAACLIN.....	50	bisoprolol fumarate.....	43
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	83	BENZAACLIN WITH PUMP.....	50	bleomycin sulfate.....	33
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	83	BENZAMYCIN.....	50	BLEPH-10.....	121
BD LANCET DEVICE.....	72	BENZEFOAM.....	50	BONIVA.....	60
BD LANCET ULTRAFINE 30G.....	72	BENZEFOAM ULTRA.....	50	BOSULIF.....	34
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16".....	83	benzonatate.....	49	BOTOX.....	119
		benzoyl peroxide.....	51	BREO ELLIPTA.....	14
		BENZOYL PEROXIDE CLEANSER.....	50	BREVICON-28.....	46
		benzoyl peroxide- erythromycin.....	51	BRILINTA.....	66
		benztropine mesylate.....	36	brimonidine tartrate.....	120
		BEPREVE.....	122	BROMFENAC.....	122
		BESIVANCE.....	121	bromfenac sodium (ophth).....	122
		BETAGAN.....	120	bromocriptine mesylate.....	36
		betamethasone dipropionate (topical).....	55	BROVANA.....	14
		betamethasone dipropionate augmented.....	55	budesonide.....	48
		betamethasone valerate.....	55	budesonide (inhalation).....	13
		BETAPACE.....	43	budesonide (nasal).....	119
				bumetanide.....	59
				BUMEX.....	59
				BUPHENYL.....	62
				BUPRENEX.....	8
				BUPRENORPHINE.....	8
				buprenorphine hcl.....	8
				buprenorphine hcl-naloxone hcl dihydrate.....	8
				bupropion hcl.....	18
				bupropion hcl (smoking deterrent).....	126
				buspirone hcl.....	12
				busulfan.....	31
				BUSULFEX.....	31
				butalbital-acetaminophen- caffeine.....	5

butalbital-acetaminophen- caffeine w/ codeine.....	7	CARDIOCOM LANCING DEVICE.....	72	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	84
butalbital-aspirin-caffeine.....	5	CARDIZEM.....	44	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	84
butalbital-aspirin-caffeine w/cod.....	8	CARDIZEM CD.....	43	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	84
butenafine hcl.....	52	CARDIZEM LA.....	43	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	84
BUTORPHANOL TARTRATE.....	8	CARDURA.....	29	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	85
butorphanol tartrate.....	8	CAREFINE PEN NEEDLE 32GX4MM.....	84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	84
BUTRANS.....	8	CAREFINE PEN NEEDLES 29GX1/2".....	84	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	84
BYETTA.....	22	CAREFINE PEN NEEDLES 30GX5/16".....	84	CARETOUCH LANCING DEVICEWITH EJECTOR.....	72
BYSTOLIC.....	43	CAREFINE PEN NEEDLES 31GX6MM.....	84	CARETOUCH PEN NEEDLES 31G X 6 MM.....	84
cabergoline.....	63	CAREFINE PEN NEEDLES 31GX8MM.....	84	CARETOUCH PEN NEEDLES 31GX 5MM.....	85
CAFERGOT.....	111	CAREFINE PEN NEEDLES 32GX5MM.....	84	CARETOUCH PEN NEEDLES 31GX 8MM.....	85
CALAN.....	43	CAREFINE PEN NEEDLES 32GX6MM.....	84	CARETOUCH PEN NEEDLES 32GX 4MM.....	85
CALAN SR.....	43	CAREONE ADVANCED LANCINGDEVICE.....	72	CARETOUCH PEN NEEDLES 32GX 5MM.....	85
calcipotriene.....	54	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	84	carisoprodol.....	118
calcipotriene-betamethasone dipropionate.....	55	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	84	carmustine.....	31
calcitonin (salmon).....	60	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	84	CARTEOLOL HCL.....	120
CALCITRIOL.....	54	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	84	carteolol hcl (ophth).....	120
calcitriol.....	62	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	84	carvedilol.....	43
calcitriol.....	62	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	84	CASODEX.....	33
calcium acetate (phosphate binder).....	65	CAREONE LANCET THIN.....	72	caspofungin acetate.....	25
CALCIUM CHLORIDE.....	113	CAREONE LANCET ULTRA THIN.....	72	CASPOFUNGIN ACETATE.....	25
calcium chloride (dihydrate).....	113	CAREONE UNIFINE PENTIPS 29GX12MM.....	84	CATAPRES.....	29
calcium gluconate.....	113	CAREONE UNIFINE PENTIPS 31GX5MM.....	84	CEDAX.....	46
CAMPATH.....	32	CAREONE UNIFINE PENTIPS 31GX6MM.....	84	cefaclor.....	45
CAMPTOSAR.....	35	CAREONE UNIFINE PENTIPS 31GX8MM.....	84	CEFACTOR.....	45
CANASA.....	64	CAREONE UNIFINE PENTIPS 31GX8MM.....	84	CEFACTOR ER.....	45
CANCIDAS.....	25	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	84	cefadroxil.....	45
candesartan cilexetil.....	29	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	84	cefazolin sodium.....	45
CAPASTAT SULFATE.....	30			CEFAZOLIN SODIUM.....	45
capecitabine.....	32			cefdinir.....	46
CAPRELSA.....	34			CEFDITOREN PIVOXIL.....	46
captopril.....	28			cefepime hcl.....	46
CAPTOPRIL/HYDROCHLOROT HIAZIDE.....	29			cefixime.....	46
CARAFATE.....	128,129			CEFOTAN.....	45
CARBAGLU.....	62			cefotaxime sodium.....	46
carbamazepine.....	16			CEFOTAXIME SODIUM.....	46
CARBATROL.....	16			CEFOTETAN.....	45
carbidopa.....	36			cefotetan disodium.....	45
carbidopa-levodopa.....	36			cefoxitin sodium.....	45
CARBIDOPA/LEVODOPA/ENTA CAPONE.....	36			cefpodoxime proxetil.....	46
carbinoxamine maleate.....	25				
carboplatin.....	31				

cefprozil.....	45	CHLORZOXAZONE.....	118	clemastine fumarate.....	26
ceftazidime.....	46	CHOLBAM.....	64	CLEMASTINE FUMARATE..	26
CEFTIBUTEN.....	46	cholestyramine.....	27	CLEOCIN.....	11,130
CEFTIN.....	45	cholestyramine light.....	27	CLEOCIN PEDIATRIC	
ceftriaxone sodium.....	46	CHORIONIC		GRANULES.....	11
cefuroxime axetil.....	45	GONADOTROPIN.....	61	CLEOCIN PHOSPHATE....	11
cefuroxime sodium.....	45	CIALIS.....	44	CLEOCIN-T.....	51
CELEBREX.....	4	ciclopirox.....	52	CLEVER CHOICE COMFORT	
celecoxib.....	4	ciclopirox olamine.....	52	EZINSULIN PEN NEEDLES	
CELEXA.....	19	cidofovir.....	41	31GX8MM.....	85
CELLCEPT.....	115	cilostazol.....	66	CLEVER CHOICE COMFORT	
CELLCEPT		CILOXAN.....	121	EZINSULIN PEN NEEDLES	
INTRAVENOUS.....	115	cimetidine.....	128	33GX4MM.....	85
CELONTIN.....	18	CIMETIDINE HCL.....	128	CLEVER CHOICE COMFORT	
CENTANY.....	52	CIMZIA.....	64	EZINSULIN	
cephalexin.....	45	CIMZIA STARTER KIT....	64	SYRINGE/0.3ML/29G X 1/2"	85
CEPHALEXIN.....	45	CIPRO.....	63,64	CLEVER CHOICE COMFORT	
CEREBYX.....	17	CIPRO HC.....	123	EZINSULIN	
CEREZYME.....	66	CIPRO XR.....	64	SYRINGE/0.3ML/30G X	
CESAMET.....	24	CIPRODEX.....	123	5/16".....	85
cetirizine hcl.....	26	CIPROFLOXACIN.....	64	CLEVER CHOICE COMFORT	
cetirizine-pseudoephedrine	50	ciprofloxacin.....	64	EZINSULIN	
CETRAXAL.....	123	CIPROFLOXACIN HCL....	64	SYRINGE/0.3ML/31G X	
cevimeline hcl.....	117	ciprofloxacin hcl.....	64	5/16".....	85
CHANTIX.....	126	ciprofloxacin hcl (ophth)..	121	CLEVER CHOICE COMFORT	
CHANTIX CONTINUING		ciprofloxacin hcl (otic)....	123	EZINSULIN	
MONTHPAK.....	126	ciprofloxacin in d5w.....	64	SYRINGE/0.5ML/28G X 1/2"	85
CHANTIX STARTING MONTH		ciprofloxacin-ciprofloxacin		CLEVER CHOICE COMFORT	
PAK.....	126	hcl.....	64	EZINSULIN	
CHEK-STIX CONTROL.....	58	CISPLATIN.....	31	SYRINGE/0.5ML/29G X 1/2"	85
CHEMET.....	24	cisplatin.....	31	CLEVER CHOICE COMFORT	
CHEMSTRIP-K.....	58	citalopram hydrobromide..	19	EZINSULIN	
CHILDRENS ADVIL.....	4	cladribine.....	32	SYRINGE/0.5ML/30G X	
CHILDRENS MOTRIN.....	4	CLARINEX.....	26	5/16".....	85
CHLORAMPHENICOL SODIUM		clarithromycin.....	69	CLEVER CHOICE COMFORT	
SUCCINATE.....	10	CLARITHROMYCIN.....	69	EZINSULIN	
chlordiazepoxide hcl-clidinium		clarithromycin.....	69	SYRINGE/0.5ML/31G X	
bromide.....	128	CLARITIN.....	26	5/16".....	85
chlorhexidine gluconate (mouth-		CLARITIN ALLERGY		CLEVER CHOICE COMFORT	
throat).....	116	CHILDRENS.....	26	EZINSULIN	
CHLOROQUINE		CLARITIN CHILDRENS...	26	SYRINGE/1.0ML/30G X 1/2"	85
PHOSPHATE.....	30	CLARITIN REDITABS.....	26	CLEVER CHOICE COMFORT	
chloroquine phosphate.....	30	CLARITIN-D 12 HOUR....	50	EZINSULIN SYRINGE/1ML/28G	
CHLOROTHIAZIDE.....	60	CLARITIN-D 24 HOUR....	50	X 1/2".....	85
chlorothiazide.....	60	CLASS ACT		CLEVER CHOICE COMFORT	
CHLORPROMAZINE HCL...	39	LUBRICATED.....	69	EZINSULIN SYRINGE/1ML/29G	
chlorpromazine hcl.....	39	CLEANLET LANCETS		X 1/2".....	85
CHLORPROPAMIDE.....	23	28G.....	72	CLEVER CHOICE COMFORT	
chlorthalidone.....	60			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 FLAVORED	27
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM	85	clindamycin phosphate-tretinoin	51	colestipol hcl	27
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM	85	CLINIMIX 2.75%/DEXTROSE 5%	119	COLY-MYCIN S	123
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM	85	CLINIMIX 4.25%/DEXTROSE 10%	119	COMBIGAN	120
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM	85	CLINIMIX 4.25%/DEXTROSE 25%	120	COMBIVIR	39
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM	85	CLINIMIX 4.25%/DEXTROSE 5%	120	COMETRIQ	34
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM	86	CLINIMIX 5%/DEXTROSE 25%	120	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2"	86
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM	86	CLINIMIX E 5%/DEXTROSE 20%	120	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16"	86
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM	86	clobetasol propionate	55	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	86
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM	86	clobetasol propionate emollient base	55	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2"	86
CLICKFINE PEN NEEDLE 32GX5/32"	86	CLOCORTOLONE PIVALATE	55	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	86
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"	86	CLOCORTOLONE PIVALATE PUMP	55	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	86
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"	86	CLODERM	55	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	86
CLICKFINE PEN NEEDLES/31GX1/4"	86	CLODERM PUMP	55	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	86
CLICKFINE 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	15	COMPLERA	39
clindamycin hcl	11	clonidine hcl	29	COMPLETENATE	117
clindamycin palmitate hydrochloride	11	clopidogrel bisulfate	66	COMTAN	36
clindamycin phosphate CLINDAMYCIN PHOSPHATE	51	CLOSERCARE	72	CONCERTA	2
clindamycin phosphate (topical)	51	clotrimazole	116	CONDYLOX	57
clindamycin phosphate vaginal	130	clotrimazole (topical)	52	COPAXONE	126
clindamycin phosphate-benzoyl peroxide	51	clotrimazole vaginal	130	COPEGUS	41
		clotrimazole w/ betamethasone	52	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	CREON	59
		COLCRYST	66		
		colesevelam hcl	27		
		COLESTID	27		

CRESTOR.....	28	D.H.E. 45.....	111	desmopressin acetate spray	62
CRIXIVAN.....	39	DACARBAZINE.....	34	desmopressin acetate spray	
cromolyn sodium.....	12	dacarbazine.....	34	refrigerated.....	62
cromolyn sodium (ophth).....	122	DACOGEN.....	32	DESOGEN.....	46
crotamiton.....	58	dactinomycin.....	33	desogestrel & ethinyl	
CUBICIN.....	10	dalfampridine.....	126	estradiol.....	46
CUBICIN RF.....	10	danazol.....	9	desogestrel-ethinyl estradiol	
CUPRIMINE.....	115	DANTRIUM.....	119	(biphasic).....	46
CURITY ALCOHOL		dantrolene sodium.....	119	desogestrel-ethinyl estradiol	
PREPS/MEDIUM 2 PLY.....	80	dapsone.....	10	(triphasic).....	46
CURITY ALCOHOL SWABS	80	daptomycin.....	10	desonide.....	55
CUVITRU.....	123	DARAPRIM.....	30	DESOWEN.....	55
CVS ALCOHOL PREP		darifenacin hydrobromide	130	desoximetasone.....	55
SWABS.....	80	DAYPRO.....	4	DESOXYN.....	1
CVS LANCETS 21G.....	72	DDAVP.....	62	DESQUAM-X WASH.....	51
CVS LANCETS MICRO THIN		decitabine.....	32	desvenlafaxine succinate.....	20
33G.....	72	DELESTROGEN.....	63	DETROL.....	130
CVS LANCETS ORIGINAL.....	72	DELFLEX-LC/1.5%		DETROL LA.....	130
CVS LANCETS THIN 26G.....	72	DEXTROSE.....	116	dexamethasone.....	48
CVS LANCETS ULTRA THIN		DELFLEX-LC/2.5%		DEXAMETHASONE.....	48
30G.....	72	DEXTROSE.....	116	dexamethasone.....	48
CVS LANCING DEVICE.....	72	DELFLEX-LC/4.25%		DEXAMETHASONE.....	48
CVS OMEPRAZOLE.....	129	DEXTROSE.....	116	DEXAMETHASONE	
CVS PREP PADS.....	80	DEMADEX.....	59	INTENSOL.....	48
CVS ULTRA THIN		demeclocycline hcl.....	127	dexamethasone sodium	
LANCETS.....	72	DEMEROL.....	6	phosphate.....	48
CYCLESSA.....	46	DENAVIR.....	54	DEXAMETHASONE SODIUM	
cyclobenzaprine hcl.....	118	DEPACON.....	18	PHOSPHATE.....	121
cyclophosphamide.....	31	DEPAKENE.....	18	DEXEDRINE.....	1
CYCLOPHOSPHAMIDE.....	31	DEPAKOTE.....	18	DEXILANT.....	129
cyclophosphamide.....	31	DEPAKOTE ER.....	18	dexmethylphenidate hcl.....	2
CYCLOSERINE.....	30	DEPO-ESTRADIOL.....	63	dextroamphetamine sulfate.....	1
CYCLOSET.....	22	DEPO-MEDROL.....	48	DEXTROSE 5%/ELECTROLYTE	
cyclosporine.....	115	DEPO-PROVERA		#48 VIAFLEX.....	113
CYCLOSPORINE		CONTRACEPTIVE.....	48	dextrose in lactated ringers.....	113
MODIFIED.....	115	DEPO-SUBQ PROVERA		DIAMOX.....	59
cyclosporine modified (for		104.....	48	DIANEAL LOW	
microemulsion).....	115	DEPO-TESTOSTERONE.....	9	CALCIUM/1.5%DEXTROSE	
CYKLOKAPRON.....	67	DEPOCYT.....	32	.....	116
CYMBALTA.....	20	DERMA-SMOOTH/FS		DIANEAL LOW	
cyproheptadine hcl.....	27	SCALP.....	55	CALCIUM/4.25%DEXTROSE	
CYSTADANE.....	62	DERMATOP.....	55	.....	116
CYSTAGON.....	65	DERMOTIC.....	123	DIANEAL PD-2/1.5%	
CYSTARAN.....	122	DESCOVY.....	39	DEXTROSE.....	116
cytarabine.....	32	desipramine hcl.....	20	DIANEAL PD-2/2.5%	
CYTARABINEAQUEOUS.....	32	desloratadine.....	26	DEXTROSE.....	116
CYTOMEL.....	127	DES Loratadine ODT.....	26	DIANEAL PD-2/4.25%	
CYTOTEC.....	129	desmopressin acetate.....	62	DEXTROSE.....	116
CYTOVENE.....	41			DIASTAT ACUDIAL.....	15
				DIASTAT PEDIATRIC.....	16
				diazepam.....	12
				DIAZEPAM.....	16

DIAZEPAM RECTAL GEL	16	DITROPAN XL	130	DROPLET INSULIN SYRINGE	
DIBENZYLINE	29	divalproex sodium	18	U-100/1ML/31G X 5/16"	87
diclofenac potassium	4	DIVIGEL	63	DROPLET LANCETS ULTRA	
diclofenac sodium	4	DOCEFREZ	35	THIN 30G	72
diclofenac sodium (actinic		DOCETAXEL	35	DROPLET LANCING	
keratoses)	53	docetaxel	35	DEVICE	72
diclofenac sodium (ophth)	122	DOCETAXEL	35	DROPLET PEN NEEDLES	
diclofenac sodium (topical)	52	docusate calcium	68	29GX12MM	87
diclofenac w/ misoprostol	4	docusate sodium	68	DROPLET PEN NEEDLES	
dicloxacin sodium	124	dofetilide	12	31GX5MM	87
dicyclomine hcl	128	DOLOPHINE	6	DROPLET PEN NEEDLES	
didanosine	39	donepezil hydrochloride	125	31GX6MM	87
DIFFERIN	51	DORIBAX	10	DROPLET PEN NEEDLES	
DIFICID	69	DORIPENEM	10	31GX8MM	87
DIFLORASONE		dorzolamide hcl	122	DROPLET PEN NEEDLES 32G	
DIACETATE	55	DORZOLAMIDE HCL	122	X 1/4"	87
diflorasone diacetate	55	dorzolamide hcl-timolol		DROPLET PEN NEEDLES 32G	
DIFLUCAN	25	maleate	120	X 3/16"	87
diflunisal	5	DORZOLAMIDE		DROPLET PEN NEEDLES 32G	
digoxin	44	HCL/TIMOLOL		X 5/16"	87
DIGOXIN	44	MALEATE	120	DROPLET PEN NEEDLES 32G	
digoxin	44	DOVONEX	54	X 5/32"	87
dihydroergotamine		doxazosin mesylate	29	DROPLET PEN NEEDLES	
mesylate	111	doxepin hcl	20	32GX4MM	87
DIHYDROERGOTAMINE		DOXEPIN		DROPLET PEN NEEDLES	
MESYLATE	111	HYDROCHLORIDE	53	32GX5MM	87
DILANTIN	18	doxercalciferol	62	DROPLET PEN NEEDLES	
DILANTIN INFATABS	18	DOXIL	33	32GX6MM	87
DILANTIN-125	18	doxorubicin hcl	33	DROPLET PEN NEEDLES	
DILAUDID	6	doxorubicin hcl liposomal	33	32GX8MM	87
diltiazem hcl	44	doxycycline		DROPSAFE SAFETY PEN	
DILTIAZEM HCL	44	(monohydrate)	127	NEEDLES/31G X 5/16"	87
diltiazem hcl	44	doxycycline hyclate	127	DROPSAFE SAFETY PEN	
diltiazem hcl coated beads	44	DRISDOL	131	NEEDLES/31G X 1/4"	87
diltiazem hcl extended release		dronabinol	24	drosiprenone-ethinyl	
beads	44	DROPLET INSULIN SYRINGE		estradiol	46
DIOVAN	29	U-100/0.3/31G X 5/16"	86	drosiprenone-ethinyl estradiol-	
DIOVAN HCT	29	DROPLET INSULIN SYRINGE		levomefolate calcium	46
DIPENTUM	65	U-100/0.3ML/30G X 1/2"	86	DROXIA	67
diphenhydramine hcl	26	DROPLET INSULIN SYRINGE		DRUG MART ADJUSTABLE	
diphenoxylate w/ atropine	23	U-100/0.3ML/30G X 5/16"	86	LANCING DEVICE	72
DIPHENOXYLATE/ATROPINE		DROPLET INSULIN SYRINGE		DRUG MART LANCETS	
	23	U-100/0.5ML/30G X 1/2"	86	THIN	72
DIPROLENE	55	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE PENTIPS	
DIPROLENE AF	55	U-100/0.5ML/30G X 5/16"	86	31GX5MM	87
dipyridamole	66	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
DISALCID	5	U-100/0.5ML/31G X 5/16"	86	PENTIPS29G X 12MM	87
disopyramide phosphate	12	DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
disulfiram	125	U-100/1ML/30G X 1/2"	86	PENTIPS31GX6MM	87
		DROPLET INSULIN SYRINGE		DRUG MART UNIFINE	
		U-100/1ML/30G X 5/16"	87	PENTIPS31GX8MM	87
				DRUG MART UNIFINE	
				PENTIPS32GX4MM	87
				DRUG MART UNIFINE	
				PENTIPSPLUS 32GX4MM	87
				DRUG MART UNILET	
				LANCETSSUPER THIN 30G	72
				DRUG MART UNILET	
				LANCETSULTRA THIN 28G	72

DUAC.....	51	EASY TOUCH 32GX6MM.....	87	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	88
DULCOLAX.....	68	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	80	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	88
duloxetine hcl.....	20	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	87	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	88
DURAGESIC.....	6	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	87	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	88
DUREX EXTRA SENSITIVE.....	69	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	88	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	88
DUREZOL.....	121	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	88	EASY TOUCH LANCETS 26G/PULL-TOP.....	73
dutasteride.....	66	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	88	EASY TOUCH LANCETS 26G/TWIST.....	73
DYAZIDE.....	59	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	88	EASY TOUCH LANCETS 28G/PULL-TOP.....	73
DYRENIUM.....	60	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	88	EASY TOUCH LANCETS 28G/TWIST.....	73
DYSPORT.....	119	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	88	EASY TOUCH LANCETS 30G/PULL-TOP.....	73
E-Z JECT LANCETS.....	73	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	88	EASY TOUCH LANCETS 30G/TWIST.....	73
E-Z JECT LANCETS 21G.....	72	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	88	EASY TOUCH LANCETS 32G/PULL-TOP.....	73
E-Z JECT LANCETS COLOR.....	72	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	88	EASY TOUCH LANCETS 32G/TWIST.....	73
E-Z JECT LANCETS SUPER THIN 30G.....	73	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	88	EASY TOUCH LANCETS 33G/TWIST.....	73
E-Z JECT LANCETS THIN 26G.....	73	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	88	EASY TOUCH LANCING DEVICE/EJECTOR.....	73
E-ZJECT LANCETS MICRO-THIN 33G.....	73	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	88	EASY TOUCH PEN NEEDLE 30G X 5/16".....	88
E.E.S. 400.....	69	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	88	EASY TOUCH PEN NEEDLES 29GX1/2".....	88
E.E.S. GRANULES.....	69	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	88	EASY TOUCH PEN NEEDLES 31GX1/4".....	88
EASIVENT.....	111	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	88	EASY TOUCH PEN NEEDLES 31GX5/16".....	88
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	87	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	88	EASY TOUCH PEN NEEDLES 32GX1/4".....	88
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	87	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	88	EASY TOUCH PEN NEEDLES 32GX3/16".....	88
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	87	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	88	EASY TOUCH PEN NEEDLES 32GX5/32".....	88
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	87	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	88	EASY TOUCH PEN NEEDLES/31G X 3/16".....	88
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	87	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	88	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	89
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	87	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	88	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	89
EASY COMFORT PEN NEEDLES31GX1/4".....	87				
EASY COMFORT PEN NEEDLES31GX3/16".....	87				
EASY COMFORT PEN NEEDLES31GX5/16".....	87				
EASY COMFORT PEN NEEDLES32GX5/32".....	87				
EASY GLIDE PEN NEEDLES 33G X 5/32".....	87				
EASY MINI EJECT LANCING DEVICE.....	73				
EASY MINI LANCING DEVICE.....	73				
EASY TOUCH 32GX5MM.....	87				

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.....	52	ELLECE.....	33	EQL INSULIN SYRINGE/0.5ML/30G X 5/16".....	89
EDARBI.....	29	ELMIRON.....	65	EQL INSULIN SYRINGE/0.5ML/31G X 5/16".....	89
EDECIN.....	59	ELOCON.....	56	EQL INSULIN SYRINGE/1ML/29G X 1/2".....	89
EDURANT.....	39	EMADINE.....	122	EQL INSULIN SYRINGE/1ML/30G X 5/16".....	89
efavirenz.....	39	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.....	39	EQUETRO.....	37
ELAVIL.....	20	EMVERM.....	9	ERAXIS.....	25
ELDEPRYL.....	37	ENABLEX.....	130	ERBITUX.....	32
ELELYSO.....	66	enalapril maleate.....	28	ergocalciferol.....	131
ELESTAT.....	122	enalapril maleate & hydrochlorothiazide.....	29	ERGOLOID MESYLATES.....	126
ELESTRIN.....	63	ENBREL.....	5	ERGOMAR.....	111
eletriptan hydrobromide.....	112	ENBREL MINI.....	5	ergotamine w/ caffeine.....	111
ELEXA NATURAL FEEL.....	69	ENBREL SURECLICK.....	5	ERIVEDGE.....	33
ELEXA STIMULATING.....	69	enoxaparin sodium.....	15	ERTACZO.....	52
ELEXA ULTRA SENSITIVE.....	69	entacapone.....	36	ertapenem sodium.....	10
ELIDEL.....	57	entecavir.....	41	ERWINAZE.....	34
ELIGARD.....	33	ENTEREG.....	65	ERY-TAB.....	69
ELIMITE.....	58	ENTOCORT EC.....	48	ERYPED 200.....	69
ELIPHOS.....	65	EPCLUSA.....	41	ERYPED 400.....	69
ELIQUIS.....	14	EPIDUO.....	51	erythromycin (acne aid).....	51
ELIQUIS STARTER PACK.....	14	epinastine hcl (ophth).....	122	erythromycin (ophth).....	121
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	89	epinephrine (anaphylaxis).....	131	erythromycin base.....	69
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	89	epirubicin hcl.....	33	erythromycin ethylsuccinate.....	69
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	89	EPIVIR.....	39,40	ERYTHROMYCIN ETHYLSUCCINATE.....	69
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	89	EPIVIR HBV.....	41	escitalopram oxalate.....	19
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	89	eplerenone.....	30	ESGIC.....	5
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89	EPOGEN.....	67	esomeprazole magnesium.....	129
		EPROSARTAN MESYLATE.....	29	estazolam.....	67
		EPZICOM.....	40		
		EQ OMEPRAZOLE.....	129		
		EQL ALCOHOL SWABS.....	80		
		EQL COLOR LANCETS 21G.....	73		

ESTRACE.....	63	EXEL COMFORT POINT		fenofibrate micronized.....	27
estradiol.....	63	INSULIN SYRINGE/1ML/29G X		fenoprofen calcium.....	4
estradiol vaginal.....	131	1/2".....	90	fentanyl.....	6
estradiol valerate.....	63	EXEL COMFORT POINT		fentanyl citrate.....	6
ESTROGEL.....	63	INSULIN SYRINGE/1ML/30G X		FER-IN-SOL.....	67
ESTROPIPATE.....	63	5/16".....	90	FERRIPROX.....	24
ESTROSTEP FE.....	46	EXELDERM.....	52	ferrous fumarate-folic acid... 67	
eszopiclone.....	67	EXELON.....	125	ferrous sulfate.....	67
ethacrynic acid.....	59	exemestane.....	33	FEXMID.....	118
ethambutol hcl.....	30	EXJADE.....	24	fexofenadine hcl.....	26
ethosuximide.....	18	EXTAVIA.....	126	fexofenadine-pseudoephedrine	
ethynodiol diacet & eth		EXTRA SENSITIVE		.....	50
estrad.....	46	SPERMICIDAL.....	70	FIASP.....	22
ETIDRONATE DISODIUM... 60		EXTRANEAL.....	116	FIASP FLEXTOUCH.....	22
etodolac.....	4	EZ SMART BLOOD GLUCOSE		FIFTY50 ALCOHOL PREP	
ETOPOPHOS.....	35	LANCETS.....	73	PADS.....	80
ETOPOSIDE.....	35	EZ-LETS LANCETS 23G... 73		FIFTY50 LANCING DEVICE... 73	
etoposide.....	35	EZ-LETS LANCETS 26G		FIFTY50 PEN NEEDLES 31G	
EURAX.....	58	SUPER-SOFT.....	73	X3/16" (5MM).....	90
EVAMIST.....	63	EZ-LETS LANCETS 28G		FIFTY50 PEN NEEDLES 31G	
EVISTA.....	61	ULTRA-SOFT.....	73	X5/16" (8MM).....	90
EVOXAC.....	117	EZ-LETS LANCETS 30G... 73		FIFTY50 PEN NEEDLES	
EXALGO.....	6	ezetimibe.....	28	31GX5MM.....	90
EXCEL COMFORT POINT		ezetimibe-simvastatin... 27		FIFTY50 PEN	
INSULIN PEN NEEDLES 31G X		FABRAZYME.....	62	NEEDLES/31GX8MM.....	90
4MM.....	89	FACTIVE.....	64	FIFTY50 PEN	
EXEL COMFORT POINT		famciclovir.....	42	NEEDLES/32GX4MM.....	90
INSULIN PEN NEEDLES 29G X		famotidine.....	128	FIFTY50 PEN	
12MM.....	89	FAMOTIDINE		NEEDLES/32GX6MM.....	90
EXEL COMFORT POINT		PREMIXED.....	128	FIFTY50 SUPERIOR	
INSULIN PEN NEEDLES 31G X		FAMVIR.....	42	COMFORTINSULIN	
6MM.....	89	FANAPT.....	37	SYRINGE/0.3ML/31G X	
EXEL COMFORT POINT		FANAPT TITRATION		5/16".....	90
INSULIN PEN NEEDLES 31G X		PACK.....	37	FIFTY50 SUPERIOR	
8MM.....	89	FANTASY LUBRICATED... 70		COMFORTINSULIN	
EXEL COMFORT POINT		FANTASY		SYRINGE/0.5ML/31G X	
INSULIN SYRINGE/0.3ML/29G X		LUBRICATED/SPERMICIDE		5/16".....	90
1/2".....	89	.....	70	FIFTY50 SUPERIOR	
EXEL COMFORT POINT		FARESTON.....	33	COMFORTINSULIN	
INSULIN SYRINGE/0.3ML/30G X		FASLODEX.....	33	SYRINGE/1ML/31G X 5/16" 90	
5/16".....	89	FC FEMALE CONDOM... 70		FINACEA.....	58
EXEL COMFORT POINT		FC2 FEMALE CONDOM... 70		finasteride.....	66
INSULIN SYRINGE/0.5ML/28G X		felbamate.....	17	finasteride (alopecia)..... 57	
1/2".....	89	FELBATOL.....	17	FIORICET.....	5
EXEL COMFORT POINT		FELDENE.....	4	FIORINAL.....	5
INSULIN SYRINGE/0.5ML/29G X		felodipine.....	44	FIORINAL/CODEINE #3... 8	
1/2".....	90	FEMARA.....	33	FIRMAGON.....	33
EXEL COMFORT POINT		FEMCAP.....	70	FLAGYL.....	9
INSULIN SYRINGE/0.5ML/30G X		FEMCON FE.....	46	flavoxate hcl.....	130
5/16".....	90	FEMRING.....	131	flecainide acetate.....	12
EXEL COMFORT POINT		fenofibrate.....	27	FLECTOR.....	52
INSULIN SYRINGE/1ML/28G X				FLOMAX.....	66
1/2".....	90				

FLONASE ALLERGY RELIEF CHILDRENS	119	FORTAZ	46	galantamine hydrobromide	125
FLONASE ALLERGY RELIEF DISKUS	13	FORTEO	60	GAMMAGARD LIQUID	123
FLOVENT HFA	13	FOSAMAX	60	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	123
FLOXIN OTIC	123	FOSAMAX PLUS D	60	GAMMAKED	123
floxuridine	32	fosamprenavir calcium	40	GAMUNEX-C	123
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	116
fludrocortisone acetate	49	FOSRENOL	65	gemcitabine hcl	32
FLUMADINE	42	FRAGMIN	15	gemfibrozil	27
fluocinolone acetonide (otic)	123	FREDS PHARMACY AUTOLET LANCING DEVICE	73	GEMZAR	32
fluocinolone acetonide emulsified base	56	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	90	GENERESS FE	46
fluorometholone (ophth)	121	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	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	59	GENTEEL LANCING DEVICE/PLAYFUL PURPLE	74
flurbiprofen sodium	122	FUROSEMIDE	59	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	74
flutamide	33	furosemide	59	GENTEEL LANCING DEVICE/PRINCESS PINK	74
fluticasone propionate (nasal)	119	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	121	galantamine hydrobromide	125	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	74
FML FORTE	121	GALANTAMINE HYDROBROMIDE	125	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	74
FML LIQUIFILM	121			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	73				
FORA LANCING DEVICE	73				
FORA LANCING DEVICE/CLEARCAP	73				
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).....	65
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.....	90	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".....	90	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.....	90	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".....	91	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".....	91	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".....	91	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	92
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	91	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	91	GNP LANCETS.....	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 21G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	91	GLUCOSOURCE LANCET DEVICE.....	74	GNP LANCETS MICRO THIN 33G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	91	GLUCOSOURCE LANCETS.....	74	GNP LANCETS SUPER THIN 30G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	91	GLUCOTROL.....	23	GNP LANCETS THIN.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	91	GLUCOTROL XL.....	23	GNP LANCETS THIN 26G.....	74
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	91	GLUCOVANCE.....	21	GNP MICRO THIN LANCETS 33G.....	74
		glyburide.....	23	GNP OMEPRAZOLE.....	129
		glyburide micronized.....	23	GNP SUPER THIN LANCETS/30G.....	74
				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.....	92	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.....	74	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.....	92	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	75	heparin sodium (porcine)....	15
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	92	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.....	41
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	74	HALCION.....	67	HERCEPTIN.....	32
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	74	HALDOL.....	38	HEXALEN.....	31
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	74	HALDOL DECANOATE 100.....	38	HIGH SENSATION SPERMICIDAL.....	70
GOODSENSE LANCING DEVICE.....	74	HALDOL DECANOATE 50.....	38	HIPREX.....	130
GRANISETRON HCL.....	24	halobetasol propionate.....	56	HIZENTRA.....	123
granisetron hcl.....	24	HALOG.....	56	HM OMEPRAZOLE.....	129
GRASTEK.....	3	haloperidol.....	38	HORIZANT.....	126
GRIS-PEG.....	25	haloperidol decanoate.....	38	HUMALOG.....	22
griseofulvin microsize.....	25	haloperidol lactate.....	38	HUMALOG JUNIOR KWIKPEN.....	22
griseofulvin ultramicrosize.....	25	HARVONI.....	41	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.....	130	HEALTHWISE PEN NEEDLES 29GX12MM.....	93	HUMALOG MIX 75/25 KWIKPEN.....	22
GYNE-LOTRIMIN.....	130	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.....	23	INSULIN SYRINGE/U-	
HUMULIN R U-500		IMURAN.....	115	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.....	35	INCRELEX.....	61	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	INSPRA.....	30	SYRINGES/0.5ML/27GX1/2"	94
hydrocortisone (intrarectal).....	9	INSULIN SYRINGE/0.3ML/29G		INSULIN	
hydrocortisone (rectal).....	9	X 1".....	93	SYRINGES/0.5ML/29GX1/2"	94
hydrocortisone (topical).....	56	INSULIN SYRINGE/0.3ML/29G		INSULIN	
hydrocortisone acetate		X 1/2".....	93	SYRINGES/0.5ML/30GX5/16"	94
(rectal).....	9	INSULIN SYRINGE/0.3ML/30G		INSULIN	
hydrocortisone butyrate.....	56	X 5/16".....	93	SYRINGES/0.5ML/31GX	
hydrocortisone valerate.....	56	INSULIN SYRINGE/0.3ML/31G		5/16".....	94
hydrocortisone w/acetic		X 5/16".....	93	INSULIN	
acid.....	123	INSULIN SYRINGE/0.5ML/27G		SYRINGES/0.5ML/31GX5/16"	94
hydromorphone hcl.....	6	X 1/2".....	93	INSULIN	
HYDROMORPHONE		INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/27GX1/2".....	94
HYDROCHLORIDE.....	6	X 1/2".....	93	INSULIN	
hydroxychloroquine sulfate.....	30	INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/27GX1/2".....	94
hydroxyurea.....	34	X 5/16".....	93	INSULIN	
hydroxyzine hcl.....	12	INSULIN SYRINGE/0.5ML/31G		SYRINGES/1ML/28GX1/2".....	94
HYDROXYZINE PAMOATE.....	12	X 5/16".....	93	INSULIN	
HYPER-SAL.....	50	INSULIN SYRINGE/1ML/28G X		SYRINGES/1ML/29GX1/2".....	94
HYPERSAL.....	50	1/2".....	93	INSULIN	
HYZAAR.....	29	INSULIN SYRINGE/1ML/29G X		SYRINGES/1ML/30GX1/2".....	94
ibandronate sodium.....	60	1/2".....	93	INSULIN	
ibuprofen.....	4	INSULIN SYRINGE/1ML/30G X		SYRINGES/1ML/31GX5/16".....	94
IDAMYCIN PFS.....	33	5/16".....	93	INSUPEN 29G X 12MM.....	94
idarubicin hcl.....	33	INSULIN SYRINGE/NEEDLE		INSUPEN 31G X 5MM.....	94
IFEX.....	31	0.3ML/30G X 5/16".....	93	INSUPEN 31G X 8MM.....	94
ifosfamide.....	31	INSULIN SYRINGE/NEEDLE		INSUPEN 32G X 4MM.....	94
IFOSFAMIDE.....	31	0.3ML/31G X 5/16".....	93	INSUPEN 33GX4MM.....	94
ILEVRO.....	122	INSULIN SYRINGE/NEEDLE		INSUPEN PEN NEEDLES 32G	
imatinib mesylate.....	34	0.5ML/29G X 1/2".....	94	X4MM.....	94
IMBRUVICA.....	34	INSULIN SYRINGE/NEEDLE		INSUPEN SENSITIVE	
imipenem-cilastatin.....	10	0.5ML/30G X 5/16".....	94	32GX6MM.....	94
imipramine hcl.....	20	INSULIN SYRINGE/NEEDLE		INSUPEN SENSITIVE	
imipramine pamoate.....	20	0.5ML/31G X 5/16".....	94	32GX8MM.....	94
		INSULIN SYRINGE/NEEDLE		INSUPEN ULTRAFIN	
		1ML/29G X 1/2".....	94	29GX12MM.....	94
		INSULIN SYRINGE/NEEDLE			
		1ML/30G X 5/16".....	94		
		INSULIN SYRINGE/NEEDLE			
		1ML/31G X 5/16".....	94		

INSUPEN ULTRAFIN 30GX8MM	94	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	114	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	95
INTRON A	34	KADIAN	6	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	95
INTRON A W/DILUENT	34	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	51
INVEGA	37	KAYEXALATE	116	KLONOPIN	16
INVIRASE	40	KCL 0.3%/D5W/NACL 0.9%	114	KLOR-CON M15	114
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	120	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	35	ketoconazole (topical)	53	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	95
irinotecan hcl	35	KETONE TEST STRIPS	58	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)	122	KROGER LANCETS MICRO THIN33G	75
ISOLYTE-S	114	KETOSTIX	58	KROGER LANCETS SUPER THIN	75
ISONIAZID	30	ketotifen fumarate (ophth)	122	KROGER LANCETS THIN 26G	75
isoniazid	31	KIMONO COLORS	70	KROGER LANCETS ULTRATHIN30G	75
ISOPTO CARPINE	120	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	51	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 DEVICE	75	lanthanum carbonate	65	leucovorin calcium	35
KROGER PEN NEEDLES 29G X12MM	95	LANZO	76	LEUCOVORIN CALCIUM	35
KROGER PEN NEEDLES 31G X8MM	95	LASIX	59	leucovorin calcium	35
KROGER PEN NEEDLES 31GX1/4"	95	LASTACAPT	122	LEUKERAN	31
KUVAN	62	latanoprost	123	LEUKINE	67
KYPROLIS	34	LATANOPROST	123	leuprolide acetate	33
labetalol hcl	43	LATUDA	37	levalbuterol hcl	14
LAC-HYDRIN	57	LEADER ADVANCED LANCING DEVICE	76	LEVALBUTEROL TARTRATE HFA	14
LAC-HYDRIN TWELVE	57	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	95	LEVAQUIN	64
LACRISERT	120	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	95	LEVEMIR	23
lactated ringer's	114	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	95	LEVEMIR FLEXTOUCH	23
lactated ringer's (irrigation)	116	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	95	levetiracetam	16
lactic acid (ammonium lactate)	57	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	95	levobunolol hcl	120
lactulose	68	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	95	levocetirizine dihydrochloride	26
lactulose (encephalopathy)	65	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	95	levofloxacin	64
LAMICTAL	16	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	95	levofloxacin (ophth)	121
LAMICTAL CHEWABLE DISPERSIBLE	16	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	95	levofloxacin in d5w	64
LAMISIL	25	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	95	levonorgestrel & eth estradiol	46
lamivudine	40	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	95	levonorgestrel (emergency oc)	48
lamivudine (hbv)	41	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	96	levonorgestrel-eth estradiol (triphasic)	47
lamivudine-zidovudine	40	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	96	levonorgestrel-ethinyl estradiol (91-day)	47
lamotrigine	16	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	96	levonorgestrel-ethinyl estradiol (continuous)	47
LANCET DEVICE ADJUSTABLE	75	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	96	LEVORPHANOL TARTRATE	6
LANCET DEVICE WITH EJECTOR	75	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	96	LEVOTHYROXINE SODIUM	127
LANCETS	75	leflunomide	5	levothyroxine sodium	127
LANCETS 26G TWIST TOP	75	LETAIRIS	45	LEXAPRO	19
LANCETS 28G	75	letrozole	33	LEXIVA	40
LANCETS 30G	75			LIALDA	65
LANCETS SAFETY SEAL 21G	75			LIBERTY MINI LANCING DEVICE	76
LANCETS SAFETY SEAL 26G	75			LIBRAX	128
LANCETS SAFETY SEAL 28G	75			lidocaine	58
LANCETS SUPER THIN 28G	75			lidocaine hcl	58
LANCETS THIN	75			LIDOCAINE HCL	68
LANCETS ULTRA THIN	75			lidocaine hcl (local anesth.)	68
LANCING DEVICE ADJUSTABLE	76			lidocaine hcl (mouth-throat)	116
LANOXIN	44			lidocaine-prilocaine	58
LANOXIN PEDIATRIC	44			LIDODERM	58
lansoprazole	129			LILETTA	48
				LINCOCIN	11
				lincomycin hcl	11
				lindane	58
				LINDANE	58

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.....	127	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.....	27	LUZU.....	53
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	LOMOTIL.....	23	LYRICA.....	16
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/30G 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-VIT.....	117
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	96	loperamide hcl.....	23	MACROBID.....	130
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	96	LOPID.....	27	MACRODANTIN.....	130
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	96	lopinavir-ritonavir.....	40	mafenide acetate.....	54
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96	LOPRESSOR.....	43	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	96
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	96	LOPROX.....	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	96
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	LOPROX SHAMPOO.....	53	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	96
LITETOUCH PEN NEEDLES 29GX12.7MM.....	96	loratadine.....	26	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	96
LITETOUCH PEN NEEDLES 31G X 6MM.....	96	loratadine & pseudoephedrine.....	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	96
LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	96	lorazepam.....	12	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	96
LITHIUM.....	37	losartan potassium.....	29	magnesium sulfate.....	114
lithium carbonate.....	37	losartan potassium & hydrochlorothiazide.....	29	MAGNESIUM SULFATE.....	114
LITHIUM CARBONATE.....	37	LOSEASONIQUE.....	47	MALARONE.....	30
lithium carbonate.....	37	LOTEMAX.....	121	malathion.....	58
LITHOBID.....	37	LOTENSIN.....	28	MAPROTILINE HCL.....	18
LIVALO.....	28	LOTREL.....	29	MARATHON MEDICAL PENTIPS29GX12MM.....	96
		LOTRIMIN AF.....	53	MARATHON MEDICAL PENTIPS31GX5MM.....	97
		LOTRIMIN AF FOR HER.....	53	MARATHON MEDICAL PENTIPS31GX8MM.....	97
		LOTRIMIN AF JOCK ITCH.....	53		
		LOTRIMIN ULTRA.....	53		
		LOTRISONE.....	53		
		LOTRONEX.....	65		
		lovastatin.....	28		
		LOVAZA.....	27		
		LOVENOX.....	15		
		loxapine succinate.....	38		

MARATHON MEDICAL		MEIJER ALCOHOL SWABS		methamphetamine hcl.....	1
PENTIPS32GX4MM.....	97	EXTRA-THICK.....	80	methazolamide.....	59
MARINOL.....	25	MEIJER COLOR LANCETS		methenamine hippurate....	130
MARPLAN.....	18	UNIVERSAL 33G.....	76	methimazole.....	127
MATULANE.....	34	MEIJER LANCETS.....	76	METHITEST.....	9
MAVIK.....	28	MEIJER LANCETS THIN..	76	methocarbamol.....	118
MAVYRET.....	42	MEIJER LANCETS		methotrexate sodium.....	32
MAXALT.....	112	UNIVERSAL21G.....	76	METHOTREXATE SODIUM.....	32
MAXALT-MLT.....	112	MEIJER LANCETS		methotrexate sodium.....	32
MAXI-COMFORT INSULIN		UNIVERSAL30G.....	76	methoxsalen rapid.....	54
SYRINGE/U-		MEIJER LANCETS		methscopolamine bromide..	128
100/0.5ML/28GX1/2".....	97	UNIVERSAL33G.....	76	METHYLCLOTHIAZIDE.....	60
MAXI-COMFORT INSULIN		MEIJER PEN NEEDLES 29G		methyldopa.....	29
SYRINGE/U-100/1ML/28GX1/2"		X12MM.....	97	METHYLDOPATE HCL.....	29
.....	97	MEIJER PEN NEEDLES 31G		METHYLIN.....	2
.....	97	X6MM.....	97	methylphenidate hcl.....	2
MAXIDEX.....	121	MEIJER PEN NEEDLES 31G		METHYLPHENIDATE HCL	
MAXIPIME.....	46	X8MM.....	97	ER.....	2
MAXITROL.....	121	MEIJER SUPER THIN		METHYLPHENIDATE	
MAXX LUBRICATED.....	70	LANCETS.....	76	HYDROCHLORIDE ER.....	2
MAXX PLUS SPERMICIDE		meloxicam.....	4	METHYLPREDNISOLONE.....	49
LUBRICATED.....	70	melphalan.....	31	methylprednisolone.....	49
MAXZIDE.....	59	melphalan hcl.....	31	methylprednisolone acetate..	49
MAXZIDE-25.....	59	memantine hcl.....	125	METHYLPREDNISOLONE	
meclizine hcl.....	24	MENEST.....	63	ACETATE.....	49
MECLOFENAMATE SODIUM 4		MENOSTAR.....	63	methylprednisolone sod	
MEDIC INSULIN		MENTAX.....	53	succ.....	49
SYRINGE/0.3ML/30G X		meperidine hcl.....	6	METIPRANOLOL.....	120
5/16".....	97	MEPERIDINE HCL.....	6	metoclopramide hcl.....	64
MEDIC INSULIN		meperidine hcl.....	6	metolazone.....	60
SYRINGE/0.5ML/30G X		meprobamate.....	12	metoprolol succinate.....	43
5/16".....	97	MEPRON.....	10	metoprolol tartrate.....	43
MEDICINE SHOPPE PEN		mercaptapurine.....	32	METROCREAM.....	58
NEEDLES 29G X 12MM.....	97	meropenem.....	10	METROGEL.....	58
MEDICINE SHOPPE PEN		MERREM.....	10	METROGEL-VAGINAL.....	130
NEEDLES 31G X 6MM.....	97	mesalamine.....	65	METROLOTION.....	58
MEDICINE SHOPPE PEN		MESTINON.....	30	metronidazole.....	9
NEEDLES 31G X 8MM.....	97	MESTINON TIMESPAN... 30		metronidazole (topical)....	58
MEDISENSE THIN		METADATE CD.....	2	metronidazole vaginal.....	131
LANCETS.....	76	METAPROTERENOL		MEVACOR.....	28
MEDROL.....	49	SULFATE.....	14	mexiletine hcl.....	12
MEDROL DOSEPAK.....	49	metaxalone.....	118	MIACALCIN.....	61
medroxyprogesterone		metformin hcl.....	21	MICARDIS.....	29
acetate.....	124	methadone hcl.....	6	MICONAZOLE 3.....	131
medroxyprogesterone acetate		METHADONE HCL.....	6	MICRO-K.....	114
(contraceptive).....	48	methadone hcl.....	6	MICROLET NEXT.....	76
mefenamic acid.....	4	METHADONE HCL.....	6	MICROZIDE.....	60
MEFLOQUINE HCL.....	30	methadone hcl.....	6	midodrine hcl.....	131
mefloquine hcl.....	30	METHADOSE.....	6		
MEGACE ES.....	124	METHADOSE SUGAR-			
MEGACE ORAL.....	33	FREE.....	6		
megestrol acetate.....	33				
megestrol acetate					
(appetite).....	125				

miglitol.....	21	MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	98
miglustat.....	66	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	98
MIGRANAL.....	111	MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	98
MILLIPRED.....	49	MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	98
MILLIPRED DP.....	49	MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	98
MINASTRIN 24 FE.....	47	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	98
MINI LANCING DEVICE.....	76	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	98
MINIPRESS.....	29	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	98
MINIVELLE.....	63	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	98
MINOCIN.....	127	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MONOLET LANCETS.....	76
minocycline hcl.....	127	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MONOLET OPD LANCETS.....	76
minoxidil.....	30	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	montelukast sodium.....	13
MIRAPEX.....	36	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MONUROL.....	130
MIRCETTE.....	47	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	98
MIRENA.....	48	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	98
mirtazapine.....	18	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	98
misoprostol.....	129	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	98
mitomycin.....	34	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98
mitoxantrone hcl.....	34	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	97	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	morphine sulfate.....	6,7
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MORPHINE SULFATE.....	7
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	morphine sulfate.....	7
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MOTOFEN.....	24
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MOVIPREP.....	68
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	moxifloxacin hcl.....	64
MM LANCING DEVICE.....	76	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	moxifloxacin hcl in sodium chloride.....	64
MM PEN NEEDLES 31G X 1/4".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MOZOBIL.....	67
MM PEN NEEDLES 31G X 3/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MS CONTIN.....	7
MM PEN NEEDLES 31G X 5/16".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	98
MM PEN NEEDLES 32G X 5/32".....	97	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
MOBIC.....	4	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
modafinil.....	2	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
MODICON.....	47	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
moexipril hcl.....	28	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
mometasone furoate.....	56	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
mometasone furoate (nasal).....	119	MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	98		
MONISTAT SOOTHING CARE ITCH RELIEF.....	56	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	98		
MONODOX.....	127				
MONOJECT INSULIN SYRINGE/1ML.....	97				

MS INSULIN SYRINGE/0.5ML/31G X 5/16"	98	NASONEX	119	nicotine polacrilex	126
MS INSULIN SYRINGE/1ML/31G X 5/16"	98	NATACYN	121	NICOTINE TRANSDERMAL SYSTEM	126
MULTAQ	12	NATALVIT	117	NICOTROL INHALER	126
MULTI PRENATAL	117	NATAZIA	47	NICOTROL NS	126
MULTI-LANCET DEVICE	76	nateglinide	23	nifedipine	44
mupirocin	52	NATROBA	58	NILANDRON	33
mupirocin calcium (topical)	52	NAVELBINE	35	nilutamide	33
MUSTARGEN	31	NEBUPENT	9	nimodipine	44
MYAMBUTOL	31	NEBUSAL	50	NINLARO	34
MYCAMINE	25	NECON 10/11-28	47	NIPENT	34
MYCOBUTIN	31	NEFAZODONE HCL	20	nisoldipine	44
mycophenolate mofetil	115	nefazodone hcl	20	NISOLDIPINE ER	44
mycophenolate mofetil hcl	115	NEFAZODONE HYDROCHLORIDE	20	NITRO-BID	11
mycophenolate sodium	115	neomycin sulfate	3	NITRO-DUR	12
MYDRIACYL	120	neomycin-bacitracin zn-polymyxin	121	nitrofurantoin	130
MYFORTIC	115	neomycin-polymyxin-dexameth	121	nitrofurantoin macrocrystal	130
MYLERAN	31	neomycin-polymyxin-hc (otic)	123	nitrofurantoin monohyd macro	130
MYNATAL	117	NEOMYCIN/POLYMYXIN/HYD		nitroglycerin	12
MYNATAL ADVANCE	117	ROCORTISONE	122	NITROGLYCERIN	12
MYNATAL PLUS	117	NEONATAL PLUS	117	nitroglycerin	12
MYNATAL ULTRACAPLET	117	NEONATAL VITAMIN	117	NITROSTAT	12
MYNATAL-Z	117	NEORAL	115	NIVA-PLUS	117
MYNATE 90 PLUS	117	NEPTAZANE	59	nizatidine	128
MYRBETRIQ	130	NEULASTA	67	NIZATIDINE	128
MYSOLINE	16	NEULASTA ONPRO KIT	67	NIZORAL	53
nabumetone	5	NEUPOGEN	67	NOR-QD	48
nadolol	43	NEUPRO	36	NORCO	8
nafcillin sodium	124	NEURONTIN	16,17	NORDITROPIN FLEXPRO	61
NAFCILLIN SODIUM	124	NEVANAC	122	norethin acet & estrad-fe	47
naftifine hcl	53	nevirapine	40	norethindrone & eth estradiol	47
NAFTIN	53	NEXAVAR	34	norethindrone & ethinyl estradiol-fe	47
NAGLAZYME	62	NEXIUM	129	norethindrone (contraceptive)	48
nalbuphine hcl	8	NEXIUM 24HR	129	norethindrone acet & eth estra	47
NALFON	5	NEXIUM 24HR CLEAR		norethindrone acetate	125
naloxone hcl	24	MINIS	129	norethindrone acetate-ethinyl estradiol-fe	47
NALOXONE HCL	24	NEXPLANON	48	norethindrone-eth estradiol (triphasic)	47
naltrexone hcl	24	niacin (antihyperlipidemic)	28	norgestimate-ethinyl estradiol	47
NAMENDA	125	NIASPAN	28	norgestimate-ethinyl estradiol (triphasic)	47
NAMENDA TITRATION PAK	125	nicardipine hcl	44	norgestrel & ethinyl estradiol	47
NAPROSYN	5	NICODERM CQ	126	NORINYL 1+35	47
naproxen	5	NICORETTE	126	NORMOSOL-M IN D5W	114
naproxen sodium	5	NICORETTE MINI	126		
naratriptan hcl	112	NICORETTE STARTER KIT	126		
NARDIL	18	nicotine	126		

NORMOSOL-R.....	114	ODEFSEY.....	40	OPTICHAMBER	
NORPACE.....	12	OFLOXACIN.....	64	DIAMOND/SMALLFACE	
NORPRAMIN.....	20	ofloxacin.....	64	MASK.....	111
nortriptyline hcl.....	20	ofloxacin (ophth).....	121	ORAP.....	126
NORVASC.....	44	ofloxacin (otic).....	123	ORAPRED ODT.....	49
NORVIR.....	40	OGESTREL.....	47	ORENCIA.....	5
NOVA SUREFLEX		olanzapine.....	38	ORFADIN.....	62
LANCETS.....	76	olmesartan medoxomil.....	29	orphenadrine citrate.....	118
NOVA SUREFLEX LANCING		olopatadine hcl.....	122	ORTHO MICRONOR.....	48
DEVICE.....	76	olopatadine hcl (nasal).....	119	ORTHO TRI-CYCLEN.....	47
NOVAREL.....	61	OLUX.....	56	ORTHO TRI-CYCLEN LO.....	47
NOVOFINE 30GX8MM.....	99	omega-3-acid ethyl esters.....	27	ORTHO-CYCLEN.....	47
NOVOFINE 32GX6MM.....	99	omeprazole.....	129	ORTHO-NOVUM 1/35.....	47
NOVOFINE AUTOCOVER		OMEPRAZOLE.....	129	ORTHO-NOVUM 7/7/7.....	47
30GX8MM.....	99	omeprazole magnesium.....	129	oseltamivir phosphate.....	42
NOVOFINE PLUS		omeprazole-sodium		OSMOPREP.....	68
32GX4MM.....	99	bicarbonate.....	129	OVCON-35.....	47
NOVOLIN 70/30.....	23	OMNIFLEX DIAPHRAGM.....	70	OVIDE.....	58
NOVOLIN 70/30 RELION.....	23	OMNIPRED.....	122	oxacillin sodium.....	124
NOVOLIN N.....	23	OMNITROPE.....	61	oxaliplatin.....	31
NOVOLIN N RELION.....	23	ON CALL LANCING		OXANDRIN.....	9
NOVOLIN R.....	23	DEVICE.....	76	oxandrolone.....	9
NOVOLIN R RELION.....	23	ON CALL PLUS LANCING		oxaprozin.....	5
NOVOLOG.....	23	DEVICE.....	76	oxcarbazepine.....	17
NOVOLOG FLEXPEN.....	23	ONCASPAR.....	34	oxiconazole nitrate.....	53
NOVOLOG MIX 70/30.....	23	ondansetron.....	24	OXISTAT.....	53
NOVOLOG MIX 70/30		ondansetron hcl.....	24	OXSORALEN ULTRA.....	54
PREFILLED FLEXPEN.....	23	ONDANSETRON		oxybutynin chloride.....	130
NOVOLOG PENFILL.....	23	HYDROCHLORIDE.....	24	oxycodone hcl.....	7
NOVOTWIST 32GX5MM.....	99	ONETOUCH DELICA		OXYCODONE HCL ER.....	7
NOXAFIL.....	25	LANCING DEVICE.....	76	oxycodone w/ acetaminophen.....	8
NPLATE.....	67	ONFI.....	16	OXYCODONE/IBUPROFEN.....	8
NUCYNTA.....	7	ONGLYZA.....	22	OXYCONTIN.....	7
NUCYNTA ER.....	7	OPANA.....	7	oxymorphone hcl.....	7
NUEDEXTA.....	126	OPTICHAMBER		OXYMORPHONE	
NULOJIX.....	115	ADVANTAGE/LARGE		HYDROCHLORIDE ER.....	7
NUTROPIN AQ NUSPIN 10.....	61	MASK.....	111	PACLITAXEL.....	35
NUVARING.....	48	OPTICHAMBER		paclitaxel.....	35
NUVIGIL.....	3	ADVANTAGE/MEDIUM FACE		paliperidone.....	37
nystatin.....	25	MASK.....	111	palonosetron hcl.....	24
nystatin (mouth-throat).....	116	OPTICHAMBER		PALONOSETRON	
nystatin (topical).....	53	ADVANTAGE/SMALL FACE		HYDROCHLORIDE.....	24
nystatin-triamcinolone.....	53	MASK.....	111	PAMELOR.....	21
O-CAL FA.....	117	OPTICHAMBER		pamidronate disodium.....	61
O-CAL PRENATAL.....	117	DIAMOND.....	111	PAMIDRONATE DISODIUM.....	61
octreotide acetate.....	63	OPTICHAMBER		PANCREAZE.....	59
OCUFEN.....	122	DIAMOND/LARGEFACE		PANOXYL-4 CREAMY	
OCUFLOX.....	121	MASK.....	111	WASH.....	51
		OPTICHAMBER			
		DIAMOND/MEDIUM FACE			
		MASK.....	111		

PANRETIN.....	53	PEN NEEDLES 32G X 4MM.....	99	phenobarbital.....	67
pantoprazole sodium.....	129	PEN NEEDLES 32G X 5MM.....	99	phenoxybenzamine hcl.....	29
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	48	PEN NEEDLES 32G X 6MM.....	99	PHENYTEK.....	18
parenteral electrolytes.....	114	PEN NEEDLES 32GX4MM99		phenytoin.....	18
paricalcitol.....	62	penicillin g potassium.....	124	phenytoin sodium.....	18
PARLODEL.....	36	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	124	phenytoin sodium extended.....	18
PARNATE.....	18	PENICILLIN G PROCAINE.....	124	PHOSLYRA.....	65
paromomycin sulfate.....	3	PENICILLIN G SODIUM.....	124	PHOSPHOLINE IODIDE... ..	120
paroxetine hcl.....	19	penicillin v potassium.....	124	PHOTOFRIN.....	34
PASER.....	31	PENICILLIN V POTASSIUM.....	124	PICATO.....	53
PATADAY.....	122	penicillin v potassium.....	124	pilocarpine hcl.....	120
PATANASE.....	119	PENLAC NAIL LACQUER.....	53	pilocarpine hcl (oral).....	117
PATANOL.....	123	PENTAM 300.....	9	pimozide.....	126
PAXIL.....	19	PENTASA.....	65	pindolol.....	43
PAXIL CR.....	19	pentazocine w/ naloxone.....	9	pioglitazone hcl.....	22
PC LANCETS SUPER THIN 30G.....	76	PENTIPS 29G X 12MM.....	99	pioglitazone hcl-metformin hcl.....	21
PC UNIFINE PENTIPS 29G X1/2".....	99	PENTIPS 29GX12MM.....	99	piperacillin sodium-tazobactam sodium.....	124
PC UNIFINE PENTIPS 31G X5MM MINI.....	99	PENTIPS 31G X 5MM.....	99	piroxicam.....	5
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	99	PENTIPS 31G X 8MM.....	99	PLAN B ONE-STEP.....	48
PC UNIFINE PENTIPS 31G X8MM SHORT.....	99	PENTIPS 31GX5MM.....	99	PLAQUENIL.....	30
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate.....	68	PENTIPS 31GX6MM.....	99	PLASMA-LYTE A.....	114
PEG-INTRON REDIPEN.....	42	PENTIPS 31GX8MM.....	99	PLASMA-LYTE-148.....	114
PEGANONE.....	18	PENTIPS 32G X 4MM.....	99	PLASMA-LYTE-56/D5W.....	114
PEGASYS.....	42	PENTIPS 32GX4MM.....	99	PLAVIX.....	66
PEGASYS PROCLICK.....	42	pentoxifylline.....	66	PNV FOLIC ACID + IRON MULTIVITAMIN.....	117
PEGINTRON.....	42	PEPCID.....	128	PNV PRENATAL PLUS MULTIVITAMIN.....	117
PEN NEEDLES 29G X 12MM.....	99	PEPCID AC MAXIMUM STRENGTH.....	128	PNV TABS 29-1.....	117
PEN NEEDLES 29GX1/2".....	99	PERCOCET.....	8	PNV-VP-U.....	117
PEN NEEDLES 30GX5/16".....	99	PERFECT LANCETS 30G.....	76	podofilox.....	57
PEN NEEDLES 30GX8MM.....	99	PERIDEX.....	116	polymyxin b sulfate.....	11
PEN NEEDLES 31G X 1/4" SHORT.....	99	perindopril erbumine.....	28	polymyxin b-trimethoprim.....	121
PEN NEEDLES 31G X 3/16".....	99	PERJETA.....	32	POLYTRIM.....	121
PEN NEEDLES 31G X 5MM.....	99	permethrin.....	58	PONSTEL.....	5
PEN NEEDLES 31G X 6MM.....	99	perphenazine.....	39	potassium acetate.....	114
PEN NEEDLES 31G X 8MM.....	99	PERPHENAZINE/AMITRIPTYLINE.....	125	potassium bicarb & chloride.....	114
PEN NEEDLES 31GX5/16".....	99	PFIZERPEN.....	124	potassium bicarbonate.....	114
PEN NEEDLES 31GX6MM (1/4").....	99	PHARMACY COUNTER LANCETS.....	76	potassium chloride.....	114
PEN NEEDLES 31GX8MM.....	99	phenazopyridine hcl.....	66	POTASSIUM CHLORIDE.....	114
PEN NEEDLES 31GX8MM (5/16").....	99	phenelzine sulfate.....	18	potassium chloride.....	114
		PHENERGAN.....	27	POTASSIUM CHLORIDE ER.....	114
				potassium chloride in dextrose.....	114
				potassium chloride in dextrose & sodium chloride.....	114

potassium chloride in nacl	114	PREDNICARBATE	56	PREFERRED PLUS UNIFINE	
potassium chloride		prednicarbate	56	PENTIPS 32GX4MM	100
microencapsulated crystals		prednisolone	49	PREFERRED PLUS UNIFINE	
er	114	PREDNISOLONE	49	PENTIPS/MINI/31GX5MM	100
POTASSIUM		prednisolone acetate		PREGNYL W/DILUENT	
CHLORIDE/DEXTROSE	114	(ophth)	122	BENZYLALCOHOL/NACL	61
POTASSIUM		PREDNISOLONE ACETATE P-		PREMARIN	63
CHLORIDE/DEXTROSE/LACTA		F	122	PREMIUM CONDOMS	
TED RINGERS	114	prednisolone sodium		LUBRICATED	70
potassium citrate		phosphate	49	PREMPHASE	63
(alkalinizer)	65	PREDNISOLONE SODIUM		PREMPRO	63
potassium phosphates	114	PHOSPHATE	49	PRENATABS FA	117
POTASSIUM		prednisolone sodium		PRENATABS RX	117
PHOSPHATES	114	phosphate	49	PRENATAL	118
POTIGA	17	PREDNISOLONE SODIUM		PRENATAL 19	117
PRADAXA	15	PHOSPHATE	122	PRENATAL AND IRON	117
pramipexole dihydrochloride	36	PREDNISON	49	PRENATAL FORTE	117
PRANDIN	23	prednisone	49	PRENATAL LOW IRON	117
prasugrel hcl	66	PREDNISON	49	PRENATAL ONE DAILY	117
PRAVACHOL	28	PREFERRED PLUS INSULIN		PRENATAL PLUS	117
pravastatin sodium	28	SYRINGE/U-100/0.3ML/29G X		PRENATAL PLUS IRON	117
praziquantel	9	1/2"	100	PRENATAL VITAMIN	118
prazosin hcl	29	PREFERRED PLUS INSULIN		PRENATAL VITAMINS PLUS	
PRE-NATAL FORMULA	117	SYRINGE/U-100/0.3ML/30G X		LOW IRON	118
PRECISION SURE-DOSE		5/16"	100	PRENATAL-U	118
INSULIN SYRINGE/0.3ML/30G X		PREFERRED PLUS INSULIN		PREPLUS	118
5/16"	99	SYRINGE/U-100/0.5ML/28G X		PREPOPIK	68
PRECISION SURE-DOSE		1/2"	100	PRETAB	118
INSULIN SYRINGE/0.5ML/28G X		PREFERRED PLUS INSULIN		PREVACID	129
1/2"	99	SYRINGE/U-100/0.5ML/29G X		PREVACID 24HR	129
PRECISION SURE-DOSE		1/2"	100	PREZISTA	40
INSULIN SYRINGE/0.5ML/29G X		PREFERRED PLUS INSULIN		PRIFTIN	31
1/2"	99	SYRINGE/U-100/0.5ML/30G X		PRILOSEC	129
PRECISION SURE-DOSE		5/16"	100	PRILOSEC OTC	129
INSULIN SYRINGE/0.5ML/30G X		PREFERRED PLUS INSULIN		PRIMAQUINE PHOSPHATE	30
3/8"	99	SYRINGE/U-100/1ML/28G X		PRIMAXIN IV	10
PRECISION SURE-DOSE		1/2"	100	primidone	17
INSULIN SYRINGE/1ML/28G X		PREFERRED PLUS INSULIN		PRINIVIL	28
1/2"	99	SYRINGE/U-100/1ML/29G X		PRISTIQ	20
PRECISION SURE-DOSE		1/2"	100	PRO COMFORT INSULIN	
PLUSINSULIN		PREFERRED PLUS INSULIN		SYRINGES/0.5ML/30G X	
SYRINGE/0.3ML/29G X		SYRINGE/U-100/1ML/30G X		1/2"	100
1/2"	100	5/16"	100	PRO COMFORT INSULIN	
PRECISION SURE-DOSE		PREFERRED PLUS LANCETS		SYRINGES/0.5ML/30G X	
PLUSINSULIN		COLOR 21G	77	5/16"	100
SYRINGE/1ML/29G X 1/2"	100	PREFERRED PLUS LANCETS		PRO COMFORT INSULIN	
PRECISION THIN		SUPER THIN 30G	77	SYRINGES/0.5ML/31G X	
LANCETS	76	PREFERRED PLUS LANCETS		5/16"	100
PRECISION THINS GP		THIN 26G	77	PRO COMFORT INSULIN	
LANCET	76	PREFERRED PLUS UNIFINE		SYRINGES/0.5ML/30G X	
PRECISION ULTRA		PENTIPS 29G X 12MM	100	5/16"	100
LANCET	76	PREFERRED PLUS UNIFINE		PRO COMFORT INSULIN	
PRECOSE	21	PENTIPS 31G X 6MM ULTRA		SYRINGES/0.5ML/31G X	
PRED FORTE	122	SHORT	100	5/16"	100
PRED MILD	122	PREFERRED PLUS UNIFINE		PRO COMFORT INSULIN	
		PENTIPS 31G X 8MM		SYRINGES/1ML/30G X	
		SHORT	100	1/2"	100

PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	100	PROTOPIC	57	QC PEN NEEDLES 29G X 12MM	101
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	100	protriptyline hcl	21	QC PEN NEEDLES 31G X 6MM	101
PRO COMFORT PEN NEEDLES/31G X 8MM	100	PROVENTIL HFA	14	QC PEN NEEDLES 31G X 8MM	101
PRO COMFORT PEN NEEDLES/32G X 4MM	100	PROVERA	125	QC UNIFINE PENTIPS 32GX4MM	101
PRO COMFORT PEN NEEDLES/32G X 5MM	100	PROVIGIL	3	QC UNILET LANCETS 33G/MICRO THIN	77
PRO COMFORT PEN NEEDLES/32G X 6MM	100	PROZAC	19	QUALAQUIN	30
PROAIR HFA	14	PRUDOXIN	54	QUARTETTE	47
probenecid	66	PSORCON	56	QUESTRAN	27
procainamide hcl	12	PSS SELECT GP LANCETS	77	QUESTRAN LIGHT	27
PROCARDIA	44	PSS SELECT SAFETY LANCETS	77	quetiapine fumarate	38
PROCARDIA XL	44	PULMICORT	13	quinapril hcl	28
prochlorperazine	39	PULMICORT FLEXHALER	13	QUINIDINE SULFATE	12
prochlorperazine maleate	39	PULMOZYME	127	quinine sulfate	30
PROCRIT	67	PX ADVANCED LANCING DEVICE	77	QVAR	13
PROCTOCORT	9	PX EXTRA SHORT PEN NEEDLES 31GX6MM	101	RA ALCOHOL SWABS	80
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	100	PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	101	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	77
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	100	PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	101	RA E-ZJECT LANCETS 28G	77
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"	100	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	101	RA E-ZJECT LANCETS THIN 26G	77
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"	100	PX INSULIN SYRINGE/U-100/0.5ML/31G X 1/2"	101	RA E-ZJECT LANCETS THIN 28G	77
PRODIGY LANCING DEVICE	77	PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	101	RA E-ZJECT LANCETS ULTRATHIN 30G	77
PRODIGY TWIST TOP LANCETS	77	PX INSULIN SYRINGE/U-100/1ML/30G X 1/2"	101	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	101
progesterone micronized	125	PX INSULIN SYRINGE/U-100/1ML/31G X 5/16"	101	RA INSULIN SYRINGE/1ML/29G X 1/2"	101
PROGLYCEM	21	PX LANCET AUTO INJECTOR	77	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101
PROGRAF	115	PX LANCETS ULTRA THIN	77	RA INSULIN SYRINGE/U-100/1ML/30G X 5/16"	101
PROLASTIN-C	127	PX MINI PEN NEEDLES 31GX5MM	101	RA LANCING DEVICE	77
PROLEUKIN	35	PX OMEPRAZOLE	129	RA OMEPRAZOLE	129
PROLIA	61	PX PEN NEEDLE 29GX12MM	101	RA PEN NEEDLES 31G X 5MM3/16"	101
PROMACTA	67	PX PEN NEEDLE 31GX8MM	101	RA PEN NEEDLES 31G X 8MM5/16"	101
promethazine hcl	27	PX SHORTLENGTH PEN NEEDLES/31GX8MM	101	rabeprazole sodium	129
PROMETRIUM	125	pyrazinamide	31	raloxifene hcl	61
propafenone hcl	12	PYRIDIDIUM	66	ramipril	28
proparacaine hcl	121	pyridostigmine bromide	30	RANEXA	11
PROPECIA	57	QC ADVANCED LANCING DEVICE	77	ranitidine hcl	128
propranolol hcl	43	QC ALCOHOL SWABS	80	RAPAFLO	66
PROPRANOLOL HCL	43	QC LANCETS SUPER THIN	77	RAPAMUNE	115
propranolol hcl	43	QC LANCETS ULTRA THIN	77	rasagiline mesylate	37
propylthiouracil	127			RAZADYNE	125
PROSCAR	66				
PROTONIX	129				

RAZADYNE ER.....	125	RELION LANCETS THIN		ribavirin (hepatitis c).....	42
REALITY INSULIN SYRINGE/U-		26G.....	77	RIDAURA.....	4
100/0.5ML/28G X 1/2".....	101	RELION LANCETS ULTRA-		rifabutin.....	31
REALITY INSULIN SYRINGE/U-		THIN30G.....	77	RIFADIN.....	31
100/0.5ML/29G X 1/2".....	101	RELION LANCING		RIFAMATE.....	30
REALITY INSULIN SYRINGE/U-		DEVICE.....	77	rifampin.....	31
100/1ML/28G X 1/2".....	101	RELION MINI PEN NEEDLES		RIFATER.....	30
REALITY INSULIN SYRINGE/U-		31GX6MM.....	102	RIGHT STEP PRENATAL.....	118
100/1ML/29G X 1/2".....	101	RELION PEN NEEDLES		RIGHTEST GD500 LANCING	
REALITY LANCETS.....	77	29GX12MM.....	102	DEVICE.....	77
REALITY LATEX		RELION PEN NEEDLES		RIGHTEST GL300	
CONDOMS/LUBRICATED.....	70	31GX6MM.....	102	LANCETS.....	77
REALITY LATEX/ULTRA		RELION PEN NEEDLES		RILUTEK.....	119
TEXTURED.....	70	31GX8MM.....	102	riluzole.....	119
REALITY LATEX/ULTRA		RELION PEN NEEDLES		rimantadine hydrochloride.....	42
THIN.....	70	32GX4MM.....	102	ringer's.....	114
REALITY SWABS.....	80	RELION SHORT PEN		ringer's irrigation.....	116
REBETOL.....	42	NEEDLES31GX8MM.....	102	risedronate sodium.....	61
REBIF.....	126	RELION ULTRA THIN		RISPERDAL.....	37,38
REBIF REBIDOSE.....	126	LANCETS30G.....	77	RISPERDAL CONSTA.....	37
REBIF REBIDOSE		RELION ULTRA THIN PLUS		RISPERDAL M-TAB.....	37
TITRATIONPACK.....	126	LANCETS 32G.....	77	risperidone.....	38
REBIF TITRATION PACK.....	126	RELION ULTRA THIN PLUS		RISPERIDONE ODT.....	38
RECLAST.....	61	LANCETS 33G.....	77	RITALIN.....	3
RECTIV.....	9	RELISTOR.....	65	RITALIN LA.....	3
REGLAN.....	64	RELPAK.....	112	ritonavir.....	40
REGRANEX.....	58	REMERON.....	18	RITUXAN.....	32
RELENZA DISKHALER.....	42	REMERON SOLTAB.....	18	rivastigmine tartrate.....	125
RELION 2-IN-1 LANCING		REMICADE.....	65	rizatriptan benzoate.....	112
DEVICE 25G.....	77	REMODULIN.....	45	ROBAXIN.....	118
RELION 2-IN-1 LANCING		RENOVELA.....	65	ROBAXIN-750.....	118
DEVICE 30G.....	77	REOPRO.....	66	ROBINUL.....	128
RELION ALCOHOL SWABS		repaglinide.....	23	ROBINUL FORTE.....	128
RELION INSULIN SYRINGE/U-		REPAGLINIDE/METFORMIN		ROCALTROL.....	62
00/1ML/29G X 1/2".....	101	HYDROCHLORIDE.....	21	ROMIDEPSIN.....	34
RELION INSULIN SYRINGE/U-		REQUIP.....	36	ropinirole hydrochloride.....	36
100/0.3ML/29G X 1/2".....	101	REQUIP XL.....	36	rosuvastatin calcium.....	28
RELION INSULIN SYRINGE/U-		RESCRIPTOR.....	40	ROXICODONE.....	7
100/0.3ML/30G X 5/16".....	101	RESECTISOL.....	65	ROZEREM.....	68
RELION INSULIN SYRINGE/U-		RESTASIS.....	121	RYTHMOL.....	12
100/0.3ML/31G X 5/16".....	101	RESTASIS MULTIDOSE.....	121	RYTHMOL SR.....	12
RELION INSULIN SYRINGE/U-		RETIN-A.....	52	SABRIL.....	17
100/0.5ML/29G X 1/2".....	101	RETIN-A MICRO.....	52	SAFESNAP INSULIN	
RELION INSULIN SYRINGE/U-		RETIN-A MICRO PUMP.....	52	SYRINGE/0.3ML/30G X	
100/0.5ML/30G X 5/16".....	101	RETROVIR.....	40	5/16".....	102
RELION INSULIN SYRINGE/U-		RETROVIR IV INFUSION.....	40	SAFESNAP INSULIN	
100/0.5ML/31G X 5/16".....	101	REVATIO.....	45	SYRINGE/0.5ML/29G X	
RELION INSULIN SYRINGE/U-		REVLIMID.....	115	1/2".....	102
100/1ML/30G X 5/16".....	102	REXALL LANCETS ULTRA			
RELION INSULIN SYRINGE/U-		THIN.....	77		
100/1ML/31G X 5/16".....	102	REYATAZ.....	40		
RELION LANCETS MICRO-		RHINOCORT AQUA.....	119		
THIN33G.....	77				
RELION LANCETS STANDARD					
21G.....	77				

SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	102	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2"	102	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12M	103
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	102	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16"	102	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM	103
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	102	scopolamine	24	SHOPKO UNILET LANCETS SUPER THIN 30G	78
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	102	SE-NATAL 19	118	SHOPKO UNILET LANCETS ULTRA THIN 28G	78
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	102	SEASONIQUE	47	sildenafil citrate (pulmonary hypertension)	45
SAFETY INSULIN SYRINGES 1ML/27GX1/2"	102	SECTRAL	43	SILVADENE	54
SAFETY INSULIN SYRINGES 1ML/29GX1/2"	102	SELECT-LITE LANCING DEVICE	78	silver sulfadiazine	54
SAFETY INSULIN SYRINGES 1ML/30GX1/2"	102	selegiline hcl	37	SIMPLE DIAGNOSTICS LANCING DEVICE	78
SAFETY SEAL LANCETS 28G	78	selenium sulfide	54	SIMPONI	4
SAFETY SEAL LANCETS 30G	78	SELZENTRY	40	SIMULECT	116
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	102	SENSIPAR	62	simvastatin	28
SAFYRAL	47	SEREVENT DISKUS	14	SINEMET	36
SAIZEN	61	SEROQUEL	38	SINEMET CR	36
SAIZEN CLICK.EASY	61	SEROQUEL XR	38	SINGULAIR	13
SAIZENPREP RECONSTITUTIONKIT	61	SEROSTIM	61	sirolimus	116
SALAGEN	117	sertraline hcl	19	SKELAXIN	118
salsalate	5	sevelamer carbonate	65	SKLICE	58
SAMSCA	63	SHOHL'S SOLUTION MODIFIED	65	SKYLA	48
SANDIMMUNE	115,116	SHOPKO ALCOHOL SWABS	80	SM ALCOHOL PREP PADS	80
SANDOSTATIN	63	SHOPKO AUTOLET LANCING DEVICE	78	SM INSULIN SYRINGE/1ML/31G X 5/16"	103
SANTYL	57	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	102	SM MICRO THIN LANCETS 33G	78
SAPHRIS	38	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	102	SM OMEPRAZOLE	129
SAVELLA	125	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM	102	SM TRUEDRAW LANCING DEVICE	78
SAVELLA TITRATION PACK	125	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	102	SMART DIABETES VANTAGE LANCING DEVICE	78
SB ALCOHOL PREP PADS	80	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM	102	SMART SENSE COLOR LANCETS UNIVERSAL 33G	78
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM	103	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	78
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102			SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	78
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102			SMART SENSE THIN LANCETSUNIVERSAL 26G	78
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102			SODIUM ACETATE	113
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102			sodium acetate	113
SB LANCETS THIN	78			SODIUM CHLORIDE	115
SB LANCETS ULTRA THIN	78			sodium chloride	115
SB OMEPRAZOLE	129			sodium chloride (gu irrigant)	65
				sodium chloride (inhalant)	50
				sodium citrate & citric acid	65

sodium phenylbutyrate	62	sucralfate	129	SURE COMFORT INSULIN	
sodium polystyrene		SULAR	44	SYRINGE/U-100/1ML/28G X	
sulfonate	116	sulfacetamide sodium		1/2"	103
SOLARAZE	53	(acne)	52	SURE COMFORT INSULIN	
SOLTAMOX	33	sulfacetamide sodium		SYRINGE/U-100/1ML/29G X	
SOLU-CORTEF	49	(ophth)	121	1/2"	103
SOLU-MEDROL	49	sulfacetamide sodium w/		SURE COMFORT INSULIN	
SOLUS V2 LANCING		sulfur	52	SYRINGE/U-100/1ML/30G X	
DEVICE	78	SULFADIAZINE	127	1/2"	103
SOMA	118	sulfamethoxazole-trimethoprim	10	SURE COMFORT INSULIN	
SOMATULINE DEPOT	63			SYRINGE/U-100/1ML/30G X	
SOMAVERT	61	SULFAMYLON	54	5/16"	103
SONATA	68	sulfasalazine	65	SURE COMFORT INSULIN	
SORBITOL	65	sulindac	5	SYRINGE/U-100/1ML/31G X	
SORBITOL-MANNITOL	65	SUMADAN WASH	52	5/16"	103
SORIATANE	54	sumatriptan	113	SURE COMFORT LANCING	
sotalol hcl	43	sumatriptan succinate	113	PEN	78
SOVALDI	42	SUMATRIPTAN		SURE COMFORT PEN	
SPECTRACEF	46	SUCCINATE	113	NEEDLES29GX1/2"	
SPINOSAD	58	sumatriptan succinate	113	12.7MM	103
SPIRIVA HANDIHALER	13	SUPER THIN LANCETS	78	SURE COMFORT PEN	
SPIRIVA RESPIMAT	13	SUPRAX	46	NEEDLES30GX5/16"	
spironolactone	60	SUPREP BOWEL PREP		SHORT	103
spironolactone &		KIT	68	SURE COMFORT PEN	
hydrochlorothiazide	59	SURE COMFORT INSULIN		NEEDLES31GX3/16"	
SPORANOX	25	SYRINGE/U-100/0.3ML/29G X		(5MM)	103
SPORANOX PULSEPAK	25	1/2"	103	SURE COMFORT PEN	
SPRYCEL	34	SURE COMFORT INSULIN		NEEDLES31GX5/16"	
STALEVO 100	36	SYRINGE/U-100/0.3ML/30G X		(8MM)	103
STALEVO 125	36	1/2"	103	SURE COMFORT PEN	
STALEVO 150	36	SURE COMFORT INSULIN		NEEDLES32GX5/32"	103
STALEVO 200	37	SYRINGE/U-100/0.3ML/31G X		SURE COMFORT PEN	
STALEVO 50	37	1/2"	103	NEEDLES32GX6MM	103
STALEVO 75	37	SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES	
stannous fluoride	117	SYRINGE/U-100/0.3ML/30G X		29GX1/2" 12.7MM	103
STARLIX	23	5/16"	103	SURE-FINE PEN NEEDLES	
stavudine	41	SURE COMFORT INSULIN		31GX3/16" 5MM	103
STELARA	54	SYRINGE/U-100/0.3ML/31G X		SURE-FINE PEN NEEDLES	
STENDRA	45	5/16"	103	31GX5/16" 8MM	104
STERILANCE TL	78	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STIMATE	63	SYRINGE/U-100/0.5ML/28G X		SYRINGE/U-100/0.3ML/29G X	
STIVARGA	34	1/2"	103	1/2"	104
STRATTERA	2	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STREPTOMYCIN SULFATE	3	SYRINGE/U-100/0.5ML/29G X		SYRINGE/U-100/0.3ML/31G X	
STROMEKTOL	9	1/2"	103	5/16"	104
SUBOXONE	9	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUCRAID	59	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.5ML/28G X	
		1/2"	103	1/2"	104
		SURE COMFORT INSULIN		SURE-JECT INSULIN	
		SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/0.5ML/29G X	
		5/16"	103	1/2"	104
		SURE COMFORT INSULIN		SURE-JECT INSULIN	
		SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.5ML/30G X	
		5/16"	103	5/16"	104

SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	104	tazarotene.....	54	TECHLITE PEN NEEDLES/32GX 8MM.....	105
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	104	TAZICEF.....	46	TEFLARO.....	46
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	104	TAZORAC.....	54	TEGRETOL.....	17
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	104	TECHLITE AST LANCETS	78	TEGRETOL-XR.....	17
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	104	TECHLITE INSULIN SYRINGEU-100/0.3ML/29G X 1/2".....	104	TEKTURNA.....	30
SURE-PEN.....	78	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 1/2".....	104	telmisartan.....	29
SURELITE LANCETS.....	78	TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16".....	104	TEMODAR.....	31
SURMONTIL.....	21	TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16".....	104	TEMOVATE.....	57
SUSTIVA.....	41	TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2".....	104	TEMOVATE E.....	57
SUTENT.....	34	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2".....	104	temozolomide.....	31
SW OMEPRAZOLE.....	129	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	104	temsirolimus.....	34
SYLATRON.....	35	TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16".....	104	TENEX.....	29
SYMBICORT.....	14	TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2".....	104	TENIPOSIDE.....	35
SYMLINPEN 120.....	21	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2".....	104	tenofovir disoproxil fumarate	41
SYMLINPEN 60.....	21	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	104	TENORETIC 100.....	29
SYNALAR.....	56	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	104	TENORETIC 50.....	29
SYNAREL.....	62	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2".....	104	TENORMIN.....	43
SYNERA.....	58	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	104	TEPADINA.....	31
SYNRIBO.....	35	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2".....	104	TERAZOL 3.....	131
SYNTHROID.....	127	TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16".....	104	TERAZOL 7.....	131
SYPRINE.....	115	TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16".....	104	terazosin hcl.....	29
TABLOID.....	32	TECHLITE LANCETS.....	78	terbutaline hcl.....	25
TACLONEX.....	57	TECHLITE LANCETS 30G	78	terbutaline sulfate.....	14
tacrolimus.....	116	TECHLITE LANCETS 30G	78	TERCONAZOLE.....	131
tacrolimus (topical).....	57	TECHLITE LANCETS 30G	78	terconazole vaginal.....	131
tadalafil.....	45	TECHLITE LANCETS 30G	78	TESSALON PERLES.....	50
tadalafil (pulmonary hypertension).....	45	TECHLITE LANCETS 30G	78	testosterone cypionate.....	9
TAGAMET HB.....	128	TECHLITE LANCETS 30G	78	testosterone enanthate.....	9
TALWIN.....	9	TECHLITE LANCETS 30G	78	tetrabenazine.....	125
TAMIFLU.....	42,43	TECHLITE LANCETS 30G	78	tetracycline hcl.....	127
tamoxifen citrate.....	33	TECHLITE LANCETS 30G	78	TETRACYCLINE HCL.....	127
tamsulosin hcl.....	66	TECHLITE LANCETS 30G	78	TGT ALCOHOL SWABS.....	80
TAPAZOLE.....	127	TECHLITE LANCETS 30G	78	TGT LANCET MICRO THIN 33G.....	78
TARCEVA.....	34	TECHLITE LANCETS 30G	78	TGT LANCET THIN 26G.....	78
TARGRETIN.....	35,53	TECHLITE LANCETS 30G	78	TGT LANCET ULTRA THIN 30G.....	78
TASIGNA.....	34	TECHLITE LANCETS 30G	78	TGT LANCING DEVICE.....	78
TASMAR.....	36	TECHLITE LANCETS 30G	78	TGT OMEPRAZOLE.....	129
TAXOL.....	35	TECHLITE LANCETS 30G	78	THALOMID.....	115
TAXOTERE.....	35	TECHLITE LANCETS 30G	78	THEO-24.....	14
		TECHLITE LANCETS 30G	78	theophylline.....	14
		TECHLITE LANCETS 30G	78	THERANATAL CORE NUTRITION.....	118
		TECHLITE LANCETS 30G	78	THINLETS GP LANCETS.....	78
		TECHLITE LANCETS 30G	78	THINLETS LANCET.....	78
		TECHLITE LANCETS 30G	78	thioridazine hcl.....	39

thiotepa.....	31	TOLMETIN SODIUM.....	5	TRACLEER.....	45
thiothixene.....	39	tolterodine tartrate.....	130	TRADJENTA.....	22
THRIVITE RX.....	118	TOPAMAX.....	17	tramadol hcl.....	7
THYMOGLOBULIN.....	116	TOPAMAX SPRINKLE.....	17	tramadol-acetaminophen.....	8
THYROLAR-1.....	127	TOPCARE CLICKFINE		trandolapril.....	28
THYROLAR-1/2.....	127	UNIVERSAL PEN EEDLES		tranexamic acid.....	67
THYROLAR-1/4.....	127	31GX1/4".....	105	TRANSDERM-SCOP.....	24
THYROLAR-2.....	128	TOPCARE CLICKFINE		tranylcypromine sulfate.....	19
THYROLAR-3.....	128	UNIVERSAL PEN EEDLES		TRAVATAN Z.....	123
tiagabine hcl.....	17	31GX5/16".....	105	trazodone hcl.....	20
TIAZAC.....	44	TOPCARE ULTRA COMFORT		TREANDA.....	31
TIGAN.....	24	INSULIN SYRINGE/0.3ML/30G		TRECATOR.....	31
tigecycline.....	10	X 5/16".....	105	TRELEGY ELLIPTA.....	14
TIGECYCLINE.....	10	TOPCARE ULTRA COMFORT		TRELSTAR.....	33
TIKOSYN.....	12	INSULIN SYRINGE/0.3ML/31G		TRELSTAR MIXJECT.....	33
TIMOLOL MALEATE.....	43	X 5/16".....	105	tretinoin.....	52
timolol maleate (ophth).....	120	TOPCARE ULTRA COMFORT		tretinoin (chemotherapy).....	35
TIMOLOL MALEATE		INSULIN SYRINGE/0.5ML/31G		tretinoin microsphere.....	52
OPHTHALMIC GEL		X 5/16".....	105	TREXALL.....	32
FORMING.....	120	TOPCARE ULTRA COMFORT		TRI-NORINYL 28.....	47
TIMOPTIC.....	120	INSULIN SYRINGE/1ML/30G X		TRIADVANCE.....	118
TIMOPTIC-XE.....	120	5/16".....	105	TRIAMCINOLONE	
TIVICAY.....	41	TOPCARE ULTRA COMFORT		ACETONIDE.....	49
tizanidine hcl.....	119	INSULIN SYRINGE/1ML/31G X		triamcinolone acetonide.....	49
TOBI.....	3	5/16".....	105	triamcinolone acetonide	
TOBRADEX.....	122	TOPCARE ULTRA COMFORT		(mouth).....	117
TOBRAMYCIN.....	3	INSULIN SYRINGE/U-		triamcinolone acetonide	
tobramycin.....	3	100/0.5ML/29G X 1/2".....	105	(topical).....	57
tobramycin (ophth).....	121	TOPCARE ULTRA COMFORT		triamterene &	
TOBRAMYCIN SULFATE.....	3	INSULIN SYRINGE/U-		hydrochlorothiazide.....	59
tobramycin sulfate.....	3	100/1ML/29G X 1/2".....	105	TRIAZOLAM.....	68
tobramycin-		TOPCO INSULIN SYRINGE/U-		triazolam.....	68
dexamethasone.....	122	100/0.3ML/29G X 1/2".....	105	TRICARE.....	118
TOBREX.....	121	TOPCO INSULIN SYRINGE/U-		TRICOR.....	28
TODAYS HEALTH ADVANCED		100/0.5ML/28G X 1/2".....	105	TRIDESILON.....	57
LANCING DEVICE.....	78	TOPCO INSULIN SYRINGE/U-		trientine hcl.....	115
TODAYS HEALTH MINI PEN		100/0.5ML/29G X 1/2".....	105	trifluoperazine hcl.....	39
NEEDLES 31G X 1/4".....	105	TOPCO INSULIN SYRINGE/U-		trifluridine.....	121
TODAYS HEALTH ORIGINAL		100/1ML/28G X 1/2".....	105	TRIGLIDE.....	28
PEN NEEDLES 29G X 1/2".....	105	TOPCO INSULIN SYRINGE/U-		trihexyphenidyl hcl.....	36
TODAYS HEALTH SHORT PEN		100/1ML/29G X 1/2".....	105	TRILEPTAL.....	17
NEEDLES 31G X 5/16".....	105	TOPCARE ULTRA COMFORT		trimethobenzamide hcl.....	24
TODAYS HEALTH SUPER		TOPICORT.....	57	trimethoprim.....	9
THINLANCETS 30G.....	78	topiramate.....	17	trimipramine maleate.....	21
TODAYS HEALTH ULTRA		topotecan hcl.....	36	TRINATAL GT.....	118
THINLANCETS 28G.....	79	TOPROL XL.....	43	TRINATAL RX 1.....	118
TOFRANIL.....	21	TORISEL.....	34	TRINTELLIX.....	20
TOLAZAMIDE.....	23	torsemide.....	60	TRIOSTAT.....	128
TOLBUTAMIDE.....	23	TOVIAZ.....	130		
tolcapone.....	36	TPN ELECTROLYTES.....	114		

TRISENOX.....	35	TRUEPLUS INSULIN		TRUETEST GLUCOSE	
TRIZIVIR.....	41	SYRINGE/U-100/0.3ML/30G X		CONTROLLEVEL 2.....	79
TROJAN EXTENDED		5/16".....	105	TRUETEST GLUCOSE	
PLEASURE/LUBRICATED	70	TRUEPLUS INSULIN		CONTROLLEVEL 3.....	79
TROJAN MAGNUM.....	70	SYRINGE/U-100/0.3ML/31G X		TRUETEST STRIPS.....	59
TROJAN MAGNUM WARM		5/16".....	106	TRUETRACK BLOOD	
SENSATIONS.....	70	TRUEPLUS INSULIN		GLUCOSE TEST.....	59
TROJAN MAGNUM XL		SYRINGE/U-100/0.5ML/28G X		TRUETRACK TEST.....	59
LUBRICATED.....	70	1/2".....	106	TRUSOPT.....	123
TROJAN PLEASURE		TRUEPLUS INSULIN		TRUSTEX COLOR CONDOMS +	
MESH/SPERMICIDAL.....	70	SYRINGE/U-100/0.5ML/29G X		LUBE.....	71
TROJAN RIBBED		1/2".....	106	TRUSTEX LUBRICATED.....	71
W/SPERMICIDAL.....	70	TRUEPLUS INSULIN		TRUSTEX LUBRICATED	
TROJAN SHARED		SYRINGE/U-100/0.5ML/30G X		EXTRALARGE.....	71
SENSATION/LUBRICATED	70	5/16".....	106	TRUSTEX LUBRICATED	
TROJAN SUPRAS		TRUEPLUS INSULIN		EXTRASTRENGTH.....	71
SPERMICIDAL.....	70	SYRINGE/U-100/0.5ML/31G X		TRUSTEX	
TROJAN TWISTED		5/16".....	106	LUBRICATED/RIBBED/STUDE	
PLEASURE.....	70	TRUEPLUS INSULIN		D.....	71
TROJAN ULTRA		SYRINGE/U-100/1ML/28G X		TRUSTEX	
PLEASURE/LUBRICATED	70	1/2".....	106	LUBRICATED/SPERMICIDE	
TROJAN VERY SENSITIVE		TRUEPLUS INSULIN		.....	71
LUBRICATED.....	70	SYRINGE/U-100/1ML/29G X		TRUSTEX	
TROJAN VERY SENSITIVE		1/2".....	106	LUBRICATED/SPERMICIDE	
SPERMICIDAL LUBRICANT	70	TRUEPLUS INSULIN		EXTRA LARGE.....	71
TROJAN VERY THIN		SYRINGE/U-100/1ML/30G X		TRUSTEX	
LUBRICATED.....	70	5/16".....	106	LUBRICATED/SPERMICIDE	
TROJAN VERY THIN		TRUEPLUS INSULIN		EXTRA STRENGTH.....	71
SPERMICIDAL LUBRICANT	71	SYRINGE/U-100/1ML/31G X		TRUSTEX NATURAL	
TROJAN-ENZ LUBRICANT	71	5/16".....	106	CONDOMS	
TROJAN-ENZ		TRUEPLUS LANCETS		+LUBE/LUBRICATED.....	71
LUBRICATED.....	71	26G.....	79	TRUSTEX WITH NONOXYNOL-	
TROJAN-ENZ		TRUEPLUS LANCETS		9/RIBBED/STUDDED.....	71
W/SPERMICIDAL.....	71	28G.....	79	TRUSTEX/RIA	
tropicamide.....	120	TRUEPLUS LANCETS 28G		LUBRICATED.....	71
trosipium chloride.....	130	SUPER THIN.....	79	TRUSTEX/RIA LUBRICATED	
TRUE METRIX BLOOD		TRUEPLUS LANCETS		SPERMICIDE.....	71
GLUCOSETEST STRIPS.....	58	30G.....	79	TRUSTEX/RIA	
TRUE METRIX CONTROL		TRUEPLUS LANCETS 30G		LUBRICATED/SPERMICIDE	
SOLUTION LEVEL 1.....	79	ULTRA THIN.....	79	.....	71
TRUE METRIX CONTROL		TRUEPLUS LANCETS		TRUVADA.....	41
SOLUTION LEVEL 2.....	79	33G.....	79	TYGACIL.....	10
TRUE METRIX CONTROL		TRUEPLUS PEN NEEDLES		TYKERB.....	34
SOLUTION LEVEL 3.....	79	29GX12MM.....	106	TYLENOL/CODEINE #3.....	8
TRUE METRIX SELF		TRUEPLUS PEN NEEDLES		TYLENOL/CODEINE #4.....	8
MONITORING BLOOD		31GX5MM.....	106	TYSABRI.....	126
GLUCOSE STRIPS.....	58	TRUEPLUS PEN NEEDLES		TYZEKA.....	42
TRUECONTROL GLUCOSE		31GX6MM.....	106	TYZINE PEDIATRIC NASAL	
CONTROL LEVEL 0.....	79	TRUEPLUS PEN NEEDLES		DROPS.....	119
TRUECONTROL GLUCOSE		31GX8MM.....	106	ULESFIA.....	58
CONTROL LEVEL 1.....	79	TRUEPLUS PEN NEEDLES		ULORIC.....	66
TRUEDRAW LANCING		32GX4MM.....	106	ULTI-LANCE AUTOMATIC/	
DEVICE.....	79	TRUETEST BLOOD		CLEAR TIP.....	79
TRUEPLUS INSULIN		GLUCOSE TEST.....	58	ULTICARE ALCOHOL	
SYRINGE/U-100/0.3ML/29G X		TRUETEST BLOOD		SWABS.....	80
1/2".....	105	GLUCOSE TEST STRIPS.....	58		
		TRUETEST GLUCOSE			
		CONTROLLEVEL 1.....	79		

ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	106	ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	107	ULTICARE SHORT PEN NEEDLES 31GX8MM.....	108
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	106	ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	107	ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	108
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	106	ULTICARE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	107	ULTILET CLASSIC LANCETS.....	79
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	106	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	107	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	108
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16".....	106	ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	107	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	108
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	106	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	107	ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	108
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ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	106	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	108
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	106	ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16".....	107	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	108
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