

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

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs 7.5mg-7.5mg-7.5mg-7.5mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
DESOXYN TABS (Use <i>Methamphetamine HCl</i> )	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use <i>Dextroamphetamine Sulfate</i> )	NF	QL(4 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
DEXEDRINE CP24 5 MG (Use <i>Dextroamphetamine Sulfate</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg</i>	1	QL(4 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dextroamphetamine sulfate cp24 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<i>dextroamphetamine sulfate tabs 5 mg, 10 mg</i>	1	QL(4 ea daily); AL(At least 6 yrs old)
<i>methamphetamine hcl tabs</i>	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL(1 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
<b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Stimulants - Misc.</b>		
<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)
DAYTRANA PTCH	3	PA; QL(1 ea daily)
<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)

Drug Name	Drug Tier	Requirements/ Limits
METHYLIN SOLN (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)
<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 tb24 or 18 mg, 27 mg, 36 mg, 54 mg</i>	1	AL(At least 6 yrs old - Up to 18 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)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS 200 MG (Use Armodafinil)	NF	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NUVIGIL TABS 50 MG, 150 MG, 250 MG (Use <i>Armodafinil</i> )	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (Use <i>Modafinil</i> )	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (Use <i>Modafinil</i> )	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG (Use <i>Methylphenidate HCl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
RITALIN LA CP24 30 MG, 40 MG (Use <i>Methylphenidate HCl</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old - Up to 18 yrs old)
RITALIN TABS (Use <i>Methylphenidate HCl</i> )	NF	QL(3 ea daily); AL(At least 6 yrs old)
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>Allergenic Extracts</b>		
GRASTEK SUBL	3	PA; AL(At least 5 yrs old)
<b>Biologicals Misc</b>		
ADAGEN SOLN	4	PA; SP
<b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate soln ij 1 gm/4ml, 500 mg/2ml</i>	1	
<i>gentamicin in saline soln</i>	1	
GENTAMICIN SULFATE PEDIATRIC SOLN	2	
<i>gentamicin sulfate soln ij 10 mg/ml, 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-1.6MG/ML, 0.9%-1MG/ML	2	

Sunshine Healthy Kids Formulary

Drug Name	Drug Tier	Requirements/ Limits
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 <i>Tobramycin</i> )	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
<b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>		
<b>Anti-TNF-alpha - Monoclonal Antibodies</b>		
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
SIMPONI SOAJ 50 MG/0.5ML	4	PA; SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<b>Antirheumatic - Enzyme Inhibitors</b>		
XELJANZ TABS 5 MG	4	PA; SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
<b>Antirheumatic Antimetabolites</b>		
METHOTREXATE TABS OR	4	SP
<b>Gold Compounds</b>		
RIDAURA CAPS	3	
<b>Interleukin-1 Blockers</b>		
ARCALYST SOLR	4	PA; SP
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SOSY	4	PA; SP
<b>Interleukin-6 Receptor Inhibitors</b>		
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP
<b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>		
ANAPROX DS TABS ( <i>Use Naproxen Sodium</i> )	NF	
ARTHROTEC 50 TBEC ( <i>Use Diclofenac w/ Misoprostol</i> )	NF	
ARTHROTEC 75 TBEC ( <i>Use Diclofenac w/ Misoprostol</i> )	NF	
CELEBREX CAPS 400 MG ( <i>Use Celecoxib</i> )	NF	PA; QL(1 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG ( <i>Use Celecoxib</i> )	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 ( <i>Use Ibuprofen</i> )	NF	RX/OTC
CHILDRENS MOTRIN SUSP ( <i>Use Ibuprofen</i> )	NF	RX/OTC
DAYPRO TABS ( <i>Use Oxaprozin</i> )	NF	

Sunshine Healthy Kids Formulary

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 ( <i>Use Naproxen</i> )	NF	
EC-NAPROXEN TBEC 500 MG ( <i>Use Naproxen</i> )	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS ( <i>Use Piroxicam</i> )	NF	
<i>fenoprofen calcium tabs 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 75 MG	2	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(20 ea per 30 days retail)
LODINE TABS ( <i>Use Etodolac</i> )	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)

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Drug Name	Drug Tier	Requirements/Limits
MOBIC TABS ( <i>Use Meloxicam</i> )	NF	QL(1 ea daily)
<i>nabumetone tabs or 500 mg, 750 mg</i>	1	
NALFON TABS 600 MG ( <i>Use Fenoprofen Calcium</i> )	NF	QL(1 ea daily)
NAPROSYN SUSP 125 MG/5ML ( <i>Use Naproxen</i> )	NF	PA; QL(60 ml daily)
NAPROSYN TABS 500 MG ( <i>Use Naproxen</i> )	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 ( <i>Use Mefenamic Acid</i> )	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	
<b>Pyrimidine Synthesis Inhibitors</b>		
ARAVA TABS ( <i>Use Leflunomide</i> )	NF	QL(1 ea daily)
<i>leflunomide tabs or 10 mg, 20 mg</i>	1	QL(1 ea daily)
<b>Selective Costimulation Modulators</b>		
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; SP
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SOCT	4	PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLR	4	PA; SP
ENBREL SOSY	4	PA; SP
ENBREL SURECLICK SOAJ	4	PA; SP
<b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Analgesic Combinations</b>		
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	NF	
FIORICET CAPS ( <i>Use Butalbital-Acetaminophen-Caffeine</i> )	NF	
FIORINAL CAPS ( <i>Use Butalbital-Aspirin-Caffeine</i> )	NF	
<b>Salicylates</b>		
<i>aspirin tbec or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs or 500 mg, 750 mg</i>	1	
<b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>		
<b>Opioid Agonists</b>		
ACTIQ LPOP ( <i>Use Fentanyl Citrate</i> )	NF	PA; QL(4 ea daily)
CODEINE SULFATE TABS 15 MG	2	2 rtl MAX fill,30 rtl day(s) supply.; AL(At least 12 yrs old)
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML ( <i>Use Meperidine HCl</i> )	NF	

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
SUBSYS LIQD	3	PA
<i>tramadol hcl tabs or 50 mg</i>	1	QL(8 ea daily)2 rtl MAX fill,30 rtl 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 TABS (Use Tramadol HCl)	NF	QL(8 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
ZOXYDRO ER C12A	3	QL(2 ea daily)2 rtl MAX fill,30 rtl day(s) supply,
<b>Opioid Combinations</b>		
<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 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	QL(12 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(6 ea daily)2 rtl MAX fill,30 rtl 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 rtl MAX fill,30 rtl day(s) supply,; AL(At least 12 yrs old)
<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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml	1	QL(180 ml daily)
hydrocodone-acetaminophen tabs 2.5mg-325mg	1	
hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg	1	QL(13 ea daily)
hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg	1	QL(12 ea daily)
hydrocodone-ibuprofen tabs 200mg-7.5mg	1	QL(5 ea daily)
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	QL(12 ea daily)
oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg	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)
tramadol-acetaminophen tabs	1	QL(8 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
<b>Opioid Partial Agonists</b>		
BUPRENEX SOLN (Use Buprenorphine HCl)	NF	
buprenorphine hcl soln ij 0.3 mg/ml	1	
buprenorphine hcl subl sl 2 mg, 8 mg	1	PA; QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 2mg-0.5mg	3	PA; QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 4mg-1mg, 12mg-3mg	3	PA
buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg	3	PA; QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg	3	PA; QL(3 ea daily)
buprenorphine ptwk td 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr	3	PA; Limit 4 patches per month;QL(0.15 ea daily)
BUPRENORPHINE PTWK TD 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 7.5 MCG/HR	3	PA; Limit 4 patches per month;QL(0.15 ea daily)
BUTORPHANOL TARTRATE SOLN IJ 1 MG/ML	2	
butorphanol tartrate soln ij 2 mg/ml	1	
butorphanol tartrate soln na 10 mg/ml	1	PA; Limit 1 inhaler per month

Drug Name	Drug Tier	Requirements/ Limits
BUTRANS PTWK 5 MCG/HR, 10 MCG/HR, 15 MCG/HR, 20 MCG/HR (Use Buprenorphine)	NF	PA; Limit 4 patches per month; QL(0.15 ea daily)
BUTRANS PTWK 7.5 MCG/HR	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)
<i>pentazocine w/ naloxone tabs</i>	1	
SUBOXONE FILM 2MG-0.5MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA; QL(3 ea daily)
SUBOXONE FILM 4MG-1MG, 12MG-3MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA
SUBOXONE FILM 8MG-2MG (Use Buprenorphine HCl-Naloxone HCl Dihydrate)	NF	PA; QL(2 ea daily)
<b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use Oxandrolone)	NF	
<i>oxandrolone tabs or 10 mg, 2.5 mg</i>	1	
<b>Androgens</b>		
ANDRODERM PT24	2	PA; QL(1 ea daily)
<i>danazol caps or 50 mg, 100 mg, 200 mg</i>	1	PA
DEPO-TESTOSTERONE SOLN (Use Testosterone Cypionate)	NF	
METHITEST TABS	3	PA
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone enanthate soln im</i>	1	
<b>ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching</b>		
<b>Intrarectal Steroids</b>		
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
<b>Rectal Steroids</b>		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NF	
<i>hydrocortisone (rectal) crea 2.5 %</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT SUPP 30 MG (Use Hydrocortisone Acetate (Rectal))	NF	
<b>Vasodilating Agents</b>		
RECTIV OINT	3	
<b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs or</i>	3	
ALBENZA TABS (Use Albendazole)	NF	
BILTRICIDE TABS (Use Praziquantel)	NF	
EMVERM CHEW	2	PA; Limit 1 fill per 60 days; QL(2 ea daily, 6 ea per fill retail) 1 rtl MAX fill, 60 rtl day(s) supply,
<i>ivermectin tabs or</i>	1	
<i>praziquantel tabs or</i>	3	
STROMEKTOL TABS (Use Ivermectin)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>		
<b>Anti-infective Agents - Misc.</b>		
<i>bacitracin solr im 50000 unit</i>	3	
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR (Use Pentamidine Isethionate)	NF	
<i>pentamidine isethionate solr</i>	3	
<i>trimethoprim tabs or</i>	1	
XIFAXAN TABS	3	PA; AL (At least 12 yrs old)
<b>Anti-infective Misc. - Combinations</b>		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
<b>Antiprotozoal Agents</b>		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp or</i>	1	
MEPRON SUSP (Use Atovaquone)	NF	
<b>Carbapenems</b>		
DORIBAX SOLR	3	

Drug Name	Drug Tier	Requirements/ Limits
DORIPENEM SOLR	3	
<i>ertapenem sodium solr</i>	3	
<i>imipenem-cilastatin solr</i>	1	
IMIPENEM/CILASTATIN SOLR	2	
INVANZ SOLR IJ (Use Ertapenem Sodium)	NF	
INVANZ SOLR IV	3	
<i>meropenem solr</i>	1	
MERREM SOLR (Use Meropenem)	NF	
PRIMAXIN IV SOLR (Use Imipenem-Cilastatin)	NF	
<b>Chloramphenicols</b>		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	SP
<b>Cyclic Lipopeptides</b>		
CUBICIN RF SOLR (Use Daptomycin)	NF	
CUBICIN SOLR (Use Daptomycin)	NF	
<i>daptomycin solr 500 mg</i>	1	
<b>Glycopeptides</b>		
FIRVANQ SOLR	2	QL (300 ml per fill retail)
VANCOCIN CAPS (Use Vancomycin HCl)	NF	PA; 10 days supply per ciam; QL (4 ea daily, 40 ea per fill retail)
VANCOCIN HCL CAPS (Use Vancomycin HCl)	NF	PA; 10 days supply per ciam; 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 ciam; QL (4 ea daily, 40 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl solr iv 1 gm, 1000 mg</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)
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
<b>Leprostotics</b>		
<i>dapsone tabs or 25 mg, 100 mg</i>	3	
<b>Lincosamides</b>		
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	2	
<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 300 mg/2ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (Use <i>Lincomycin HCl</i> )	NF	
<i>lincomycin hcl soln ij</i>	3	
<b>Oxazolidinones</b>		

Drug Name	Drug Tier	Requirements/ Limits
<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)
<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)
<b>Polymyxins</b>		
<i>polymyxin b sulfate solr ij 500000 unit</i>	1	
<b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>		
<b>Antianginals-Other</b>		
RANEXA TB12 500 MG (Use <i>Ranolazine</i> )	NF	QL(3 ea daily)
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<b>Nitrates</b>		
ISORDIL TITRADOSE TABS 5 MG ( <i>Use Isosorbide Dinitrate</i> )	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
ISOSORBIDE DINITRATE TABS 30 MG	2	
<i>isosorbide dinitrate tabs 5 mg, 10 mg, 20 mg</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	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR ( <i>Use Nitroglycerin</i> )	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 ( <i>Use Nitroglycerin</i> )	NF	
<b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>		
<b>Antianxiety Agents - Misc.</b>		
<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 syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE HYDROCHLORIDE SOLN	2	
HYDROXYZINE PAMOATE CAPS OR 100 MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate tabs</i>	1	
<b>Benzodiazepines</b>		
<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 ( <i>Use Lorazepam</i> )	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG ( <i>Use Lorazepam</i> )	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 ( <i>Use Diazepam</i> )	NF	QL(4 ea daily)
XANAX TABS ( <i>Use Alprazolam</i> )	NF	QL(4 ea daily)
<b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS ( <i>Use Disopyramide Phosphate</i> )	NF	
<i>procainamide hcl soln ij 500 mg/ml</i>	1	
QUINIDINE SULFATE TABS OR 200 MG, 300 MG	2	
<b>Antiarrhythmics Type I-B</b>		
MEXILETINE HCL CAPS	2	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 ( <i>Use Propafenone HCl</i> )	NF	
<b>Antiarrhythmics Type III</b>		



Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS ( <i>Use Dofetilide</i> )	NF	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b>		
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium nebu in</i>	1	QL(8 ml daily)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
NUCALA SOLR 100 MG	4	PA
XOLAIR SOLR 150 MG	4	PA; SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
<b>Bronchodilators - Anticholinergics</b>		
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
<b>Leukotriene Modulators</b>		
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
<b>Steroid Inhalants</b>		
ALVESCO AERS	3	PA; Limit 1 inhaler per month
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month
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</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)

Drug Name	Drug Tier	Requirements/Limits
QVAR AERS	2	Limit 1 inhaler per month
<b>Sympathomimetics</b>		
ADVAIR DISKUS AEPB (Use Fluticasone-Salmeterol)	NF	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	
ALBUTEROL SULFATE HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
<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 syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 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>fluticasone-salmeterol aepb</i>	1	PA; Limit 1 inhaler per month; QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu in 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(12 ml daily)
<i>levalbuterol hcl nebu in 1.25 mg/0.5ml</i>	1	QL(2 ea daily)
<i>levalbuterol tartrate aero</i>	3	PA; Limit 1 inhaler per month

Drug Name	Drug Tier	Requirements/Limits
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	
VENTOLIN HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	NF	QL(2 ea daily)
XOPENEX HFA AERO	3	PA; Limit 1 inhaler per month
XOPENEX NEBU (Use Levalbuterol HCl)	NF	QL(12 ml daily)
<b>Xanthines</b>		
<i>aminophylline soln iv</i>	1	
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
THEOCHRON TB12	2	
THEOPHYLLINE ER TB12	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
<b>ANTICOAGULANTS - Blood Thinners</b>		
<b>Coumarin Anticoagulants</b>		
COUMADIN TABS ( <i>Use Warfarin Sodium</i> )	2	
<i>warfarin sodium tabs</i>	1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail)
ELIQUIS STARTER PACK TABS	2	Limit 74 tablets per month;QL(74 ea per 30 days retail)
ELIQUIS TABS	2	Limit 74 tablets per month;QL(74 ea per 30 days retail)
XARELTO TABS 10 MG, 15 MG, 20 MG	2	
<b>Heparins And Heparinoid-Like Agents</b>		
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

Drug Name	Drug Tier	Requirements/ Limits
<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
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 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 12500UNIT/250ML-0.45%	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

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium)	NF	QL(5 ml per 7 days retail); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	NF	QL(6 ml per 7 days retail); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	NF	QL(9 ml per 7 days retail); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(12 ml per 7 days retail); SP
<b>Thrombin Inhibitors</b>		
PRADAXA CAPS 150 MG	2	QL(2 ea daily)
PRADAXA CAPS 75 MG	2	QL(1 ea daily)
<b>ANTICONVULSANTS - Drugs to Treat Seizures</b>		
<b>Anticonvulsants - Benzodiazepines</b>		
<i>clobazam susp 2.5 mg/ml</i>	3	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	3	PA; QL(2 ea daily)
<i>clonazepam tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	3	QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL	3	QL(1 ea per fill retail)
<i>diazepam (anticonvulsant) gel</i>	3	QL(1 ea per fill retail)
DIAZEPAM RECTAL GEL GEL	3	QL(1 ea per fill retail)
KLONOPIN TABS (Use Clonazepam)	NF	
ONFI SUSP 2.5 MG/ML (Use Clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use Clobazam)	NF	PA; QL(2 ea daily)
<b>Anticonvulsants - Misc.</b>		
BANZEL SUSP 40 MG/ML	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
EPIDIOLEX SOLN	4	PA
<i>gabapentin caps or 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln or 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs or 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use Levetiracetam)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 500 MG, 750 MG (Use Levetiracetam)	NF	QL(4 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NF	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
pregabalin caps or 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	1	PA; QL(3 ea daily)
pregabalin soln or 20 mg/ml	1	PA; QL(30 ml daily)
primidone tabs or 50 mg, 250 mg	1	
TEGRETOL SUSP (Use Carbamazepine)	2	
TEGRETOL TABS (Use Carbamazepine)	2	
TEGRETOL-XR TB12 200 MG (Use Carbamazepine)	NF	ST; QL(6 ea daily)
TEGRETOL-XR TB12 400 MG (Use Carbamazepine)	NF	ST; QL(4 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (Use Topiramate)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use Topiramate)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (Use Topiramate)	NF	QL(3 ea daily)
TOPAMAX TABS 200 MG (Use Topiramate)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use Topiramate)	NF	QL(4 ea daily)
topiramate csp or 15 mg	1	QL(6 ea daily)
topiramate csp or 25 mg	1	QL(8 ea daily)
topiramate tabs or 100 mg	1	QL(3 ea daily)
topiramate tabs or 200 mg	1	QL(2 ea daily)
topiramate tabs or 25 mg, 50 mg	1	QL(4 ea daily)
TRILEPTAL SUSP 300 MG/5ML (Use Oxcarbazepine)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (Use Oxcarbazepine)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (Use Oxcarbazepine)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (Use Zonisamide)	NF	QL(6 ea daily)
<i>zonisamide caps or 25 mg, 50 mg, 100 mg</i>	1	QL(6 ea daily)
<b>Carbamates</b>		
<i>felbamate susp 600 mg/5ml</i>	1	QL(120 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	NF	QL(120 ml daily)
FELBATOL TABS 400 MG (Use Felbamate)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (Use Felbamate)	NF	QL(6 ea daily)
<b>GABA Modulators</b>		
GABITRIL TABS 2 MG, 4 MG (Use Tiagabine HCl)	NF	
SABRIL PACK (Use Vigabatrin)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (Use Vigabatrin)	NF	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
<b>Hydantoins</b>		
CEREBYX SOLN (Use Fosphenytoin Sodium)	NF	
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use Phenytoin)	2	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN-125 SUSP (Use Phenytoin)	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	
PHENYTEK CAPS 200 MG (Use Phenytoin Sodium Extended)	2	
PHENYTEK CAPS 300 MG (Use Phenytoin Sodium Extended)	NF	
<i>phenytoin chew or 50 mg</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln ij</i>	1	
<i>phenytoin susp or 125 mg/5ml</i>	1	
<b>Succinimides</b>		
CELONTIN CAPS	3	
<i>ethosuximide caps or 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln or 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (Use Ethosuximide)	NF	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use Ethosuximide)	NF	QL(30 ml daily)
<b>Valproic Acid</b>		
DEPAACON SOLN (Use Valproate Sodium)	NF	
DEPAKENE CAPS 250 MG (Use Valproic Acid)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium soln iv 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproic acid caps or</i>	1	
<b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine tabs or 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp or 15 mg, 30 mg, 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP (Use Mirtazapine)	NF	QL(1 ea daily)
REMERON TABS (Use Mirtazapine)	NF	QL(1 ea daily)
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl tabs or 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 or 100 mg, 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 or 150 mg, 300 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 (Use Bupropion HCl)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 (Use Bupropion HCl)	NF	QL(1 ea daily)
<b>Monoamine Oxidase Inhibitors (MAOIs)</b>		
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	
<i>phenelzine sulfate tabs or</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
<b>N-Methyl-D-aspartic acid (NMDA) Receptor</b>		
SPRAVATO 56MG DOSE SOPK	4	PA

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 84MG DOSE SOPK	4	PA
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>		
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 (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	NF	QL(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)
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)

Drug Name	Drug Tier	Requirements/Limits
<b>Serotonin Modulators</b>		
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)
<b>Serotonin-Norepinephrine Reuptake Inhibitors</b>		
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)
<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)



Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS ( <i>Use Clomipramine HCl</i> )	NF	PA
<i>clomipramine hcl caps or 25 mg, 50 mg, 75 mg</i>	1	PA
<i>desipramine hcl tabs or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg</i>	1	
<i>doxepin hcl caps or 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i>	1	
DOXEPIN HCL CAPS OR 150 MG	2	
<i>doxepin hcl conc or 10 mg/ml</i>	1	
ELAVIL TABS ( <i>Use Amitriptyline HCl</i> )	NF	
<i>imipramine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS ( <i>Use Desipramine HCl</i> )	NF	
<i>nortriptyline hcl caps or 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
PAMELOR CAPS ( <i>Use Nortriptyline HCl</i> )	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS ( <i>Use Trimipramine Maleate</i> )	NF	
TOFRANIL TABS ( <i>Use Imipramine HCl</i> )	NF	
<i>trimipramine maleate caps or 25 mg, 50 mg, 100 mg</i>	1	
<b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>		
<b>Alpha-Glucosidase Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/ Limits
<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)
<b>Antidiabetic - Amylin Analogs</b>		
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)
<b>Antidiabetic Combinations</b>		
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)
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)
SEGLUROMET TABS	2	PA
<b>Biguanides</b>		

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Drug Name	Drug Tier	Requirements/ Limits
FORTAMET TB24 1000 MG (Use Metformin HCl)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 1000 MG (Use Metformin HCl)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (Use Metformin HCl)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (Use Metformin HCl)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (Use Metformin HCl)	NF	QL(2 ea daily)
metformin hcl tabs or 1000 mg	1	QL(2.5 ea daily)
metformin hcl tabs or 500 mg	1	QL(5 ea daily)
metformin hcl tabs or 850 mg	1	QL(3 ea daily)
metformin hcl tb24 or 500 mg	1	QL(4 ea daily)
metformin hcl tb24 or 750 mg, 1000 mg	1	QL(2 ea daily)
<b>Diabetic Other</b>		
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	
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>		
JANUVIA TABS	2	PA; QL(1 ea daily)
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	PA; QL(1 ea daily)
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET TABS	3	QL(6 ea daily)
<b>Incretin Mimetic Agents (GLP-1 Receptor</b>		

Drug Name	Drug Tier	Requirements/ Limits
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)
<b>Insulin Sensitizing Agents</b>		
ACTOS TABS (Use Pioglitazone HCl)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
pioglitazone hcl tabs	1	QL(1 ea daily)
<b>Insulin</b>		
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)
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)
HUMULIN R U-500 (CONCENTRATED) SOLN	3	Limit 40mls per month;QL(1.34 ml daily)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
<b>Meglitinide Analogues</b>		
<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)
<b>Sodium-Glucose Co-Transporter 2 (SGLT2)</b>		
INVOKANA TABS	3	PA
STEGLATRO TABS	2	PA
<b>Sulfonylureas</b>		
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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>		
<b>Antiperistaltic Agents</b>		
<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
MOTOFEN TABS	3	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET CAPS	3	
<i>deferasirox tabs</i>	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
<i>deferasirox tbs</i>	4	PA; SP
EXJADE TBSO ( <i>Use Deferasirox</i> )	NF	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS 180 MG	4	PA; SP
JADENU TABS 90 MG, 360 MG ( <i>Use Deferasirox</i> )	NF	PA; SP
<b>Antidotes and Specific Antagonists</b>		
VISTOGARD PACK	4	PA; QL(4 ea daily); SP
<b>Opioid Antagonists</b>		
<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	
<b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b>		
<b>5-HT3 Receptor Antagonists</b>		
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 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	100 ml / 30 days;QL(100 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>ondansetron hcl tabs or 24 mg</i>	1	Limit 4 tablets per month;QL(4 ea per 28 days retail)
ONDANSETRON HCL TABS OR 24 MG	2	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)
<b>Antiemetics - Anticholinergic</b>		
<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 ( <i>Use Scopolamine</i> )	NF	
TRANSDERM-SCOP PT72 ( <i>Use Scopolamine</i> )	NF	
<i>trimethobenzamide hcl caps or</i>	1	
<b>Antiemetics - Miscellaneous</b>		
CESAMET CAPS	3	

Drug Name	Drug Tier	Requirements/Limits
DICLEGIS TBEC ( <i>Use Doxylamine-Pyridoxine</i> )	NF	Limit 3 fills per 365 days;QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	3	Limit 3 fills per 365 days;QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS ( <i>Use Dronabinol</i> )	NF	
<b>Substance P/Neurokinin 1 (NK1) Receptor</b>		
<i>aprepitant caps 40 mg, 125 mg</i>	1	PA; QL(2 ea per 30 days retail)
<i>aprepitant caps 80 mg</i>	1	PA; Limit 4 capsules per month;QL(4 ea per 28 days retail)
EMEND CAPS OR 40 MG, 125 MG ( <i>Use Aprepitant</i> )	NF	PA; QL(2 ea per 30 days retail)
EMEND CAPS OR 80 MG ( <i>Use Aprepitant</i> )	NF	PA; Limit 4 capsules per month;QL(4 ea per 28 days retail)
<b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>		
<b>Antifungal - Glucan Synthesis Inhibitors</b>		
CANCIDAS SOLR ( <i>Use Caspofungin Acetate</i> )	NF	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
<b>Antifungals</b>		
ABELCET SUSP	3	

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

Drug Name	Drug Tier	Requirements/Limits
SPORANOX SOLN 10 MG/ML (Use Itraconazole)	NF	PA; QL(40 ml daily)
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	
<b>ANTIHISTAMINES - Drugs to Treat Allergies</b>		
<b>Antihistamines - Alkylamines</b>		
DEXCHLORPHENIRAMIN E MALEATE SOLN OR	3	
RYCLORA SOLN	3	
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS OR 2.68 MG	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
<b>Antihistamines - Non-Sedating</b>		
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 syrup 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CLARINEX TABS 5 MG (Use Desloratadine)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	NF	
CLARITIN CAPS (Use Loratadine)	NF	
CLARITIN CHEW (Use Loratadine)	NF	
CLARITIN CHILDRENS CHEW (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (Use Loratadine)	NF	
CLARITIN TABS (Use Loratadine)	NF	
DES LorATADINE 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 syrup or 5 mg/5ml</i>	1	
<i>loratadine tabs or 10 mg</i>	1	
<i>loratadine tbdp or 10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	NF	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	NF	
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	NF	QL(10 ml daily); RX/OTC
<b>Antihistamines - Phenothiazines</b>		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	1	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl syrp or 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs or 4 mg</i>	1	
<b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin tabs</i>	1	ST; QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	NF	ST; QL(1 ea daily)
<b>Antihyperlipidemics - Misc.</b>		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NF	ST; QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	ST; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack or 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd or 4 gm/dose</i>	1	QL(6 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	PA; QL(6 ea daily)
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use Colestipol HCl)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use Cholestyramine)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use Cholestyramine)	NF	QL(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)
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
FENOFIBRATE TABS OR 160 MG	2	QL(1 ea daily)
<i>fenofibrate tabs or 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)
<i>gemfibrozil tabs or</i>	1	QL(2 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i> )	NF	QL(2 ea daily)
TRICOR TABS (Use <i>Fenofibrate</i> )	NF	QL(1 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
<b>HMG CoA Reductase Inhibitors</b>		
ALTOPREV TB24 20 MG, 40 MG	3	ST; QL(1 ea daily)
ALTOPREV TB24 60 MG	3	QL(1 ea daily)
<i>atorvastatin calcium tabs or 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i> )	NF	ST; QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use <i>Atorvastatin Calcium</i> )	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i> )	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	ST; QL(1 ea daily)
<i>simvastatin tabs or 5 mg, 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>Simvastatin</i> )	NF	QL(1 ea daily)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe tabs</i>	1	ST; QL(1 ea daily)
ZETIA TABS (Use <i>Ezetimibe</i> )	NF	ST; QL(1 ea daily)
<b>Nicotinic Acid Derivatives</b>		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>Niacin (Antihyperlipidemic)</i> )	NF	QL(2 ea daily)
<b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>		
<b>ACE Inhibitors</b>		
ACCUPRIL TABS (Use <i>Quinapril HCl</i> )	NF	
ALTACE CAPS (Use <i>Ramipril</i> )	NF	
<i>benazepril hcl tabs or 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>captopril tabs or 25 mg, 50 mg, 100 mg, 12.5 mg</i>	1	
<i>enalapril maleate tabs or 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs or 5 mg, 10 mg, 20 mg, 30 mg, 40 mg, 2.5 mg</i>	1	
LOTENSIN TABS (Use <i>Benazepril HCl</i> )	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use <i>Lisinopril</i> )	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (Use <i>Enalapril Maleate</i> )	NF	
ZESTRIL TABS (Use <i>Lisinopril</i> )	NF	
<b>Agents for Pheochromocytoma</b>		

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Drug Name	Drug Tier	Requirements/ Limits
DIBENZYLINE CAPS ( <i>Use Phenoxybenzamine HCl</i> )	NF	
<i>phenoxybenzamine hcl caps or</i>	3	
<b>Angiotensin II Receptor Antagonists</b>		
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)
<b>Antiadrenergic Antihypertensives</b>		
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)
<i>terazosin hcl caps</i>	1	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>atenolol &amp; chlorthalidone tabs</i>	1	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	2	
DIOVAN HCT TABS ( <i>Use Valsartan-Hydrochlorothiazide</i> )	NF	
<i>enalapril maleate &amp; hydrochlorothiazide tabs</i>	1	
HYZAAR TABS ( <i>Use Losartan Potassium &amp; Hydrochlorothiazide</i> )	NF	QL(1 ea daily)
<i>lisinopril &amp; hydrochlorothiazide tabs</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
LOTREL CAPS ( <i>Use Amlodipine Besylate-Benazepril HCl</i> )	NF	
TENORETIC 100 TABS ( <i>Use Atenolol &amp; Chlorthalidone</i> )	NF	
TENORETIC 50 TABS ( <i>Use Atenolol &amp; Chlorthalidone</i> )	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS ( <i>Use Enalapril Maleate &amp; Hydrochlorothiazide</i> )	NF	
ZESTORETIC TABS ( <i>Use Lisinopril &amp; Hydrochlorothiazide</i> )	NF	
<b>Direct Renin Inhibitors</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>aliskiren fumarate tabs 150 mg</i>	1	QL(8 ea daily)
<i>aliskiren fumarate tabs 300 mg</i>	1	QL(1 ea daily)
TEKTURNA TABS 150 MG	2	QL(8 ea daily)
TEKTURNA TABS 150 MG (Use Aliskiren Fumarate)	NF	QL(8 ea daily)
TEKTURNA TABS 300 MG	2	QL(1 ea daily)
TEKTURNA TABS 300 MG (Use Aliskiren Fumarate)	NF	QL(1 ea daily)
<b>Selective Aldosterone Receptor Antagonists</b>		
<i>eplerenone tabs</i>	1	
INSPRA TABS (Use Eplerenone)	NF	
<b>Vasodilators</b>		
<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	
<b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl tabs</i>	1	QL(12 ea per 180 days retail)
COARTEM TABS	2	
MALARONE TABS (Use Atovaquone-Proguanil HCl)	NF	QL(12 ea per 180 days retail)
<b>Antimalarials</b>		
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	

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Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (Use Primaquine Phosphate)	NF	
QUALAQUIN CAPS (Use Quinine Sulfate)	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)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
GUANIDINE HCL TABS	2	
MESTINON SOLN (Use Pyridostigmine Bromide)	NF	
MESTINON TABS (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide soln or 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs or 60 mg</i>	1	
<i>pyridostigmine bromide tbcr or 180 mg</i>	1	
<b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b>		
<b>Anti TB Combinations</b>		
RIFAMATE CAPS	3	
RIFATER TABS	3	
<b>Antimycobacterial Agents</b>		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>carboplatin soln</i>	4	SP
<i>carmustine solr</i>	4	SP
CISPLATIN SOLN 200 MG/200ML	4	SP
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	SP
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	4	SP
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (Use Cyclophosphamide)	NF	SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	SP
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	4	SP
HEXALEN CAPS	4	SP
IFEX SOLR 1 GM (Use Ifosfamide)	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 (Use Temozolomide)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 15 MG	4	SP
<i>thiotepa solr ij</i>	4	SP
TREANDA SOLR 100 MG	4	SP
TREANDA SOLR 25 MG	4	PA; SP
ZANOSAR SOLR	4	SP
<b>Antimetabolites</b>		
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
<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

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl soln</i>	4	SP
<i>gemcitabine hcl solr</i>	4	SP
GEMCITABINE SOLN (Use Gemcitabine HCl)	NF	SP
GEMZAR SOLR (Use Gemcitabine HCl)	NF	SP
<i>mercaptopurine tabs or</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 50 mg/2ml, 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
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
<b>Antineoplastic - Antibodies</b>		
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
<i>megestrol acetate susp or 40 mg/ml, 400 mg/10ml</i>	1	
<i>megestrol acetate tabs or 20 mg, 40 mg</i>	1	
NILANDRON TABS (Use Nilutamide)	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	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
XTANDI CAPS	4	PA; SP
YONSA TABS	4	PA
ZOLADEX IMPL	4	PA; SP
ZYTIGA TABS 250 MG (Use Abiraterone Acetate)	NF	PA; SP
<b>Antineoplastic Antibiotics</b>		
ADRIAMYCIN SOLR 10 MG	4	SP
<i>bleomycin sulfate solr</i>	4	SP
COSMEGEN SOLR (Use Dactinomycin)	NF	SP
<i>dactinomycin solr</i>	4	SP
DOXIL INJ (Use Doxorubicin HCl Liposomal)	NF	SP

Drug Name	Drug Tier	Requirements/Limits
<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
ELLEENCE SOLN ( <i>Use Epirubicin HCl</i> )	NF	PA; SP
<i>epirubicin hcl soln</i>	4	PA; SP
IDAMYCIN PFS SOLN ( <i>Use Idarubicin HCl</i> )	NF	SP
<i>idarubicin hcl soln</i>	4	SP
<i>mitomycin solr iv 5 mg, 20 mg, 40 mg</i>	4	SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN ( <i>Use Valrubicin</i> )	NF	PA; SP
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR TABS	4	PA; SP
BOSULIF TABS 100 MG, 500 MG	4	PA; SP
BRAFTOVI CAPS	4	PA
CAPRELSA TABS	4	PA; SP
COMETRIQ KIT	4	PA; SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	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

Drug Name	Drug Tier	Requirements/Limits
ISTODAX ( <i>OVERFILL</i> ) SOLR	4	PA; SP
JAKAFI TABS	4	PA; SP
KYPROLIS SOLR 60 MG	4	PA; SP
MEKTOVI TABS	4	PA
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 ( <i>Use Erlotinib HCl</i> )	NF	PA; SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; SP
<i>temsirolimus soln</i>	4	SP
TIBSOVO TABS	4	PA
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
<b>Antineoplastic Enzymes</b>		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln iv 10 mg/10ml</i>	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 (Use Hydroxyurea)	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
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
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE SOLR	4	SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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
<b>Mitotic Inhibitors</b>		
ABRAXANE SUSR	4	PA; SP
DOCETAXEL CONC 160 MG/8ML (Use Docetaxel)	NF	SP
DOCETAXEL CONC 20 MG/ML, 80 MG/2ML, 80 MG/4ML, 160 MG/8ML, 20 MG/0.5ML	4	SP
<i>docetaxel conc 20 mg/ml, 80 mg/4ml, 160 mg/8ml</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
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

Drug Name	Drug Tier	Requirements/Limits
TAXOTERE CONC ( <i>Use Docetaxel</i> )	NF	SP
TENIPOSIDE SOLN	4	SP
VINBLASTINE SULFATE SOLN	4	SP
<i>vincristine sulfate soln</i>	4	SP
VINCRISTINE SULFATE SOLN	4	SP
<i>vinorelbine tartrate soln</i>	4	SP
<b>Topoisomerase I Inhibitors</b>		
CAMPTOSAR SOLN 300 MG/15ML	4	SP
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML ( <i>Use Irinotecan HCl</i> )	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG ( <i>Use Topotecan HCl</i> )	NF	PA; SP
<i>irinotecan hcl soln</i>	4	PA; SP
IRINOTECAN SOLN	4	SP
<i>topotecan hcl solr 4 mg</i>	4	PA; SP
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa tabs or</i>	1	
LODOSYN TABS ( <i>Use Carbidopa</i> )	NF	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN ( <i>Use Benztropine Mesylate</i> )	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>Antiparkinson COMT Inhibitors</b>		
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>	1	
<b>Antiparkinson Dopaminergics</b>		
<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	
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)



Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (Use <i>Ropinirole Hydrochloride</i> )	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (Use <i>Ropinirole Hydrochloride</i> )	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use <i>Ropinirole Hydrochloride</i> )	NF	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i> )	NF	
SINEMET TABS (Use <i>Carbidopa-Levodopa</i> )	NF	
STALEVO 100 TABS	2	
STALEVO 125 TABS	2	
STALEVO 150 TABS	2	
STALEVO 200 TABS	2	
STALEVO 50 TABS	2	
STALEVO 75 TABS	2	
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
AZILECT TABS (Use <i>Rasagiline Mesylate</i> )	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (Use <i>Selegiline HCl</i> )	NF	
<i>rasagiline mesylate tabs or 0.5 mg, 1 mg</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps or</i>	1	
SELEGILINE HCL TABS OR	2	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl tabs or</i>	1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b>		
<b>Antimanic Agents</b>		
<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 (Use <i>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 tbcrcr or 300 mg, 450 mg</i>	1	AL(At least 6 yrs old)
LITHIUM SOLN	1	AL(At least 6 yrs old)
LITHOBID TBCR (Use <i>Lithium Carbonate</i> )	NF	AL(At least 6 yrs old)
<b>Antipsychotics - Misc.</b>		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily); AL(At least 6 yrs old)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily); AL(At least 6 yrs old)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily); AL(At least 6 yrs old)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use <i>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)
<b>Benzisoxazoles</b>		
FANAPT TABS	2	PA; QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
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 (Use <i>Paliperidone</i> )	NF	PA; QL(1 ea daily); AL(At least 6 yrs old)
INVEGA TB24 6 MG (Use <i>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)
PERSERIS PRSY	2	PA; QL(0.036 ea daily); AL(At least 17 yrs old)
RISPERDAL CONSTA SRER	2	PA; AL(At least 18 yrs old)
RISPERDAL M-TAB TBDP (Use <i>Risperidone</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
RISPERDAL SOLN 1 MG/ML (Use <i>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 (Use <i>Risperidone</i> )	NF	QL(2 ea daily); AL(At least 6 yrs old)
RISPERDAL TABS 4 MG (Use <i>Risperidone</i> )	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)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tabs 4 mg</i>	1	QL(4 ea daily); AL(At least 6 yrs old)
<i>risperidone tbdp 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<b>Butyrophenones</b>		
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)
<b>Dibenzapines</b>		
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</i>	1	AL(At least 6 yrs old)
CLOZAPINE TABS 50 MG, 200 MG (Use <i>Clozapine</i> )	NF	AL(At least 6 yrs old)
<i>clozapine tbdp 12.5 mg</i>	1	
CLOZARIL TABS (Use <i>Clozapine</i> )	NF	AL(At least 6 yrs old)
FAZACLO TBDP 12.5 MG (Use <i>Clozapine</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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 Quetiapine Fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use Quetiapine Fumarate)	NF	PA; AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	Limit 6 per month; QL(6 ea per 28 days retail); AL(At least 18 yrs old)
ZYPREXA TABS OR 15 MG, 20 MG (Use Olanzapine)	NF	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA TABS OR 5 MG, 10 MG, 2.5 MG, 7.5 MG (Use Olanzapine)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<b>Phenothiazines</b>		
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 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)
FLUPHENAZINE HCL TABS OR 1 MG, 5 MG, 10 MG, 2.5 MG	2	AL(At least 6 yrs old)
FLUPHENAZINE HYDROCHLORIDE ELIX	2	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)
<b>Quinolinone Derivatives</b>		
ABILIFY TABS (Use Aripiprazole)	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)
<b>Thioxanthenes</b>		
<i>thiothixene caps</i>	1	AL(At least 6 yrs old)

## ANTIVIRALS - Drugs to Treat Viral Infections

Drug Name	Drug Tier	Requirements/Limits
<b>Antiretrovirals</b>		
<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)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS ( <i>Use Lamivudine-Zidovudine</i> )	NF	QL(2 ea daily)
COMPLERA TABS	2	
CRIXIVAN CAPS 200 MG	2	PA; QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	PA; QL(6 ea daily)
DELSTRIGO TABS	3	ST; QL(1 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)

Drug Name	Drug Tier	Requirements/Limits
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
EPIVIR TABS 300 MG ( <i>Use Lamivudine</i> )	NF	QL(1 ea daily); SP
EPZICOM TABS ( <i>Use Abacavir Sulfate-Lamivudine</i> )	NF	PA; QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	PA; QL(4 ea daily)
FUZEON SOLR	4	PA; Limit 1 injection per month; QL(0.04 ea daily); SP
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML ( <i>Use Lopinavir-Ritonavir</i> )	NF	PA; QL(12.5 ml daily)
KALETRA TABS 100MG-25MG, 200MG-50MG	2	PA; QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	4	QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>lamivudine tabs 300 mg</i>	4	QL(1 ea daily); SP
<i>lamivudine-zidovudine tabs</i>	3	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	PA; QL(56 ml daily)
LEXIVA TABS 700 MG (Use 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 PACK 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)
PIFELTRO TABS	2	
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)

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

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Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	
VIREAD TABS 300 MG (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)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
<b>CMV Agents</b>		
<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)
<b>Hepatitis Agents</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS	4	PA; QL(1 ea daily); SP
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily)
EPIVIR HBV TABS 100 MG (Use <i>Lamivudine (HBV)</i> )	NF	PA; QL(3 ea daily)
HARVONI TABS 400MG-90MG	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)
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
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 <i>Ribavirin (Hepatitis C)</i> )	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)
SOFOSBUVIR/VELPATASVIR TABS	4	PA; QL(1 ea daily); SP
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
<b>Herpes Agents</b>		
<i>acyclovir caps or 200 mg</i>	1	QL(50 ea per 30 days retail)
<i>acyclovir susp or 200 mg/5ml</i>	1	Limit 400ml per month;QL(13.3 4 ml daily)
<i>acyclovir tabs or 400 mg</i>	1	QL(5 ea daily)
<i>acyclovir tabs or 800 mg</i>	1	QL(50 ea per 30 days retail)
<i>famciclovir tabs or 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs or 500 mg</i>	1	QL(4 ea daily)
<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)
<b>Influenza Agents</b>		
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	NF	QL(120 ml per 30 days retail)
<b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol tabs</i>	1	
COREG TABS (Use Carvedilol)	NF	
<i>labetalol hcl soln iv 5 mg/ml</i>	1	
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	
LABETALOL HYDROCHLORIDE SOLN 5 MG/ML	2	
<b>Beta Blockers Cardio-Selective</b>		
<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 Metoprolol Tartrate)	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	

Drug Name	Drug Tier	Requirements/ Limits
TENORMIN TABS (Use Atenolol)	NF	
TOPROL XL TB24 (Use Metoprolol Succinate)	NF	
<b>Beta Blockers Non-Selective</b>		
BETAPACE TABS (Use Sotalol HCl)	NF	QL(2 ea daily)
CORGARD TABS (Use Nadolol)	NF	
INDERAL LA CP24 (Use Propranolol HCl)	NF	
nadolol tabs or 20 mg, 40 mg, 80 mg	1	
pindolol tabs	1	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	1	
propranolol hcl soln iv 1 mg/ml	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	2	
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl tabs 240 mg	1	
sotalol hcl tabs 80 mg, 120 mg, 160 mg	1	QL(2 ea daily)
TIMOLOL MALEATE TABS OR 10 MG, 20 MG	2	
timolol maleate tabs or 5 mg	1	
<b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>		
<b>Calcium Channel Blockers</b>		
ADALAT CC TB24 (Use Nifedipine)	NF	
amlodipine besylate tabs or 5 mg, 10 mg, 2.5 mg	1	
CALAN SR TBCR (Use Verapamil HCl)	NF	
CALAN TABS (Use Verapamil HCl)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	NF	
DILT-XR CP24	2	
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	1	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	2	
nisoldipine tb24	1	



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

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN SOLN IJ 0.25 MG/ML ( <i>Use Digoxin</i> )	2	
LANOXIN TABS OR 125 MCG, 250 MCG ( <i>Use Digoxin</i> )	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
<b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
BIDIL TABS	2	
<b>Impotence Agents</b>		
CIALIS TABS ( <i>Use Tadalafil</i> )	NF	PA; QL(1 ea daily)
STENDRA TABS	3	Limit 4 tablets per month; QL(4 ea per 28 days retail)
<i>tadalafil tabs or</i>	3	PA; QL(1 ea daily)
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR ( <i>Use Epoprostenol Sodium</i> )	NF	PA
REMODULIN SOLN ( <i>Use Treprostinil</i> )	NF	PA; SP
<i>treprostinil soln</i>	4	PA; SP
VELETRI SOLR	4	PA
VENTAVIS SOLN	4	PA; SP
<b>Pulmonary Hypertension - Endothelin Receptor</b>		
<i>ambrisentan tabs</i>	4	PA; SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(1 ea daily); SP
LETAIRIS TABS ( <i>Use Ambrisentan</i> )	NF	PA; SP
TRACLEER TABS 125 MG ( <i>Use Bosentan</i> )	NF	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
TRACLEER TABS 62.5 MG (Use Bosentan)	NF	PA; QL(1 ea daily); SP
TRACLEER TBSO 32 MG	4	PA; QL(4 ea daily); AL(Up to 12 yrs old )
<b>Pulmonary Hypertension - Phosphodiesterase</b>		
ADCIRCA TABS (Use Tadalafil (Pulmonary Hypertension))	NF	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	NF	PA; SP
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	NF	PA; SP
sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	4	PA; SP
sildenafil citrate (pulmonary hypertension) tabs or 20 mg	4	PA; SP
tadalafil (pulmonary hypertension) tabs	4	PA; SP
<b>Sinus Node Inhibitors</b>		
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
<b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>		
<b>Cephalosporins - 1st Generation</b>		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	2	
cephalexin caps 250 mg, 500 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
CEPHALEXIN TABS 250 MG, 500 MG	2	

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Drug Name	Drug Tier	Requirements/ Limits
KEFLEX CAPS 250 MG, 500 MG (Use Cephalexin)	NF	
<b>Cephalosporins - 2nd Generation</b>		
cefaclor caps 250 mg, 500 mg	1	
CEFACLOR ER TB12	2	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
CEFOTAN SOLR (Use Cefotetan Disodium)	NF	
cefotetan disodium solr	3	
CEFOTETAN SOLR	3	
cefoxitin sodium solr ij 10 gm	1	
cefoxitin sodium solr iv 1 gm, 2 gm	1	
cefprozil susr	1	
cefprozil tabs	1	
CEFTIN SUSR 125 MG/5ML	2	
cefuroxime axetil tabs	1	
cefuroxime sodium solr	1	
<b>Cephalosporins - 3rd Generation</b>		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
cefdinir caps 300 mg	1	AL(At least 2 yrs old)
cefdinir susr 125 mg/5ml, 250 mg/5ml	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	3	
cefixime susr 100 mg/5ml, 200 mg/5ml	1	PA
cefotaxime sodium solr 1 gm	1	
CEFOTAXIME SODIUM SOLR 2 GM, 10 GM	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
SPECTRACEF TABS	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	NF	PA
TAZICEF SOLR 1 GM, 2 GM	2	
<b>Cephalosporins - 4th Generation</b>		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use Cefepime HCl)	NF	
<b>Cephalosporins - 5th Generation</b>		
TEFLARO SOLR	3	
<b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>		
<b>Combination Contraceptives - Oral</b>		
BALCOLTRA TABS	0	
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	

Drug Name	Drug Tier	Requirements/Limits
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	NF	
<i>desogestrel &amp; 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 &amp; eth estrad tabs</i>	0	
FALESSA KIT	0	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	
<i>levonorgestrel &amp; eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	
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	
TAYTULLA CAPS	0	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NF	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NF	
<b>Combination Contraceptives - Transdermal</b>		
XULANE PTWK	0	
<b>Combination Contraceptives - Vaginal</b>		
NUVARING RING	0	
<b>Copper Contraceptives - IUD</b>		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
<b>Emergency Contraceptives</b>		
ELLA TABS	0	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (Use Levonorgestrel (Emergency OC))	NF	
<b>Progestin Contraceptives - IUD</b>		
LILETTA IUD	0	

Drug Name	Drug Tier	Requirements/ Limits
MIRENA IUD	0	
SKYLA IUD	0	
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON IMPL	0	
<b>Progestin Contraceptives - Injectable</b>		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use Medroxyprogesterone Acetate (Contraceptive))	NF	
DEPO-PROVERA CONTRACEPTIVE SUSY (Use Medroxyprogesterone Acetate (Contraceptive))	NF	
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	
<b>Progestin Contraceptives - Oral</b>		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (Use Norethindrone (Contraceptive))	NF	
<b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b>		
<b>Glucocorticosteroids</b>		
<i>budesonide cpep or 3 mg</i>	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	

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

Drug Name	Drug Tier	Requirements/Limits
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml</i>	3	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
PREDNISOLONE SOLN OR	2	
<i>prednisolone soln or</i>	1	
<i>prednisolone syrp or</i>	1	
PREDNISONONE SOLN OR 5 MG/5ML	2	
<i>prednisone tabs or 1 mg, 5 mg, 10 mg, 20 mg, 50 mg, 2.5 mg</i>	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 500 MG, 1000 MG (Use Methylprednisolone Sod Succ)	NF	
TRIAMCINOLONE ACETONIDE SUSP IJ 40 MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide susp ij 40 mg/ml</i>	3	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	NF	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate tabs or</i>	1	
<b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>		
<b>Antitussives</b>		
<i>benzonatate caps 100 mg</i>	1	10 days supply per claim; QL(6 ea daily, 60 ea per fill retail)
<i>benzonatate caps 200 mg</i>	1	10 days supply per claim; QL(3 ea daily, 30 ea per fill retail)
TESSALON PERLES CAPS (Use Benzonatate)	NF	10 days supply per claim; QL(6 ea daily, 60 ea per fill retail)
<b>Cough/Cold/Allergy Combinations</b>		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NF	
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN-T LOTN ( <i>Use Clindamycin Phosphate (Topical)</i> )	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN ( <i>Use Clindamycin Phosphate (Topical)</i> )	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB ( <i>Use Clindamycin Phosphate (Topical)</i> )	NF	AL(At least 12 yrs old)
CLINDAGEL GEL	2	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	2	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	2	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
CLINDAMYCIN PHOSPHATE GEL EX 1 %	2	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 1%-5%</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)
DESQUAM-X WASH LIQD 10 % ( <i>Use Benzoyl Peroxide</i> )	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % ( <i>Use Adapalene</i> )	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % ( <i>Use Adapalene</i> )	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % ( <i>Use Adapalene</i> )	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	2	ST; AL(At least 12 yrs old)
DUAC GEL ( <i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i> )	NF	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
EPIDUO GEL ( <i>Use Adapalene-Benzoyl Peroxide</i> )	NF	ST; AL(At least 12 yrs old)
ERY PADS	2	AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
<i>isotretinoin caps or 10 mg, 20 mg, 30 mg, 40 mg</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN ( <i>Use Sulfacetamide Sodium (Acne)</i> )	NF	Limit 1 package per claim;QL(120 ml per fill retail); AL(At least 12 yrs old)
PANOXYL-4 CREAMY WASH LIQD ( <i>Use Benzoyl Peroxide</i> )	NF	AL(At least 12 yrs old)
RETIN-A CREA ( <i>Use Tretinoin</i> )	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL ( <i>Use Tretinoin</i> )	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % ( <i>Use Tretinoin Microsphere</i> )	NF	PA; AL(At least 12 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % ( <i>Use Tretinoin Microsphere</i> )	NF	PA; AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	Limit 1 package per claim;QL(120 ml per fill retail); AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%</i>	1	ST; AL(At least 12 yrs old)



Drug Name	Drug Tier	Requirements/ Limits
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	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 - Up to 30 yrs old)
<i>tretinoin gel ex 0.025 %, 0.01 %</i>	1	AL (At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL (At least 12 yrs old)
VELTIN GEL	3	ST; AL (At least 12 yrs old)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	ST; AL (At least 12 yrs old)
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OINT	3	
<b>Anti-inflammatory Agents - Topical</b>		
DICLOFENAC EPOLAMINE PTCH	3	PA; QL (2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL (200 gm per 30 days retail)
FLECTOR PTCH	3	PA; QL (2 ea daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	QL (200 gm per 30 days retail)
<b>Antibiotics - Topical</b>		
ALTABAX OINT	2	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
CENTANY OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>mupirocin calcium (topical) crea</i>	1	
MUPIROCIN CREA EX	2	
<i>mupirocin oint ex</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<b>Antifungals - Topical</b>		
<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	
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA 0.77 % (Use Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP 0.77 % (Use Ciclopirox Olamine)	NF	
LOTRIMIN AF CREA 1 % (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN ULTRA CREA (Use Butenafine HCl)	NF	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	
LULICONAZOLE CREA	3	PA
LUZU CREA	3	PA
MENTAX CREA	2	RX/OTC
naftifine hcl crea 1 %	3	Limit 1 fill every 180 days; QL(3 gm daily)1 rtl MAX fill, 180 rtl day(s) supply,
naftifine hcl crea 2 %	1	Limit 1 fill every 180 days; QL(60 gm per fill retail)1 rtl MAX fill, 180 rtl day(s) supply,
naftifine hcl gel 1 %	3	Limit 1 fill every 180 days; QL(90 gm per fill retail)1 rtl MAX fill, 180 rtl day(s) supply,
NAFTIN CREA 2 % (Use Naftifine HCl)	NF	Limit 1 fill every 180 days; QL(60 gm per fill retail)1 rtl MAX fill, 180 rtl day(s) supply,
NAFTIN GEL 1 %	3	Limit 1 fill every 180 days; QL(90 gm per fill retail)1 rtl MAX fill, 180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
NAFTIN GEL 1 % (Use Naftifine HCl)	NF	Limit 1 fill every 180 days; QL(90 gm per fill retail)1 rtl MAX fill, 180 rtl day(s) supply,
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	
nystatin (topical) crea	1	
nystatin (topical) oint	1	
nystatin-triamcinolone crea	1	
nystatin-triamcinolone oint	1	
oxiconazole nitrate crea	1	Limit 1 fill every 180 days; QL(3 gm daily)1 rtl MAX fill, 180 rtl day(s) supply,
OXISTAT CREA (Use Oxiconazole Nitrate)	NF	Limit 1 fill every 180 days; QL(3 gm daily)1 rtl MAX fill, 180 rtl day(s) supply,
OXISTAT LOTN	2	Limit 1 fill every 180 days; QL(60 ml per fill retail)1 rtl MAX fill, 180 rtl day(s) supply,
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	NF	
<b>Antineoplastic or Premalignant Lesion Agents -</b>		
diclofenac sodium (actinic keratoses) gel	3	PA; Limit 1 package per claim; QL(105 gm per fill retail)
EFUDEX CREA (Use Fluorouracil (Topical))	NF	Limit 1 package per claim; QL(40 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<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 0.015 %	2	Limit 1 fill every 60 days; QL(3 ea per fill retail)1 rtl MAX fill,60 rtl day(s) supply,
PICATO GEL 0.05 %	2	Limit 1 fill every 60 days QL(2 ea per fill retail)1 rtl MAX fill,60 rtl day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
<b>Antipruritics - Topical</b>		
DOXEPIN HYDROCHLORIDE CREA EX	3	PA; Limit 1 fill every 180 days; 1 tube per fill.; QL(45 gm per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
PRUDOXIN CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.; QL(45 gm per fill retail)1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.; QL(45 gm per fill retail)1 rtl MAX fill,180 rtl day(s) supply,
<b>Antipsoriatics</b>		
<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 SOLN SC 45 MG/0.5ML	4	PA
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP
<i>tazarotene crea ex</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use Tazarotene)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	Limit 1 package per claim; QL (105 gm per fill retail)
<b>Antiseborrheic Products</b>		
<i>selenium sulfide lotn ex 2.5 %</i>	1	Limit 1 package per claim; QL (120 ml per fill retail)
<b>Antivirals - Topical</b>		
<i>acyclovir topical crea</i>	3	
<i>acyclovir topical oint</i>	3	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (Use Acyclovir Topical)	NF	
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	
<b>Burn Products</b>		
<i>mafenide acetate pack ex</i>	3	
SILVADENE CREA (Use Silver Sulfadiazine)	NF	
<i>silver sulfadiazine crea ex</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	NF	
<b>Corticosteroids - Topical</b>		

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	2	Limit 1 fill every 30 days; QL (60 gm per fill retail) 1 rti MAX fill, 30 rti day(s) supply,
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea 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	QL (1 gm daily)
<i>clobetasol propionate foam ex</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate gel ex</i>	1	PA
<i>clobetasol propionate oint ex</i>	1	PA
<i>clobetasol propionate soln ex</i>	1	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (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 OINT (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	

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (topical) crea 1 %	1	RX/OTC
hydrocortisone (topical) crea 2.5 %	1	
hydrocortisone (topical) lotn 2.5 %	1	
hydrocortisone (topical) oint 1 %	1	RX/OTC
hydrocortisone (topical) oint 2.5 %	1	
hydrocortisone butyrate crea	1	
hydrocortisone butyrate oint	1	
hydrocortisone butyrate soln	1	
hydrocortisone valerate crea	1	
hydrocortisone valerate oint	1	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
mometasone furoate crea ex	1	
mometasone furoate oint ex	1	
mometasone furoate soln ex	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone Topical)	NF	RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NF	PA
prednicarbate crea	1	
PREDNICARBATE CREA	2	
PREDNICARBATE OINT	2	

Drug Name	Drug Tier	Requirements/Limits
PSORCON CREA	2	
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	PA
TEMOVATE OINT (Use Clobetasol Propionate)	NF	PA
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use Desoximetasone)	NF	
triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %	1	
triamcinolone acetonide (topical) oint 0.025 %, 0.1 %	1	
triamcinolone acetonide (topical) oint 0.5 %	2	
TRIDESILON CREA (Use Desonide)	NF	
ULTRAVATE CREA (Use Halobetasol Propionate)	NF	
ULTRAVATE OINT (Use Halobetasol Propionate)	NF	
WESTCORT OINT (Use Hydrocortisone Valerate)	NF	
<b>Eczema Agents</b>		
DUPIXENT SOSY 200 MG/1.14ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<b>Emollients</b>		
LAC-HYDRIN CREA ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	NF	RX/OTC
LAC-HYDRIN LOTN ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN ( <i>Use Lactic Acid (Ammonium Lactate)</i> )	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
<b>Enzymes - Topical</b>		
SANTYL OINT	3	PA
<b>Hair Growth Agents</b>		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS ( <i>Use Finasteride (Alopecia)</i> )	NF	
<b>Immunomodulating Agents - Topical</b>		
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)
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CREA ( <i>Use Pimecrolimus</i> )	NF	PA; Limit1 package per month;QL(3.5 gm daily); AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>tacrolimus (topical) oint</i>	1	Limit1 package per month;QL(3.5 gm daily); AL(At least 2 yrs old)
<b>Keratolytic/Antimitotic Agents</b>		
<i>podofilox soln ex</i>	1	
<b>Local Anesthetics - Topical</b>		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
LIDOCAINE HCL JELLY GEL	2	QL(4 ml daily)
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch ex 5 %</i>	1	PA; QL(3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	QL(1 gm daily)
<i>lidocaine-prilocaine kit</i>	1	
LIDODERM PTCH ( <i>Use Lidocaine</i> )	NF	PA; QL(3 ea daily)
SYNERA PTCH	3	QL(10 ea per 30 days retail)
<b>Phosphodiesterase 4 (PDE4) Inhibitors - Topical</b>		
EUCRISA OINT	3	PA; QL(2 gm daily)
<b>Rosacea Agents</b>		
<i>azelaic acid gel ex</i>	1	
FINACEA GEL ( <i>Use Azelaic Acid</i> )	NF	
METROCREAM CREA ( <i>Use Metronidazole (Topical)</i> )	NF	
METROGEL GEL ( <i>Use Metronidazole (Topical)</i> )	NF	
METROLOTION LOTN ( <i>Use Metronidazole (Topical)</i> )	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
KETONE 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
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
<b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>		
<b>Digestive Enzymes</b>		
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	
ZENPEP CPEP 79000UNIT-25000UNIT- 105000UNIT	2	
<b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>		
<b>Carbonic Anhydrase Inhibitors</b>		



Drug Name	Drug Tier	Requirements/Limits
<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)
<b>Diuretic Combinations</b>		
ALDACTAZIDE TABS 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride &amp; 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 &amp; hydrochlorothiazide tabs</i>	1	
<i>triamterene &amp; hydrochlorothiazide caps</i>	1	
<i>triamterene &amp; hydrochlorothiazide tabs</i>	1	
<b>Loop Diuretics</b>		
<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	

Drug Name	Drug Tier	Requirements/Limits
EDECIN TABS (Use Ethacrynic Acid)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	3	QL(16 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	2	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs</i>	1	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs or</i>	1	
DYRENIUM CAPS (Use Triamterene)	NF	QL(3 ea daily)
<i>spironolactone tabs or 25 mg, 50 mg, 100 mg</i>	1	
<i>triamterene caps or 50 mg, 100 mg</i>	3	QL(3 ea daily)
<b>Thiazides and Thiazide-Like Diuretics</b>		
CHLOROTHIAZIDE TABS 250 MG, 500 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)

Drug Name	Drug Tier	Requirements/Limits
MICROZIDE CAPS ( <i>Use Hydrochlorothiazide</i> )	NF	QL(2 ea daily)
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b>		
<b>Bone Density Regulators</b>		
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)
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	
ALENDRONATE SODIUM TABS 5 MG	2	QL(1 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
FORTEO SOLN	4	PA; Limit 1 pen per month;QL(2 ml per 28 days retail); SP
FOSAMAX PLUS D TABS	3	PA; Limit 4 tablets per month;QL(4 ea per 28 days retail)
FOSAMAX TABS ( <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)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOSY	4	PA; 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

Drug Name	Drug Tier	Requirements/ Limits
<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
<b>Corticotropin</b>		
ACTHAR GEL	4	PA
<b>Fertility Regulators</b>		
CHORIONIC GONADOTROPIN SOLR IM	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPOR SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	4	PA; SP
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA; SP
SAIZEN CLICK.EASY SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
<b>Hormone Receptor Modulators</b>		
EVISTA TABS ( <i>Use Raloxifene HCl</i> )	NF	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SOLN	4	PA; SP
<b>LHRH/GnRH Agonist Analog Pituitary</b>		
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
<b>Metabolic Modifiers</b>		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD ( <i>Use Sodium Phenylbutyrate</i> )	NF	
BUPHENYL TABS ( <i>Use Sodium Phenylbutyrate</i> )	NF	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
CALCITRIOL SOLN IV 1 MCG/ML	2	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	SP
<i>cinacalcet hcl tabs</i>	4	PA; SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (Use <i>Doxercalciferol</i> )	NF	
HECTOROL SOLN IV 2 MCG/ML	2	
HECTOROL SOLN IV 4 MCG/2ML (Use <i>Doxercalciferol</i> )	NF	
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG (Use <i>Nitisinone</i> )	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>paricalcitol soln iv 2 mcg/ml, 5 mcg/ml</i>	4	SP
ROCALTROL CAPS (Use <i>Calcitriol</i> )	NF	
ROCALTROL SOLN (Use <i>Calcitriol</i> )	NF	
SENSIPAR TABS (Use <i>Cinacalcet HCl</i> )	NF	PA; SP
<i>sodium phenylbutyrate powd or 3 gm/tsp</i>	3	
<i>sodium phenylbutyrate tabs or 500 mg</i>	3	
ZEMPLAR CAPS OR 1 MCG, 2 MCG (Use <i>Paricalcitol</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (Use <i>Paricalcitol</i> )	NF	SP
<b>Posterior Pituitary Hormones</b>		
DDAVP SOLN IJ 4 MCG/ML (Use <i>Desmopressin Acetate</i> )	NF	PA
DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i> )	NF	
DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i> )	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>Desmopressin Acetate</i> )	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
<b>Prolactin Inhibitors</b>		
<i>cabergoline tabs</i>	1	
<b>Somatostatic Agents</b>		
OCTREOTIDE ACETATE SOLN 200 MCG/ML, 1000 MCG/ML (Use <i>Octreotide Acetate</i> )	NF	PA; SP
<i>octreotide acetate soln 50 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml, 1000 mcg/ml, 1000 mcg/5ml</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>Octreotide Acetate</i> )	NF	PA; SP
SOMATULINE DEPOT SOLN	4	PA; SP
<b>Vasopressin Receptor Antagonists</b>		

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TABS 15 MG, 30 MG	4	PA; SP
JYNARQUE TBPk	4	PA
SAMSCA TABS	4	PA; SP
<b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>		
<b>Estrogen Combinations</b>		
CLIMARA PRO PTWK	3	
PREMPHASE TABS	2	
PREMPRO TABS	2	
<b>Estrogens</b>		
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 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (Use Estradiol)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil im 20 mg/ml, 40 mg/ml</i>	1	
ESTROGEL GEL	3	

Drug Name	Drug Tier	Requirements/Limits
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 (Use Estradiol)	NF	
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (Use Estradiol)	NF	
<b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>		
<b>Fluoroquinolones</b>		
AVELOX SOLN (Use Moxifloxacin HCl in Sodium Chloride)	NF	
AVELOX TABS (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 5 GM/100ML	2	AL(Up to 12 yrs old )
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	AL(Up to 12 yrs old )
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPROFLOXACIN ER TB24	2	
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 )

Drug Name	Drug Tier	Requirements/Limits
LEVAQUIN TABS ( <i>Use Levofloxacin</i> )	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
<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	
<b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b>		
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM CAPS	4	PA; SP
<b>Gallstone Solubilizing Agents</b>		
ACTIGALL CAPS ( <i>Use Ursodiol</i> )	NF	
URSO 250 TABS ( <i>Use Ursodiol</i> )	NF	
URSO FORTE TABS ( <i>Use Ursodiol</i> )	NF	
<i>ursodiol caps or 300 mg</i>	1	
<i>ursodiol tabs or 250 mg, 500 mg</i>	1	
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAPS	2	PA; QL(2 ea daily)
<b>Gastrointestinal Stimulants</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<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 ( <i>Use Metoclopramide HCl</i> )	NF	84 days supply within 365 Days;QL(6 ea daily,504 ea per 365 days retail)
<b>Inflammatory Bowel Agents</b>		
APRISO CP24	2	PA
ASACOL HD TBEC ( <i>Use Mesalamine</i> )	NF	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC ( <i>Use Sulfasalazine</i> )	NF	
AZULFIDINE TABS ( <i>Use Sulfasalazine</i> )	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP ( <i>Use Mesalamine</i> )	NF	
CIMZIA KIT	4	PA; SP
CIMZIA STARTER KIT KIT	4	PA; SP
COLAZAL CAPS ( <i>Use Balsalazide Disodium</i> )	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; SP
LIALDA TBEC ( <i>Use Mesalamine</i> )	NF	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
PENTASA CPCR	2	

Drug Name	Drug Tier	Requirements/ Limits
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; SP
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs or</i>	1	
<i>sulfasalazine tbec or</i>	1	
<b>Intestinal Acidifiers</b>		
<i>lactulose (encephalopathy) soln</i>	1	
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
<i>alosetron hcl tabs</i>	1	QL(2 ea daily)
LOTRONEX TABS (Use Alosetron HCl)	NF	QL(2 ea daily)
<b>Peripheral Opioid Receptor Antagonists</b>		
ENTEREG CAPS	3	PA
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	3	PA
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use Sevelamer Carbonate)	NF	AL(At least 6 yrs old)
RENVELA TABS (Use Sevelamer Carbonate)	NF	AL(At least 6 yrs old)
<i>sevelamer carbonate pack</i>	1	AL(At least 6 yrs old)
<i>sevelamer carbonate tabs</i>	1	AL(At least 6 yrs old)

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Drug Name	Drug Tier	Requirements/ Limits
<b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b>		
<b>Alkalinizers</b>		
<i>potassium citrate (alkalinizer) tbc 1080 mg</i>	1	
<i>sodium citrate &amp; citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	NF	
<b>Cystinosis Agents</b>		
CYSTAGON CAPS	3	PA
<b>Genitourinary Irrigants</b>		
<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	
<b>Interstitial Cystitis Agents</b>		
ELMIRON CAPS	2	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	PA; QL(1 ea daily)
<i>dutasteride caps or</i>	1	PA; QL(1 ea daily)
<i>finasteride tabs or</i>	1	
FLOMAX CAPS (Use Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	
RAPAFLO CAPS 4 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
RAPAFLO CAPS 4 MG, 8 MG (Use Silodosin)	NF	
<i>silodosin caps</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
<b>Urinary Analgesics</b>		
<i>phenazopyridine hcl tabs or 100 mg, 200 mg</i>	1	
PYRIDIUM TABS (Use Phenazopyridine HCl)	NF	
<b>GOUT AGENTS - Drugs to Treat Gout</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine w/ probenecid tabs</i>	1	QL(6 ea per fill retail)
<b>Gout Agents</b>		
<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)
<i>febuxostat tabs</i>	3	PA; QL(1 ea daily)
ULORIC TABS (Use Febuxostat)	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS (Use Allopurinol)	NF	
<b>Uricosurics</b>		
<i>probenecid tabs</i>	1	
<b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>		
<b>Complement Inhibitors</b>		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		

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Drug Name	Drug Tier	Requirements/Limits
TAVALISSE TABS	4	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline tbcr or</i>	1	QL(3 ea daily)
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SOLN	4	PA
<b>Platelet Aggregation Inhibitors</b>		
AGGRENOX CP12 (Use Aspirin-Dipyridamole)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (Use Anagrelide HCl)	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 (Use Prasugrel HCl)	NF	
EFFIENT TABS 5 MG (Use Prasugrel HCl)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (Use Clopidogrel Bisulfate)	NF	
PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate)	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
<b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>		
<b>Agents for Gaucher Disease</b>		
CEREZYME SOLR	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS ( <i>Use Miglustat</i> )	NF	PA; SP
<b>Agents for Sickle Cell Anemia</b>		
DROXIA CAPS	4	SP
<b>Folic Acid/Folates</b>		
<i>folic acid tabs or 1 mg</i>	0	AL(At least 12 yrs old - Up to 55 yrs old); RX/OTC
<b>Hematopoietic Growth Factors</b>		
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
DOPTELET TABS	4	PA
EPOGEN SOLN	4	PA; SP
FULPHILA SOSY	4	PA
LEUKINE SOLR	4	PA; SP
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOLN	4	PA
NIVESTYM SOSY	4	PA

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Drug Name	Drug Tier	Requirements/Limits
NPLATE SOLR 250 MCG, 500 MCG	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 25 MG, 50 MG, 75 MG, 12.5 MG	4	PA; SP
RETACRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA
<b>Hematopoietic Mixtures</b>		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
<b>Iron</b>		
FER-IN-SOL SOLN ( <i>Use Ferrous Sulfate</i> )	NF	AL(Up to 1 yrs old )
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old )
<b>Stem Cell Mobilizers</b>		
MOZOBIL SOLN	4	PA; SP
<b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>		
<b>Hemostatics - Systemic</b>		
CYKLOKAPRON SOLN ( <i>Use Tranexamic Acid</i> )	NF	
LYSTEDA TABS ( <i>Use Tranexamic Acid</i> )	NF	
<i>tranexamic acid soln iv 1000 mg/10ml</i>	1	
<i>tranexamic acid tabs or 650 mg</i>	1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital elix or 20 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<b>Hypnotics - Tricyclic Agents</b>		
SILENOR TABS	3	PA; QL(1 ea daily)
<b>Non-Barbiturate Hypnotics</b>		
AMBIEN CR TBCR ( <i>Use Zolpidem Tartrate</i> )	NF	ST; QL(1 ea daily)
AMBIEN TABS ( <i>Use Zolpidem Tartrate</i> )	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs 1 mg, 3 mg</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
<i>eszopiclone tabs 2 mg</i>	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS ( <i>Use Triazolam</i> )	NF	
LUNESTA TABS ( <i>Use Eszopiclone</i> )	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
SONATA CAPS 10 MG ( <i>Use Zaleplon</i> )	NF	QL(2 ea daily); AL(At least 18 yrs old)
SONATA CAPS 5 MG ( <i>Use Zaleplon</i> )	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tbcr or 12.5 mg, 6.25 mg</i>	1	ST; QL(1 ea daily)
<b>Selective Melatonin Receptor Agonists</b>		
<i>ramelteon tabs</i>	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS ( <i>Use Ramelteon</i> )	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
<b>LAXATIVES - Bowel Treatment Drugs</b>		
<b>Laxative Combinations</b>		
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	
<b>Laxatives - Miscellaneous</b>		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
<b>Saline Laxatives</b>		
OSMOPREP TABS	3	
<b>Stimulant Laxatives</b>		
<i>bisacodyl tbec or 5 mg</i>	1	
DULCOLAX TBEC OR 5 MG ( <i>Use Bisacodyl</i> )	NF	
<b>Surfactant Laxatives</b>		
COLACE CAPS ( <i>Use Docusate Sodium</i> )	NF	
<i>docusate calcium caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>docusate sodium caps or 100 mg, 250 mg</i>	1	
<b>LOCAL ANESTHETICS-Parenteral - Drugs for Numbing</b>		
<b>Local Anesthetics - Amides</b>		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
LIDOCAINE HCL SOLN IJ 4 %	2	
XYLOCAINE SOLN 0.5 %, 1 % (Use Lidocaine HCl (Local Anesth.))	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (Use Lidocaine HCl (Local Anesth.))	NF	
<b>MACROLIDES - Drugs to Treat Bacterial Infections</b>		
<b>Azithromycin</b>		
AZITHROMYCIN PACK OR 1 GM	1	QL(2 ea per fill retail)
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml</i>	1	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	1	Limit 1 package per claim;QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail)
<i>azithromycin tabs or 600 mg</i>	1	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM	1	QL(2 ea per fill retail)
ZITHROMAX SOLR IV 500 MG (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)

Drug Name	Drug Tier	Requirements/Limits
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)
<b>Clarithromycin</b>		
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	
<b>Erythromycins</b>		
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR (Use Erythromycin Ethylsuccinate)	NF	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	3	
<i>erythromycin ethylsuccinate susr or 200 mg/5ml, 400 mg/5ml</i>	3	
ERYTHROMYCIN ETHYLSUCCINATE TABS OR 400 MG	3	
<b>Fidaxomicin</b>		
DIFICID TABS	2	
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>Contraceptives</b>		

Drug Name	Drug Tier	Requirements/ Limits
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	
FANTASY LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP 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/LUBRICATED MISC	0	

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

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

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICIDAL MISC	0	
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	
<b>Diabetic Supplies</b>		
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
AIMSCO TWIST LANCETS 32G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	2	QL(1 ea per 180 days retail)
AURORA LANCET SUPER THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AUTO-LANCET MINI MISC	2	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	2	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	2	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	2	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 days retail)
CAREONE LANCET THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
GNP LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	Limit 200 per month;QL(6.67 ea daily)



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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 LANCET DEVICES 30G MISC	2	QL(1 ea per 180 days retail)
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 LANCETS/30G MISC	1	QL(6.67 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC	2	QL(1 ea per 180 days retail)
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	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)

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

Drug Name	Drug Tier	Requirements/ Limits
ALCOHOL PREP PADS PADS	1	RX/OTC
ALCOHOL SWABS PADS	1	RX/OTC
ALCOHOL WIPES PADS XX	1	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	1	RX/OTC
BD SWABS SINGLE USE PADS	1	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	1	RX/OTC
CURITY ALCOHOL SWABS PADS	1	RX/OTC
CVS 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

Drug Name	Drug Tier	Requirements/ Limits
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
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	1	RX/OTC
<b>Parenteral Therapy Supplies</b>		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	2	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS33GX4MM MISC	2	QL(5 ea daily)
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 33GX4MM MISC	2	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily); RX/OTC
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
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

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

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



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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G 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 PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM MISC	2	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" 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/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM 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/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREFINE PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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

Drug Name	Drug Tier	Requirements/ Limits
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	2	RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	QL(5 ea daily); 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
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

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	2	RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	2	RX/OTC
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES33G X 4MM MISC	2	QL(5 ea daily)
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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



Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	2	RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" 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); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	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)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	RX/OTC
INSUPEN 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 33GX4MM MISC	2	QL(5 ea daily)
INSUPEN PEN NEEDLES 32G X4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	2	QL(5 ea daily)
INSUPEN SENSITIVE 32GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX6MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	2	RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X1/4" MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X3/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	2	RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/33G X5/32" 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

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

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

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/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
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

Drug Name	Drug Tier	Requirements/ Limits
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
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	2	QL(5 ea daily)
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X8MM MISC	2	RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
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



Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	2	RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/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
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
NOVOFINE 30GX8MM MISC	2	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	2	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	2	QL(5 ea daily)
NOVOFINE PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	RX/OTC
PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily)
PEN NEEDLES 30GX8MM MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 1/4" SHORT MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM (5/16") MISC	2	RX/OTC
PEN NEEDLES 31GX8MM MISC	2	RX/OTC
PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	2	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	2	RX/OTC
PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX8MM MISC	2	RX/OTC
PENTIPS 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	2	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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- 100/1ML/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); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	2	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

Drug Name	Drug Tier	Requirements/ Limits
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 SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 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

Drug Name	Drug Tier	Requirements/ Limits
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	2	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	2	QL(5 ea daily)
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)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 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)
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
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)



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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	2	QL(5 ea daily); RX/OTC
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
ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA MISC	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	2	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	2	QL(5 ea daily)
ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA 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); RX/OTC
ULTILET PEN NEEDLE 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	2	RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM 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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	2	RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	2	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	2	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/33G X 5/32" MISC	2	QL(5 ea daily)
UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX8MM MISC	2	RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS 33GX4MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 33GX4MM MISC	2	QL(5 ea daily)
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE 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

Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily); RX/OTC
<b>Respiratory Therapy Supplies</b>		
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
<b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b>		
<b>Migraine Combinations</b>		
CAFERGOT TABS ( <i>Use Ergotamine w/ Caffeine</i> )	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
<b>Migraine Products</b>		
D.H.E. 45 SOLN ( <i>Use Dihydroergotamine Mesylate</i> )	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	2	ST; Limit 8 per month;QL(8 ml per 30 days retail)
ERGOMAR SUBL	3	
MIGRANAL SOLN	2	ST; Limit 8 per month;QL(8 ml per 30 days retail)
<b>Serotonin Agonists</b>		
<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)
AXERT TABS 6.25 MG ( <i>Use Almotriptan Malate</i> )	NF	ST; Limit 9 tablets per month;QL(9 ea per 30 days retail); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>eletriptan hydrobromide tabs</i>	3	ST; Limit 6 tablets per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
FROVA TABS ( <i>Use Frovatriptan Succinate</i> )	NF	ST; QL(12 ea per 30 days retail); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(12 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT ( <i>Use Sumatriptan</i> )	NF	Limit 6 per month; QL(6 ea per 30 days retail); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML ( <i>Use Sumatriptan Succinate</i> )	NF	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ ( <i>Use Sumatriptan Succinate</i> )	NF	Limit 4 injections per month; QL(4 ml per 30 days retail); AL(At least 18 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG ( <i>Use Sumatriptan Succinate</i> )	NF	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL(At least 18 yrs old)
MAXALT TABS 10 MG ( <i>Use Rizatriptan Benzoate</i> )	NF	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT TABS 5 MG ( <i>Use Rizatriptan Benzoate</i> )	NF	QL(12 ea per 30 days retail); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG ( <i>Use 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 ( <i>Use 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 ( <i>Use 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)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(12 ea per 30 days retail); AL(At least 6 yrs old)



Drug Name	Drug Tier	Requirements/ Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/ Limits
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	
CALCIUM GLUCONATE SOLN IV 10 %	2	

### Electrolyte Mixtures

<i>dextrose in lactated ringers soln</i>	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	

Drug Name	Drug Tier	Requirements/Limits
<i>lactated ringer's soln</i>	1	
LACTATED RINGERS SOLN	2	
LACTATED RINGERS VIAFLEX SOLN ( <i>Use Lactated Ringer's</i> )	NF	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose &amp; 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	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE SOLN	2	
<i>ringer's soln</i>	1	
TPN ELECTROLYTES SOLN	2	
<b>Magnesium</b>		
<i>magnesium sulfate soln ij 50 %</i>	1	
MAGNESIUM SULFATE SOLN IJ 50 %	2	

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 ( <i>Use Magnesium Sulfate</i> )	NF	
<b>Phosphate</b>		
<i>potassium phosphates soln</i>	1	
POTASSIUM PHOSPHATES SOLN	2	
<b>Potassium</b>		
EFFERVESCENT POTASSIUM/CHLORIDE TBEF	2	
K-TAB TBCR 10 MEQ ( <i>Use Potassium Chloride</i> )	NF	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	1	
<i>potassium acetate soln iv</i>	1	
<i>potassium bicarb &amp; 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	
POTASSIUM CHLORIDE SOLN IV 0.4 MEQ/ML, 2 MEQ/ML, 20 MEQ/50ML, 10 MEQ/100ML	2	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
<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	
<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 PACK OR 0.2 MG, 1 MG	2	PA
PROGRAF SOLN IV 5 MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOLN ( <i>Use Sirolimus</i> )	NF	
RAPAMUNE TABS ( <i>Use Sirolimus</i> )	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG ( <i>Use Cyclosporine</i> )	NF	
SANDIMMUNE SOLN IV 50 MG/ML ( <i>Use Cyclosporine</i> )	NF	
SIMULECT SOLR	3	
<i>sirolimus soln or 1 mg/ml</i>	1	
<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 0.25 MG, 0.75 MG, 0.5 MG	4	SP
<b>Irrigation Solutions</b>		
<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	
<b>Peritoneal Dialysis Solutions</b>		
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	

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

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Drug Name	Drug Tier	Requirements/ Limits
<b>Dental Products</b>		
<i>stannous fluoride conc mt 0.63 %</i>	0	RX/OTC
<b>Periodontal Products</b>		
ARESTIN MISC	3	PA
<b>Steroids - Mouth/Throat/Dental</b>		
<i>triamcinolone acetonide (mouth) pste</i>	1	
<b>Throat Products - Misc.</b>		
<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	
<b>MULTIVITAMINS</b>		
<b>Prenatal Vitamins</b>		
CO-NATAL FA TABS	1	QL(1 ea daily)
COMPLETENATE CHEW	1	QL(1 ea daily)
CVS PRENATAL TABS 4000UNIT-11UNIT- 263MG-25MG-1.5MG- 27MG-18MG-1.7MG- 4MCG-400UNIT-800MCG- 2.6MG-100MG	1	QL(1 ea daily)
INATAL GT TABS	1	QL(1 ea daily)
M-NATAL PLUS TABS	1	QL(1 ea daily); RX/OTC
M-VIT TABS	1	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	1	QL(1 ea daily)
MYNATAL ADVANCE TABS	1	QL(1 ea daily)
MYNATAL CAPS	1	QL(1 ea daily)
MYNATAL PLUS TABS	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MYNATAL ULTRACAPLET TABS	1	QL(1 ea daily)
MYNATAL-Z TABS	1	QL(1 ea daily)
MYNATE 90 PLUS TBCR	1	QL(1 ea daily)
NATALVIT TABS	1	QL(1 ea daily)
NEONATAL COMPLETE TABS	1	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	1	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	1	QL(1 ea daily)
NIVA-PLUS TABS	1	QL(1 ea daily); RX/OTC
O-CAL FA TABS	1	QL(1 ea daily); RX/OTC
O-CAL PRENATAL TABS	1	QL(1 ea daily)
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	1	QL(1 ea daily); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	1	QL(1 ea daily); RX/OTC
PNV TABS 29-1 TABS	1	QL(1 ea daily)
PRE-NATAL FORMULA 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)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL PLUS IRON TABS	1	QL(1 ea daily)
PRENATAL PLUS TABS	1	QL(1 ea daily); RX/OTC
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-400UNIT-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)

Drug Name	Drug Tier	Requirements/ Limits
TRICARE TABS	1	QL(1 ea daily); RX/OTC
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)
VITAFOL-OB TABS	1	QL(1 ea daily)
VITATHELY/GINGER TABS	1	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	1	QL(1 ea daily); RX/OTC
VOL-TAB RX TABS	1	QL(1 ea daily)
<b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b>		
<b>Central Muscle Relaxants</b>		
<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 ( <i>Use Cyclobenzaprine HCl</i> )	NF	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG ( <i>Use Methocarbamol</i> )	NF	
ROBAXIN-750 TABS ( <i>Use Methocarbamol</i> )	NF	
SKELAXIN TABS ( <i>Use Metaxalone</i> )	NF	QL(4 ea daily)
SOMA TABS ( <i>Use Carisoprodol</i> )	NF	

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	
<b>Direct Muscle Relaxants</b>		
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)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b>		
<b>Nasal Antiallergy</b>		
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	
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
<b>Nasal Steroids</b>		
<i>budesonide (nasal) susp</i>	1	Limit 2 inhalers per month;QL(18 ml per 30 days retail)
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
<b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b>		
<b>ALS Agents</b>		
RILUTEK TABS (Use <i>Riluzole</i> )	NF	
<i>riluzole tabs</i>	3	
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR 50 UNIT	3	PA
<b>NUTRIENTS</b>		
<b>Proteins</b>		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
<b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>		
<b>Artificial Tears and Lubricants</b>		
LACRISERT INST	3	
<b>Beta-blockers - Ophthalmic</b>		
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%, 20mg/ml-5mg/ml, 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)
METIPRANOLOL SOLN	2	
<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	

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Drug Name	Drug Tier	Requirements/ Limits
TIMOPTIC-XE SOLG 0.25 % ( <i>Use Timolol Maleate (Ophth)</i> )	NF	
TIMOPTIC-XE SOLG 0.25 %, 0.5 %	2	
<b>Cycloplegic Mydriatics</b>		
MYDRIACYL SOLN ( <i>Use Tropicamide</i> )	NF	
<i>tropicamide soln op 0.5 %, 1 %</i>	1	
<b>Miotics</b>		
ISOPTO CARPINE SOLN ( <i>Use Pilocarpine HCl</i> )	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln op 1 %, 2 %, 4 %</i>	1	
<b>Ophthalmic Adrenergic Agents</b>		
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	
<b>Ophthalmic Anti-infectives</b>		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN ( <i>Use Sulfacetamide Sodium (Ophth)</i> )	NF	Limit 1 package per claim; QL (15 ml per fill retail)
CILOXAN SOLN ( <i>Use Ciprofloxacin HCl (Ophth)</i> )	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<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) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (Use <i>Ofloxacin (Ophth)</i> )	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use <i>Polymyxin B-Trimethoprim</i> )	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	
TOBREX SOLN (Use <i>Tobramycin (Ophth)</i> )	NF	
<i>trifluridine soln op</i>	1	
TRIFLURIDINE SOLN OP	2	
VIROPTIC SOLN (Use <i>Trifluridine</i> )	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use <i>Gatifloxacin (Ophth)</i> )	NF	
<b>Ophthalmic Immunomodulators</b>		
RESTASIS EMUL	2	PA

Drug Name	Drug Tier	Requirements/ Limits
RESTASIS MULTIDOSE EMUL	2	PA
<b>Ophthalmic Local Anesthetics</b>		
ALCAINE SOLN (Use <i>Proparacaine HCl</i> )	NF	
<i>proparacaine hcl soln op</i>	1	
<b>Ophthalmic Steroids</b>		
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 <i>Fluorometholone (Ophth)</i> )	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP (Use <i>Loteprednol Etabonate</i> )	NF	
<i>loteprednol etabonate susp</i>	1	
MAXIDEX SUSP	3	
MAXITROL OINT (Use <i>Neomycin-Polymy-Dexameth</i> )	NF	
MAXITROL SUSP (Use <i>Neomycin-Polymy-Dexameth</i> )	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	

Drug Name	Drug Tier	Requirements/ Limits
OMNIPRED SUSP	NF	
PRED FORTE SUSP	2	
PRED MILD SUSP	3	
PREDNISOLONE ACETATE P-F SUSP	2	
PREDNISOLONE ACETATE SUSP OP	2	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
<b>Ophthalmics - Misc.</b>		
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)
ALOCRIOL SOLN	3	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	1	Limit 1 package per claim; QL(6 ml per fill retail)
AZOPT SUSP	2	Limit 1 package per claim; QL(15 ml per fill retail)
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
FLURBIPROFEN SODIUM SOLN	2	
<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
<i>olopatadine hcl soln</i>	1	PA
PATADAY SOLN (Use Olopatadine HCl)	NF	PA
PATANOL SOLN (Use Olopatadine HCl)	NF	PA
TRUSOPT SOLN (Use Dorzolamide HCl)	NF	Limit 1 package per claim; QL(10 ml per fill retail)
ZADITOR SOLN (Use Ketotifen Fumarate (Ophth))	NF	
<b>Prostaglandins - Ophthalmic</b>		

Drug Name	Drug Tier	Requirements/Limits
<i>bimatoprost soln op</i>	3	
LATANOPROST SOLN OP	2	
<i>latanoprost soln op</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN	2	
XALATAN SOLN ( <i>Use Latanoprost</i> )	NF	
ZIOPTAN SOLN	2	
<b>OTIC AGENTS - Drugs to Treat the Ear</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid (otic) soln</i>	1	
<b>Otic Anti-infectives</b>		
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	
<b>Otic Combinations</b>		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
<b>Otic Steroids</b>		
DERMOTIC OIL ( <i>Use Fluocinolone Acetonide (Otic)</i> )	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone w/acetic acid soln</i>	1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b>		
<b>Immune Serums</b>		
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
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
HIZENTRA SOLN 1 GM/5ML	4	PA; SP
<b>PENICILLINS - Drugs to Treat Bacterial Infections</b>		
<b>Aminopenicillins</b>		
<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	
AMPICILLIN CAPS	2	
<i>ampicillin sodium solr ij 1 gm</i>	1	
AMPICILLIN SODIUM SOLR IV 1 GM	2	
<i>ampicillin sodium solr iv 10 gm</i>	1	
<b>Natural Penicillins</b>		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
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	
<b>Penicillin Combinations</b>		
<i>amoxicillin &amp; pot clavulanate susr</i>	1	
<i>amoxicillin &amp; pot clavulanate tabs</i>	1	
<i>amoxicillin &amp; pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 200MG-28.5MG	2	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 400MG-57MG	1	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12	2	
<i>ampicillin &amp; sulbactam sodium solr</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium-tazobactam sodium solr 0.375gm-3gm, 0.25gm-2gm, 0.5gm-4gm, 4.5gm-36gm</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	
<b>Penicillinase-Resistant Penicillins</b>		
<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	
<b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>		
<b>Progestins</b>		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>medroxyprogesterone acetate tabs or 5 mg, 10 mg, 2.5 mg</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	PA; QL(5 ml daily)
<i>megestrol acetate (appetite) susp</i>	3	PA; QL(5 ml daily)
<i>norethindrone acetate tabs or</i>	0	
<i>progesterone micronized caps or 100 mg, 200 mg</i>	1	
PROMETRIUM CAPS (Use Progesterone Micronized)	NF	

Drug Name	Drug Tier	Requirements/Limits
PROVERA TABS ( <i>Use Medroxyprogesterone Acetate</i> )	NF	
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b>		
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS ( <i>Use Disulfiram</i> )	NF	
<i>disulfiram tabs or 250 mg, 500 mg</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
<b>Anti-Cataplectic Agents</b>		
XYREM SOLN	4	PA; QL(18 ml daily); SP
<b>Antidementia Agents</b>		
ARICEPT TABS 10 MG ( <i>Use Donepezil Hydrochloride</i> )	NF	QL(2 ea daily)
ARICEPT TABS 5 MG ( <i>Use Donepezil Hydrochloride</i> )	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml, 10 mg/5ml</i>	2	
<i>memantine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG ( <i>Use Memantine HCl</i> )	NF	QL(2 ea daily)
NAMENDA TABS 5 MG ( <i>Use Memantine HCl</i> )	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS ( <i>Use Memantine HCl</i> )	NF	
RAZADYNE ER CP24 ( <i>Use Galantamine Hydrobromide</i> )	NF	QL(1 ea daily)
RAZADYNE TABS ( <i>Use Galantamine Hydrobromide</i> )	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
<b>Combination Psychotherapeutics</b>		
PERPHENAZINE/AMITRIP TYLINE TABS	3	QL(4 ea daily)
<b>Fibromyalgia Agents</b>		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; SP
XENAZINE TABS ( <i>Use Tetrabenazine</i> )	NF	PA; SP
<b>Multiple Sclerosis Agents</b>		
AMPYRA TB12 ( <i>Use Dalfampridine</i> )	NF	PA; SP
AVONEX KIT	4	PA; SP
AVONEX PEN AJKT	4	PA; SP
AVONEX PSKT	4	PA; SP
BETASERON KIT	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
COPAXONE SOSY 20 MG/ML ( <i>Use Glatiramer Acetate</i> )	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
OCREVUS SOLN	4	PA
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
<b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>		
FLUOXETINE CAPS 10 MG	2	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	2	QL(3 ea daily)
<b>Pseudobulbar Affect (PBA) Agents</b>		
NUEDEXTA CAPS	3	PA
<b>Psychotherapeutic and Neurological Agents -</b>		
ERGOLOID MESYLATES TABS OR	3	
ORAP TABS	NF	
PIMOZIDE TABS	2	
<b>Restless Leg Syndrome (RLS) Agents</b>		
HORIZANT TBCR	3	PA; QL(2 ea daily)
<b>Smoking Deterrents</b>		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 14 MG/24HR, 21 MG/24HR ( <i>Use Nicotine</i> )	NF	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR ( <i>Use Nicotine</i> )	NF	
NICORETTE GUM ( <i>Use Nicotine Polacrilex</i> )	NF	
NICORETTE LOZG ( <i>Use Nicotine Polacrilex</i> )	NF	
NICORETTE MINI LOZG ( <i>Use Nicotine Polacrilex</i> )	NF	
NICORETTE STARTER KIT GUM ( <i>Use Nicotine Polacrilex</i> )	NF	
<i>nicotine polacrilex gum mt 2 mg, 4 mg</i>	0	
<i>nicotine polacrilex lozg mt 2 mg, 4 mg</i>	0	
<i>nicotine pt24 14 mg/24hr, 21 mg/24hr</i>	0	QL(1 ea daily)
<i>nicotine pt24 7 mg/24hr</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	Limit 1 inhaler per claim;QL(168 ea per fill retail)
NICOTROL NS SOLN	0	
ZYBAN TB12 ( <i>Use Bupropion HCl (Smoking Deterrent)</i> )	NF	QL(2 ea daily)
<b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP SOLR 1000 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
<b>Cystic Fibrosis Agents</b>		
KALYDECO TABS 150 MG	4	PA; SP
ORKAMBI PACK 100MG-125MG, 150MG-188MG	4	PA
ORKAMBI TABS 100MG-125MG, 200MG-125MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; SP
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPS	4	PA; QL(2 ea daily)
<b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>		
<b>Sulfonamides</b>		
SULFADIAZINE TABS OR	2	
<b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>		
<b>Glycylcyclines</b>		
<i>tigecycline solr</i>	3	PA
TIGECYCLINE SOLR	3	PA
TYGACIL SOLR (Use <i>Tigecycline</i> )	NF	PA
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MINOCIN CAPS OR 50 MG, 100 MG (Use <i>Minocycline HCl</i> )	NF	QL(3 ea daily)
<i>minocycline hcl caps or 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs or 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
MONODOX CAPS 100 MG (Use <i>Doxycycline (Monohydrate)</i> )	NF	QL(2 ea daily)
<i>tetracycline hcl caps or 250 mg, 500 mg</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use <i>Doxycycline Hyclate</i> )	NF	QL(2 ea daily)
<b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs or 5 mg, 10 mg</i>	1	
<i>propylthiouracil tabs or</i>	1	
TAPAZOLE TABS (Use <i>Methimazole</i> )	NF	
<b>Thyroid Hormones</b>		
CYTOMEL TABS (Use <i>Liothyronine Sodium</i> )	NF	
<i>levothyroxine sodium solr iv 100 mcg, 500 mcg</i>	1	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG (Use <i>Levothyroxine Sodium</i> )	NF	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium soln iv 10 mcg/ml</i>	1	
<i>liothyronine sodium tabs or 5 mcg, 25 mcg, 50 mcg</i>	1	
SYNTHROID TABS (Use <i>Levothyroxine Sodium</i> )	NF	

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
<b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b>		
<b>Antispasmodics</b>		
BENTYL CAPS OR 10 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	
<b>H-2 Antagonists</b>		
CIMETIDINE HCL SOLN	2	QL(20 ml daily)
cimetidine tabs or 200 mg	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
cimetidine tabs or 300 mg, 400 mg, 800 mg	1	
FAMOTIDINE PREMIXED SOLN	1	
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 SOLN IJ 25 MG/ML (Use Ranitidine HCl)	NF	
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	



Drug Name	Drug Tier	Requirements/Limits
<b>Misc. Anti-Ulcer</b>		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs or</i>	1	QL(4 ea daily)
<b>Proton Pump Inhibitors</b>		
ACIPHEX TBEC (Use Rabeprazole Sodium)	NF	QL(1 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	3	ST; QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 20 mg</i>	3	QL(2 ea daily); RX/OTC
<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)
OMEPRAZOLE TBEC OR 20 MG	1	QL(2 ea daily)
<i>omeprazole tbec or 20 mg</i>	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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 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	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
<b>Ulcer Drugs - Prostaglandins</b>		
CYTOTEC TABS (Use Misoprostol)	NF	QL(4 ea daily)
<i>misoprostol tabs or 100 mcg, 200 mcg</i>	1	QL(4 ea daily)
<b>Ulcer Therapy Combinations</b>		
<i>omeprazole-sodium bicarbonate caps 20mg-1100mg</i>	1	QL(1 ea daily); RX/OTC
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
<b>URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections</b>		
<b>Urinary Anti-infectives</b>		
FURADANTIN SUSP (Use Nitrofurantoin)	NF	
HIPREX TABS (Use Methenamine Hippurate)	NF	
MACROBID CAPS (Use Nitrofurantoin Monohydrate)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (Use Nitrofurantoin Macrocrystal)	NF	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps or 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp or</i>	1	
<b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b>		
<b>Urinary Antispasmodic - Antimuscarinics</b>		
<i>darifenacin hydrobromide tb24</i>	3	PA; QL(1 ea daily)
DETROL LA CP24 ( <i>Use Tolterodine Tartrate</i> )	NF	QL(1 ea daily)
DETROL TABS ( <i>Use Tolterodine Tartrate</i> )	NF	
DITROPAN XL TB24 ( <i>Use Oxybutynin Chloride</i> )	NF	
ENABLEX TB24 ( <i>Use Darifenacin Hydrobromide</i> )	NF	PA; QL(1 ea daily)
<i>oxybutynin chloride syrps or 5 mg/5ml</i>	1	
<i>oxybutynin chloride tabs or 5 mg</i>	1	
<i>oxybutynin chloride tb24 or 5 mg, 10 mg, 15 mg</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS ( <i>Use Solifenacin Succinate</i> )	NF	PA; QL(1 ea daily)
<b>Urinary Antispasmodics - Beta-3 Adrenergic</b>		

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TB24	3	PA
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride tabs or 5 mg, 10 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily)
URECHOLINE TABS ( <i>Use Bethanechol Chloride</i> )	NF	QL(4 ea daily)
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl tabs</i>	1	
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>Vaginal Anti-infectives</b>		
CLEOCIN CREA VA 2 % ( <i>Use Clindamycin Phosphate Vaginal</i> )	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea 1 %</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA ( <i>Use Clotrimazole Vaginal</i> )	NF	
METROGEL-VAGINAL GEL ( <i>Use Metronidazole Vaginal</i> )	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 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)

Drug Name	Drug Tier	Requirements/ Limits
<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	
<b>Vaginal Estrogens</b>		
ESTRACE CREA (Use Estradiol Vaginal)	NF	
<i>estradiol vaginal crea 0.1 mg/gm</i>	3	
<i>estradiol vaginal tabs 10 mcg</i>	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use Estradiol Vaginal)	NF	
<b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
EIPEN 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	
EIPEN-JR 2-PAK SOAJ (Use Epinephrine (Anaphylaxis))	NF	
<b>Vasopressors</b>		
<i>midodrine hcl tabs</i>	1	
<b>VITAMINS</b>		
<b>Oil Soluble Vitamins</b>		
DRISDOL CAPS (Use Ergocalciferol)	NF	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
VITAMIN D2 TABS 400 UNIT	0	AL (At least 65 yrs old)

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atenolol & chlorthalidone.....	29	AZASAN.....	119	MICROFINE IV/U-100/1ML/27G	
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ATIVAN.....	12	AZATHIOPRINE.....	119	BD INSULIN SYRINGE	
ATLAS COLORED		azathioprine.....	119	MICROFINE IV/U-100/1ML/28G	
LUBRICATEDCONDOM.....	72	azelaic acid.....	59	X 1/2".....	84
ATLAS LUBRICATED		azelastine hcl.....	123	BD INSULIN SYRINGE	
CONDOM.....	72	azelastine hcl (ophth).....	126	MICROFINE/U-100/1ML/27G X	
ATLAS LUBRICATED		AZELEX.....	51	5/8".....	84
CONDOM/SPERMICIDE.....	72	AZILECT.....	37	BD INSULIN SYRINGE	
atomoxetine hcl.....	1,2	AZITHROMYCIN.....	71	MICROFINE/U-100/1ML/28G X	
atorvastatin calcium.....	28	azithromycin.....	71	1/2".....	84
atovaquone.....	10	AZOPT.....	126	BD INSULIN SYRINGE	
atovaquone-proguanil hcl.....	30	AZULFIDINE.....	66	SAFETYGLIDE/1ML/29G X	
ATRIPLA.....	40	AZULFIDINE EN-TABS.....	66	1/2".....	84
ATROVENT HFA.....	13	B-D INSULIN SYRINGE		BD INSULIN SYRINGE SLIP	
AUGMENTIN.....	128	ULTRAFINE II/0.3ML/31G X		TIP/U-100/1ML.....	84
AUGMENTIN ES-600.....	128	5/16".....	84	BD INSULIN SYRINGE ULTRA-	
AUGMENTIN XR.....	128	B-D INSULIN SYRINGE		FINE/0.3ML/30G X 12.7MM.....	84
AURORA LANCET SUPER		ULTRAFINE II/0.5ML/31G X		BD INSULIN SYRINGE ULTRA-	
THIN30G.....	74	5/16".....	84	FINE/0.3ML/31G X 8MM.....	84
AURORA LANCET THIN		B-D INSULIN SYRINGE		BD INSULIN SYRINGE ULTRA-	
23G.....	74	ULTRAFINE II/1ML/31G X		FINE/0.5ML/30G X 12.7MM.....	84
AURORA PEN NEEDLES		5/16".....	84	BD INSULIN SYRINGE ULTRA-	
29GX12MM.....	84	B-D INSULIN SYRINGE		FINE/0.5ML/31G X 8MM.....	84
AURORA PEN NEEDLES 31G		ULTRAFINE/0.3ML/30G X		BD INSULIN SYRINGE ULTRA-	
X6MM.....	84	1/2".....	84	FINE/1/2 UNIT/0.3ML/31G X	
AURORA PEN NEEDLES 31G		B-D INSULIN SYRINGE		8MM.....	84
X8MM.....	84	ULTRAFINE/0.5ML/30G X		BD INSULIN SYRINGE ULTRA-	
AURORA UNIFINE		1/2".....	84	FINE/1ML/30G X 12.7MM.....	85
PENTIPS/32GX5/32".....	84	bacitracin.....	10	BD INSULIN SYRINGE ULTRA-	
AURORA UNIFINE		BACITRACIN.....	124	FINE/1ML/31G X 8MM.....	85
PENTIPS/MINI/31GX3/16".....	84	baclofen.....	122	BD INSULIN SYRINGE	
AUSTEDO.....	129	BACTRIM.....	10	ULTRAFINE/0.5ML/30G X	
AUTO-LANCET.....	74	BACTRIM DS.....	10	1/2".....	85
AUTO-LANCET MINI.....	74	BACTROBAN.....	53	BD INSULIN SYRINGE	
AUTOLET IMPRESSION		BALCOLTRA.....	47	ULTRAFINE/1ML/30G X	
LANCING DEVICE.....	74	balsalazide disodium.....	66	1/2".....	85
AUTOLET LANCING		BANZEL.....	16	BD INSULIN SYRINGE	
DEVICE.....	74	BARACLUDE.....	42	ULTRAFINE/U-100/0.3ML/29G X	
AUTOLET MINI.....	74	BASAGLAR KWIKPEN.....	22	1/2".....	85
AUTOLET PLUS.....	74	BD LO-DOSE INSULIN		BD INSULIN SYRINGE	
AVANDIA.....	22	SYRINGE MICROFINE		ULTRAFINE/U-100/1ML/29G X	
AVAPRO.....	29	IV/0.5ML/28G X 1/2".....	84	1/2".....	85
AVASTIN.....	32	BD INSULIN SYRINGE LUER-		BD INSULIN SYRINGE	
AVELOX.....	65	LOK/U-100/1ML.....	84	ULTRAFINE/U-100/1ML/29G X	
AVODART.....	67			1/2".....	85
AVONEX.....	129			BD INSULIN	
				SYRINGE/0.3ML/29G X	
				12.7MM.....	85

BD INSULIN			
SYRINGE/0.5ML/29G X			
12.7MM	85		
BD INSULIN SYRINGE/1ML/27G			
X 12.7MM	85		
BD INSULIN SYRINGE/1ML/29G			
X 12.7MM	85		
BD INSULIN			
SYRINGE/DETACHABLE			
NEEDLE/U-100/1ML/25G X			
1"	85		
BD INSULIN			
SYRINGE/DETACHABLE			
NEEDLE/U-100/1ML/25G X			
5/8"	85		
BD INSULIN			
SYRINGE/DETACHABLE			
NEEDLE/U-100/1ML/26G X			
1/2"	85		
BD INSULIN SYRINGE/U-			
100/1ML/27G X 1/2"	85		
BD LANCET ULTRAFINE			
30G	74		
BD PEN			
NEEDLE/MICRO/ULTRA-			
FINE/32G X 6MM	85		
BD PEN NEEDLE/MINI/ULTRA-			
FINE/31G X 5MM	85		
BD PEN NEEDLE/NANO 2ND			
GEN/32G X 5/32"	85		
BD PEN			
NEEDLE/NANO/ULTRA-			
FINE/32G X 4MM	85		
BD PEN			
NEEDLE/ORIGINAL/ULTRA-			
FINE/29G X 12.7MM	85		
BD PEN			
NEEDLE/SHORT/ULTRA-			
FINE/31G X 8MM	85		
BD SAFETY-GLIDE INSULIN			
SYRINGE/0.5ML/29G X 1/2"	85		
BD SAFETY-LOK INSULIN			
SYRINGE/PERM			
NEEDLE/UF/1ML/29G X			
1/2"	85		
BD SAFETYGLIDE INSULIN			
SYRINGE/0.3ML/29G X 1/2"	85		
BD SAFETYGLIDE INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	85		
BD SAFETYGLIDE INSULIN			
SYSYRINGE/0.5ML/30G X			
5/16"	85		
BD SWABS SINGLE USE	82		
BD SWABS SINGLE USE			
BUTTERFLY	82		
benazepril hcl	28		
BENICAR	29		
BENTYL	132		
BENZAFLIN	51		
BENZAFLIN WITH PUMP	51		
BENZAMYCIN	51		
BENZEFOAM	51		
BENZEFOAM ULTRA	51		
benzonatate	50		
benzoyl peroxide	51		
BENZOYL PEROXIDE			
CLEANSER	51		
benzoyl peroxide-			
erythromycin	51		
benztropine mesylate	36		
BEPREVE	126		
BESIVANCE	124		
BETAGAN	124		
betamethasone dipropionate			
(topical)	56		
betamethasone dipropionate			
augmented	56		
betamethasone valerate	56		
BETAPACE	44		
BETASERON	129		
betaxolol hcl	43		
betaxolol hcl (ophth)	124		
bethanechol chloride	134		
BEVYXXA	15		
bexarotene	35		
BEYAZ	47		
bicalutamide	33		
BICNU	31		
BIDIL	45		
BIKTARVY	40		
BILTRICIDE	9		
bimatoprost	127		
bisacodyl	70		
bisoprolol fumarate	43		
bleomycin sulfate	33		
BLEPH-10	124		
BONIVA	62		
bosentan	45		
BOSULIF	34		
BOTOX	123		
BRAFTOVI	34		
BREO ELLIPTA	14		
BREVICON-28	47		
BRILINTA	68		
brimonidine tartrate	124		
bromfenac sodium (ophth)	126		
bromocriptine mesylate	36		
BROVANA	14		
budesonide	49		
budesonide (inhalation)	13		
budesonide (nasal)	123		
bumetanide	61		
BUMEX	61		
BUPHENYL	63		
BUPRENEX	8		
buprenorphine	8		
BUPRENORPHINE	8		
buprenorphine hcl	8		
buprenorphine hcl-naloxone hcl			
dihydrate	8		
bupropion hcl	19		
bupropion hcl (smoking			
deterrent)	130		
buspironone hcl	12		
busulfan	31		
BUSULFEX	31		
butalbital-acetaminophen-			
caffeine	5		
butalbital-acetaminophen-			
caffeine w/ codeine	7		
butalbital-aspirin-caffeine	5		
butalbital-aspirin-caffeine			
w/cod	7		
butenafine hcl	53		
BUTORPHANOL TARTRATE	8		
butorphanol tartrate	8		
BUTRANS	9		
BYETTA	22		
BYSTOLIC	43		
cabergoline	64		
CAFERGOT	115		
CALAN	44		
CALAN SR	44		
calcipotriene	55		
calcipotriene-betamethasone			
dipropionate	56		
calcitonin (salmon)	62		
CALCITRIOL	55		
calcitriol	63		
CALCITRIOL	63		
calcitriol	63		
calcium acetate (phosphate			
binder)	67		
CALCIUM CHLORIDE	117		





CHANTIX.....	130	CIPROFLOXACIN ER.....	65	CLEVER CHOICE COMFORT	
CHANTIX CONTINUING		CIPROFLOXACIN HCL.....	65	EZINSULIN	
MONTHPAK.....	130	ciprofloxacin hcl.....	65	SYRINGE/0.5ML/28G X 1/2"	87
CHANTIX STARTING MONTH		ciprofloxacin hcl (ophth)..	125	CLEVER CHOICE COMFORT	
PAK.....	130	ciprofloxacin hcl (otic)....	127	EZINSULIN	
CHEK-STIX CONTROL.....	60	ciprofloxacin in d5w.....	65	SYRINGE/0.5ML/29G X 1/2"	87
CHEMET.....	23	CISPLATIN.....	31	CLEVER CHOICE COMFORT	
CHEMSTRIP-K.....	60	cisplatin.....	31	EZINSULIN	
CHILDRENS ADVIL.....	4	citalopram hydrobromide..	19	SYRINGE/0.5ML/30G X 1/2"	87
CHILDRENS MOTRIN.....	4	cladribine.....	32	CLEVER CHOICE COMFORT	
CHLORAMPHENICOL SODIUM		CLARINEX.....	26	EZINSULIN	
SUCCINATE.....	10	CLARITHROMYCIN.....	71	SYRINGE/0.5ML/30G X	
chlordiazepoxide hcl-clidinium		clarithromycin.....	71	5/16".....	87
bromide.....	132	CLARITIN.....	26	CLEVER CHOICE COMFORT	
chlorhexidine gluconate (mouth-		CLARITIN ALLERGY		EZINSULIN	
throat).....	120	CHILDRENS.....	26	SYRINGE/1.0ML/30G X 1/2"	87
CHLOROQUINE		CLARITIN CHILDRENS...	26	CLEVER CHOICE COMFORT	
PHOSPHATE.....	30	CLARITIN REDITABS.....	26	EZINSULIN SYRINGE/1ML/28G	
chloroquine phosphate.....	30	CLARITIN-D 12 HOUR.....	50	X 1/2".....	87
CHLOROTHIAZIDE.....	61	CLARITIN-D 24 HOUR.....	50	CLEVER CHOICE COMFORT	
chlorothiazide.....	61	CLASS ACT		EZINSULIN SYRINGE/1ML/29G	
CHLORPROMAZINE HCL...	39	LUBRICATED.....	72	X 1/2".....	87
chlorpromazine hcl.....	39	CLEANLET LANCETS		CLEVER CHOICE COMFORT	
CHLORPROPAMIDE.....	23	28G.....	74	EZINSULIN SYRINGE/1ML/30G	
chlorthalidone.....	61	CLEMASTINE		X 5/16".....	87
CHLORZOXAZONE.....	122	FUMARATE.....	26	CLEVER CHOICE COMFORT	
CHOLBAM.....	66	CLEOCIN.....	11,134	EZINSULIN SYRINGE/U-	
cholestyramine.....	27	CLEOCIN PEDIATRIC		100/1ML/31GX5/16".....	87
cholestyramine light.....	27	GRANULES.....	11	CLEVER CHOICE COMFORT	
CHORIONIC		CLEOCIN PHOSPHATE...	11	EZPEN NEEDLES	
GONADOTROPIN.....	63	CLEOCIN-T.....	51	29GX12MM.....	87
CIALIS.....	45	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
ciclopirox.....	53	EZINSULIN PEN NEEDLES		EZPEN NEEDLES	
ciclopirox olamine.....	53	31GX8MM.....	86	31GX5MM.....	87
cidofovir.....	42	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
cilostazol.....	68	EZINSULIN PEN NEEDLES		EZPEN NEEDLES	
CILOXAN.....	124	33GX4MM.....	86	31GX6MM.....	87
CIMDUO.....	40	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
cimetidine.....	132	EZINSULIN		EZPEN NEEDLES	
CIMETIDINE HCL.....	132	SYRINGE/0.3ML/29G X		31GX8MM.....	87
CIMZIA.....	66	1/2".....	86	CLEVER CHOICE COMFORT	
CIMZIA STARTER KIT.....	66	CLEVER CHOICE COMFORT		EZPEN NEEDLES	
cinacalcet hcl.....	63	EZINSULIN		32GX4MM.....	87
CINRYZE.....	68	SYRINGE/0.3ML/30G X		CLEVER CHOICE COMFORT	
CIPRO.....	65	1/2".....	87	EZPEN NEEDLES	
CIPRO HC.....	127	CLEVER CHOICE COMFORT		32GX5MM.....	87
CIPRODEX.....	127	EZINSULIN		CLEVER CHOICE COMFORT	
CIPROFLOXACIN.....	65	SYRINGE/0.3ML/30G X		EZPEN NEEDLES	
ciprofloxacin.....	65	1/2".....	87	32GX6MM.....	87
		CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
		EZINSULIN		EZPEN NEEDLES	
		SYRINGE/0.3ML/31G X		32GX8MM.....	87
		5/16".....	87	CLEVER CHOICE COMFORT	
				EZPEN NEEDLES	
				32GX4MM.....	87
				CLEVER CHOICE COMFORT	
				EZPEN NEEDLES	
				33GX4MM.....	87

CLICKFINE PEN NEEDLE 32GX5/32".....	87	CLOCORTOLONE PIVALATE PUMP.....	57	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	88
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	87	CLODERM.....	57	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	88
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	87	CLODERM PUMP.....	57	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	88
CLICKFINE PEN NEEDLES X 1/4".....	88	clofarabine.....	32	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	88
CLICKFINE PEN NEEDLES X 3/16".....	88	CLOLAR.....	32	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	88
CLICKFINE PEN NEEDLES X 5/16".....	88	clomipramine hcl.....	21	COMFORT ASSURED LANCETS SUPER THIN 28G.....	74
CLICKFINE PEN NEEDLES X 8MM.....	88	clonazepam.....	16	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	88
CLICKFINE PEN NEEDLES X 5/32".....	88	clonidine hcl.....	29	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	88
CLICKFINE PEN NEEDLES/31GX1/4".....	88	clopidogrel bisulfate.....	68	COMFORT EZ MICRO/32G X 4MM.....	88
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	88	CLOSERCARE.....	74	COMFORT EZ SHORT/31G X 8MM.....	88
CLIMARA.....	65	clotrimazole.....	120	COMFORT EZ/31G X 5MM.....	88
CLIMARA PRO.....	65	clotrimazole (topical).....	53	COMFORT EZ/31G X 6MM.....	88
CLINDAGEL.....	52	clotrimazole vaginal.....	134	COMFORT LANCETS.....	74
clindamycin hcl.....	11	clotrimazole w/ betamethasone.....	53	COMPLERA.....	40
clindamycin palmitate hydrochloride.....	11	clozapine.....	38	COMPLETENATE.....	121
clindamycin phosphate.....	11	CLOZAPINE.....	38	COMTAN.....	36
CLINDAMYCIN PHOSPHATE.....	52	clozapine.....	38	CONCERTA.....	2
clindamycin phosphate (topical).....	52	CLOZARIL.....	38	COPAXONE.....	130
clindamycin phosphate vaginal.....	134	CO-NATAL FA.....	121	COPEGUS.....	42
clindamycin phosphate-benzoyl peroxide.....	52	COARTEM.....	30	COPIKTRA.....	34
clindamycin phosphate-benzoyl peroxide (refrigerate).....	52	CODEINE SULFATE.....	5	CORDRAN.....	57
clindamycin phosphate- tretinoin.....	52	COGENTIN.....	36	COREG.....	43
CLINIMIX 2.75%/DEXTROSE 5%.....	123	COLACE.....	70	CORGARD.....	44
CLINIMIX 4.25%/DEXTROSE 10%.....	123	COLAZAL.....	66	CORLANOR.....	46
CLINIMIX 4.25%/DEXTROSE 25%.....	123	COLCHICINE.....	68	CORTEF.....	49
CLINIMIX 4.25%/DEXTROSE 5%.....	123	colchicine w/ probenecid.....	68	CORTENEMA.....	9
CLINIMIX 5%/DEXTROSE 25%.....	123	COLCRYS.....	68	CORTISONE ACETATE.....	49
CLINIMIX E 5%/DEXTROSE 20%.....	124	colesevelam hcl.....	27	CORTISPORIN.....	53
clobazam.....	16	COLESTID.....	27	CORTISPORIN-TC.....	127
clobetasol propionate.....	56	COLESTID FLAVORED.....	27	COSMEGEN.....	33
clobetasol propionate emollient base.....	56	colestipol hcl.....	27	COSOPT.....	124
CLOCORTOLONE PIVALATE.....	57	COLY-MYCIN S.....	127	COUMADIN.....	15
		COMBIGAN.....	124	COZAAR.....	29
		COMBIVIR.....	40	CREON.....	60
		COMETRIQ.....	34	CRESTOR.....	28
		COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	88	CRIVAN.....	40
		COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	88		
		COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	88		
		COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	88		

cromolyn sodium.....	13	dactinomycin.....	33	desmopressin acetate spray	
cromolyn sodium (ophth)...	126	dalfampridine.....	130	refrigerated.....	64
crotamiton.....	60	danazol.....	9	DESOGEN.....	47
CUBICIN.....	10	DANTRIUM.....	123	desogestrel & ethinyl	
CUBICIN RF.....	10	dantrolene sodium.....	123	estradiol.....	47
CUPRIMINE.....	119	dapsone.....	11	desogestrel-ethinyl estradiol	
CURITY ALCOHOL		daptomycin.....	10	(biphasic).....	47
PREPS/MEDIUM 2 PLY.....	82	DARAPRIM.....	30	desogestrel-ethinyl estradiol	
CURITY ALCOHOL SWABS	82	darifenacin hydrobromide	134	(triphasic).....	47
CUVITRU.....	127	DAYPRO.....	4	desonide.....	57
CVS LANCETS 21G.....	74	DAYTRANA.....	2	DESOWEN.....	57
CVS LANCETS MICRO THIN		DDAVP.....	64	desoximetasone.....	57
33G.....	74	decitabine.....	32	DESOXYN.....	1
CVS LANCETS ORIGINAL.....	74	deferasirox.....	23	DESQUAM-X WASH.....	52
CVS LANCETS THIN 26G.....	74	DELESTROGEN.....	65	desvenlafaxine succinate.....	20
CVS LANCETS ULTRA THIN		DELFLEX-LC/1.5%		DETROL.....	134
30G.....	74	DEXTROSE.....	120	DETROL LA.....	134
CVS LANCING DEVICE.....	74	DELFLEX-LC/2.5%		dexamethasone.....	49
CVS PRENATAL.....	121	DEXTROSE.....	120	DEXAMETHASONE.....	49
CVS PREP PADS.....	82	DELFLEX-LC/4.25%		dexamethasone.....	49
CVS ULTRA THIN		DEXTROSE.....	120	DEXAMETHASONE.....	49
LANCETS.....	74	DELSTRIGO.....	40	DEXAMETHASONE	
CYCLESSA.....	47	DEMADEX.....	61	INTENSOL.....	49
cyclobenzaprine hcl.....	122	demeclocycline hcl.....	131	dexamethasone sodium	
cyclophosphamide.....	31	DEMEROL.....	5,6	phosphate.....	49
CYCLOPHOSPHAMIDE.....	31	DENAVIR.....	56	DEXAMETHASONE SODIUM	
cyclophosphamide.....	31	DEPACON.....	18	PHOSPHATE.....	125
cycloserine.....	31	DEPAKENE.....	18	DEXCHLORPHENIRAMINE	
CYCLOSET.....	22	DEPAKOTE.....	18	MALEATE.....	26
cyclosporine.....	119	DEPAKOTE ER.....	18	DEXEDRINE.....	1
CYCLOSPORINE		DEPEN TITRATABS.....	119	DEXILANT.....	133
MODIFIED.....	119	DEPO-ESTRADIOL.....	65	dexmethylphenidate hcl.....	2
cyclosporine modified (for		DEPO-MEDROL.....	49	dextroamphetamine sulfate.....	1
microemulsion).....	119	DEPO-PROVERA		dextrose in lactated ringers.....	117
CYKLOKAPRON.....	69	CONTRACEPTIVE.....	49	DIAMOX.....	61
CYMBALTA.....	20	DEPO-SUBQ PROVERA		DIANEAL LOW	
cyproheptadine hcl.....	27	104.....	49	CALCIUM/1.5%DEXTROSE	
CYSTADANE.....	63	DEPO-TESTOSTERONE.....	9	.....	120
CYSTAGON.....	67	DERMA-SMOOTH/FS		DIANEAL LOW	
CYSTARAN.....	126	SCALP.....	57	CALCIUM/4.25%DEXTROSE	
cytarabine.....	32	DERMATOP.....	57	.....	120
CYTARABINEAQUEOUS.....	32	DERMOTIC.....	127	DIANEAL PD-2/1.5%	
CYTOMEL.....	131	DESCOVY.....	40	DEXTROSE.....	120
CYTOTEC.....	133	desipramine hcl.....	21	DIANEAL PD-2/2.5%	
CYTOVENE.....	42	desloratadine.....	26	DEXTROSE.....	120
D.H.E. 45.....	115	DESCLORATADINE ODT.....	26	DIANEAL PD-2/4.25%	
DACARBAZINE.....	35	desmopressin acetate.....	64	DEXTROSE.....	120
dacarbazine.....	35	desmopressin acetate		DIASTAT ACUDIAL.....	16
DACOGEN.....	32	spray.....	64	DIASTAT PEDIATRIC.....	16

DIATHRIVE LANCING DEVICE.....	74	DIPROLENE AF.....	57	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	88
diazepam.....	12	dipyridamole.....	68	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	88
diazepam (anticonvulsant).....	16	disopyramide phosphate.....	12	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	88
DIAZEPAM RECTAL GEL.....	16	disulfiram.....	129	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	89
DIBENZYLINE.....	29	DITROPAN XL.....	134	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	89
DICLEGIS.....	25	divalproex sodium.....	18	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	89
DICLOFENAC EPOLAMINE.....	53	DIVIGEL.....	65	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	89
diclofenac potassium.....	4	DOCETAXEL.....	35	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	89
diclofenac sodium.....	4	docetaxel.....	35	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	89
diclofenac sodium (actinic keratoses).....	54	DOCETAXEL.....	35	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	89
diclofenac sodium (ophth).....	126	docusate calcium.....	70	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	89
diclofenac sodium (topical).....	53	docusate sodium.....	71	DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 5/16".....	89
diclofenac w/ misoprostol.....	4	dofetilide.....	13	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89
dicloxacin sodium.....	128	DOLOPHINE.....	6	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89
dicyclomine hcl.....	132	donepezil hydrochloride.....	129	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	89
didanosine.....	40	DOPTelet.....	69	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89
DIFFERIN.....	52	DORIBAX.....	10	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89
DIFICID.....	71	DORIPENEM.....	10	DROPLET LANCETS ULTRA THIN 30G.....	74
DIFLORASONE DIACETATE.....	57	dorzolamide hcl.....	126	DROPLET LANCING DEVICE.....	75
diflorasone diacetate.....	57	DORZOLAMIDE HCL.....	126	DROPLET PEN NEEDLES 29GX12MM.....	89
DIFLUCAN.....	25	dorzolamide hcl-timolol maleate.....	124	DROPLET PEN NEEDLES 31GX5MM.....	89
diflunisal.....	5	DORZOLAMIDE HCL/TIMOLOL MALEATE.....	124	DROPLET PEN NEEDLES 31GX6MM.....	89
digoxin.....	45	DOVONEX.....	55	DROPLET PEN NEEDLES 31GX8MM.....	89
DIGOXIN.....	45	doxazosin mesylate.....	29	DROPLET PEN NEEDLES 32GX4MM.....	89
digoxin.....	45	doxepin hcl.....	21	DROPLET PEN NEEDLES 32GX5MM.....	89
dihydroergotamine mesylate.....	115	DOXEPIN HCL.....	21	DROPLET PEN NEEDLES 32GX6MM.....	89
DILANTIN.....	18	doxepin hcl.....	21	DROPLET PEN NEEDLES 32GX8MM.....	89
DILANTIN INFATABS.....	18	DOXEPIN HYDROCHLORIDE.....	55	DROPLET PEN NEEDLES 32GX1/4".....	89
DILANTIN-125.....	18	doxercalciferol.....	63	DROPLET PEN NEEDLES 32GX 3/16".....	89
DILAUDID.....	6	DOXIL.....	33	DROPLET PEN NEEDLES 32GX 5/16".....	89
DILT-XR.....	44	doxorubicin hcl.....	34	DROPLET PEN NEEDLES 32GX 5/32".....	89
diltiazem hcl.....	44	doxorubicin hcl liposomal.....	34	DROPLET PEN NEEDLES 32GX4MM.....	89
DILTIAZEM HCL.....	44	doxycycline (monohydrate).....	131	DROPLET PEN NEEDLES 32GX5MM.....	89
diltiazem hcl.....	44	doxycycline hyclate.....	131	DROPLET PEN NEEDLES 32GX6MM.....	89
diltiazem hcl coated beads.....	44	doxylamine-pyridoxine.....	25	DROPLET PEN NEEDLES 32GX8MM.....	89
diltiazem hcl extended release beads.....	44	DRISDOL.....	135	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	88
DIOVAN.....	29	dronabinol.....	25	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	88
DIOVAN HCT.....	29	DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	88	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	88
DIPENTUM.....	66	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	88		
diphenhydramine hcl.....	26				
diphenoxylate w/ atropine.....	23				
DIPHENOXYLATE/ATROPINE.....	23				
DIPROLENE.....	57				

DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	89	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	89	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" 90
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4".....	89	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	89	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....
drospirenone-ethinyl estradiol.....	47	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	89	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" 90
drospirenone-ethinyl estradiol- levomefolate calcium.....	47	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	89	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....
DROXIA.....	69	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	89	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....
DRUG MART ADJUSTABLE LANCING DEVICE.....	75	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....
DRUG MART LANCETS THIN.....	75	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....
DRUG MART UNIFINE PENTIPS 31GX5MM.....	89	EASY COMFORT PEN NEEDLES31GX1/4".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....
DRUG MART UNIFINE PENTIPS29G X 12MM.....	89	EASY COMFORT PEN NEEDLES31GX3/16".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....
DRUG MART UNIFINE PENTIPS31GX6MM.....	89	EASY COMFORT PEN NEEDLES31GX5/16".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....
DRUG MART UNIFINE PENTIPS31GX8MM.....	89	EASY COMFORT PEN NEEDLES32GX5/32".....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....
DRUG MART UNIFINE PENTIPS32GX4MM.....	89	EASY COMFORT PEN NEEDLES33G X 4MM.....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM.....	89	EASY GLIDE PEN NEEDLES 33G X 5/32".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....
DRUG MART UNILET LANCETSSUPER THIN 30G75		EASY MINI EJECT LANCING DEVICE.....	75	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....
DRUG MART UNILET LANCETSULTRA THIN 28G 75		EASY MINI LANCING DEVICE.....	75	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....
DUAC.....	52	EASY TOUCH 32GX5MM.....	90	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....
DULCOLAX.....	70	EASY TOUCH 32GX6MM.....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....
duloxetine hcl.....	20	EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	82	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....
DUPIXENT.....	58	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....
DURAGESIC.....	6	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....
DUREX EXTRA SENSITIVE 72		EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....
DUREZOL.....	125	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	90	EASY TOUCH LANCETS 26G/PULL-TOP.....
dutasteride.....	67	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	90	EASY TOUCH LANCETS 26G/TWIST.....
DYAZIDE.....	61	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	90	EASY TOUCH LANCETS 28G/PULL-TOP.....
DYRENIUM.....	61	EASY TOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	90	EASY TOUCH LANCETS 28G/TWIST.....
DYSPORT.....	123	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 5/16".....	90	EASY TOUCH LANCETS 30G/PULL-TOP.....
E-Z JECT LANCETS.....	75			
E-Z JECT LANCETS 21G... 75				
E-Z JECT LANCETS COLOR.....	75			
E-Z JECT LANCETS SUPER THIN 30G.....	75			
E-Z JECT LANCETS THIN 26G.....	75			
E-ZJECT LANCETS MICRO- THIN 33G.....	75			
E.E.S. 400.....	71			
E.E.S. GRANULES.....	71			
EASIVENT.....	115			

EASY TOUCH LANCETS			
30G/TWIST	75		
EASY TOUCH LANCETS			
32G/PULL-TOP	75		
EASY TOUCH LANCETS			
32G/TWIST	75		
EASY TOUCH LANCETS			
33G/TWIST	75		
EASY TOUCH LANCING			
DEVICE/EJECTOR	75		
EASY TOUCH PEN NEEDLE			
30G X 5/16"	91		
EASY TOUCH PEN NEEDLES			
29GX1/2"	91		
EASY TOUCH PEN NEEDLES			
31GX1/4"	91		
EASY TOUCH PEN NEEDLES			
31GX5/16"	91		
EASY TOUCH PEN NEEDLES			
32GX1/4"	91		
EASY TOUCH PEN NEEDLES			
32GX3/16"	91		
EASY TOUCH PEN NEEDLES			
32GX5/32"	91		
EASY TOUCH PEN			
NEEDLES/31G X 3/16"	91		
EASY TOUCH SHEATHLOCK			
SAFETY INSULIN SYRINGE			
1ML/29GX1/2"	91		
EASY TOUCH SHEATHLOCK			
SAFETY INSULIN SYRINGE			
1ML/30GX5/16"	91		
EASY TOUCH SHEATHLOCK			
SAFETY INSULIN SYRINGE			
1ML/31GX5/16"	91		
EASY TOUCH SHEATHLOCK			
SAFETY SYRINGE			
1ML/30GX1/2"	91		
EASYTEST II LANCETS	75		
EASYTEST LANCETS	75		
EC-NAPROSYN	4		
EC-NAPROXEN	4		
econazole nitrate	53		
EDARBI	29		
EDECIN	61		
EDURANT	40		
efavirenz	40		
EFFERVESCENT			
POTASSIUM/CHLORIDE	118		
EFFEXOR XR	20		
EFFIENT	68		
EFUDEX	54		
ELAPRASE	64		
ELAVIL	21		
ELDEPRYL	37		
ELELYSO	69		
ELESTAT	126		
ELESTRIN	65		
eletriptan hydrobromide	116		
ELEXA NATURAL FEEL	72		
ELEXA STIMULATING	72		
ELEXA ULTRA			
SENSITIVE	72		
ELIDEL	59		
ELIGARD	33		
ELIMITE	60		
ELIQUIS	15		
ELIQUIS STARTER PACK	15		
ELITE-THIN INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	91		
ELITE-THIN INSULIN			
SYRINGE/0.5ML/29G X			
1/2"	91		
ELITE-THIN INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	91		
ELITE-THIN INSULIN			
SYRINGE/1ML/30G X			
5/16"	91		
ELITE-THIN INSULIN			
SYRINGE/U-100/0.5ML/28G X			
1/2"	91		
ELITE-THIN INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	91		
ELITE-THIN INSULIN			
SYRINGE/U-100/1ML/28G X			
1/2"	91		
ELITE-THIN INSULIN			
SYRINGE/U-100/1ML/29G X			
1/2"	91		
ELITE-THIN INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	91		
ELIXOPHYLLIN	14		
ELLA	48		
ELLECE	34		
ELMIRON	67		
ELOCON	57		
EMADINE	126		
EMBEDA	6		
EMCYT	33		
EMEND	25		
EMFLAZA	49		
EMSAM	19		
EMTRIVA	40		
EMVERM	9		
ENABLEX	134		
enalapril maleate	28		
enalapril maleate &			
hydrochlorothiazide	29		
ENBREL	5		
ENBREL MINI	5		
ENBREL SURECLICK	5		
enoxaparin sodium	15		
entacapone	36		
entecavir	42		
ENTEREG	67		
ENTOCORT EC	49		
EPCLUSA	42		
EPIDIOLEX	16		
EPIDUO	52		
epinastine hcl (ophth)	126		
epinephrine (anaphylaxis)	135		
EPIPEN 2-PAK	135		
EPIPEN-JR 2-PAK	135		
epirubicin hcl	34		
EPIVIR	40		
EPIVIR HBV	42		
eplerenone	30		
EPOGEN	69		
epoprostenol sodium	45		
EPROSARTAN MESYLATE	29		
EPZICOM	40		
EQL ALCOHOL SWABS	82		
EQL COLOR LANCETS 21G75			
EQL COLOR LANCETS MICRO			
THIN 33G	75		
EQL INSULIN			
SYRINGE/0.3ML/29G X 1/2"	91		
EQL INSULIN			
SYRINGE/0.3ML/30G X			
5/16"	91		
EQL INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	91		
EQL INSULIN			
SYRINGE/0.5ML/29G X 1/2"	91		
EQL INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	91		
EQL INSULIN			
SYRINGE/0.5ML/31G X			
5/16"	92		
EQL INSULIN			
SYRINGE/1ML/29G X 1/2"	92		

EQL INSULIN SYRINGE/1ML/30G X 5/16"	92	ETOPOSID	35	EZ-LETS LANCETS 28G	
EQL INSULIN SYRINGE/1ML/31G X 5/16"	92	etoposide	35	ULTRA-SOFT	76
EQL SUPER THIN LANCETS 30G	75	EUCRISA	59	EZ-LETS LANCETS 30G	76
EQL THIN LANCETS 26G	75	EURAX	60	ezetimibe	28
EQUETRO	37	EVAMIST	65	ezetimibe-simvastatin	27
ERAXIS	25	EVISTA	63	FABRAZYME	64
ERBITUX	32	EVOXAC	121	FALESSA	47
ergocalciferol	135	EXALGO	6	famciclovir	43
ERGOLOID MESYLATES	130	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM	92	famotidine	132
ERGOMAR	115	EXCEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM	92	FAMOTIDINE PREMIXED	132
ergotamine w/ caffeine	115	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM	92	FANAPT	37
ERIVEDGE	33	EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM	92	FANAPT TITRATION PACK	38
erlotinib hcl	34	EXCEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2"	92	FANTASY LUBRICATED	72
ERTACZO	53	EXCEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16"	92	FANTASY LUBRICATED/SPERMICIDE	72
ertapenem sodium	10	EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"	92	FARESTON	33
ERWINAZE	34	EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"	92	FASLODEX	33
ERY	52	EXCEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16"	92	FAZACLO	38
ERYPED 200	71	EXELDERM	53	FC FEMALE CONDOM	72
ERYPED 400	71	EXEMESTANE	33	FC2 FEMALE CONDOM	72
erythromycin (acne aid)	52	EXJADE	24	febuxostat	68
erythromycin (ophth)	125	EXTAVIA	130	felbamate	18
erythromycin base	71	EXTRANEAL	120	FELBATOL	18
erythromycin ethylsuccinate	71	EZ SMART BLOOD GLUCOSE LANCETS	75	FELDENE	4
ERYTHROMYCIN ETHYLSUCCINATE	71	EZ-LETS LANCETS 23G	75	felodipine	44
escitalopram oxalate	19	EZ-LETS LANCETS 26G	75	FEMARA	33
ESGIC	5	SUPER-SOFT	75	FEMCAP	72
esomeprazole magnesium	133			FEMRING	135
estazolam	70			FENOFIBRATE	28
ESTRACE	65			fenofibrate	28
estradiol	65			fenofibrate micronized	27
estradiol vaginal	135			fenopropfen calcium	4
estradiol valerate	65			fentanyl	6
ESTROGEL	65			fentanyl citrate	6
ESTROPIPATE	65			FER-IN-SOL	69
ESTROSTEP FE	47			FERRIPROX	24
eszopiclone	70			ferrous fumarate-folic acid	69
ethacrynic acid	61			ferrous sulfate	69
ethambutol hcl	31			FEXMID	122
ethosuximide	18			fexofenadine hcl	26
ethynodiol diacet & eth estrad	47			fexofenadine-pseudoephedrine	50,51
ETIDRONATE DISODIUM	62			FIASP	22
etodolac	4			FIASP FLEXTOUCH	22
ETOPOPHOS	35			FIFTY50 ALCOHOL PREP PADS	82

FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	92	fluocinolone acetonide (otic).....	127	FOSRENOL.....	67
FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	92	fluocinonide.....	57	FRAGMIN.....	15
FIFTY50 PEN NEEDLES 31GX5MM.....	92	fluocinonide emulsified base.....	57	FREDS PHARMACY AUTOLET LANCING DEVICE.....	76
FIFTY50 PEN NEEDLES/31GX8MM.....	92	fluorometholone (ophth).....	125	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	92
FIFTY50 PEN NEEDLES/32GX4MM.....	92	fluorouracil.....	32	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM.....	92
FIFTY50 PEN NEEDLES/32GX6MM.....	92	fluorouracil (topical).....	55	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	92
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	92	FLUOXETINE.....	130	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	76
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	92	fluoxetine hcl.....	19	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	76
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	92	FLUPHENAZINE HCL.....	39	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	93
FINACEA.....	59	fluphenazine hcl.....	39	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	93
finasteride.....	67	FLUPHENAZINE HYDROCHLORIDE.....	39	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/31G X 5/16".....	93
finasteride (alopecia).....	59	flurandrenolide.....	57	FROVA.....	116
FIORICET.....	5	flurbiprofen.....	4	frovatriptan succinate.....	116
FIORINAL.....	5	FLURBIPROFEN SODIUM.....	126	FULPHILA.....	69
FIORINAL/CODEINE #3.....	8	flurbiprofen sodium.....	126	fulvestrant.....	33
FIRMAGON.....	33	flutamide.....	33	FULVESTRANT.....	33
FIRVANQ.....	10	fluticasone propionate.....	57	FURADANTIN.....	133
FLAGYL.....	10	fluticasone propionate (nasal).....	123	furosemide.....	61
flavoxate hcl.....	134	fluticasone-salmeterol.....	14	FUROSEMIDE.....	61
flecainide acetate.....	12	fluvastatin sodium.....	28	furosemide.....	61
FLECTOR.....	53	fluvoxamine maleate.....	19,20	FUZEON.....	40
FLOLAN.....	45	FML.....	125	gabapentin.....	16
FLOMAX.....	67	FML FORTE.....	125	GABITRIL.....	18
FLOXIN OTIC.....	127	FML LIQUIFILM.....	125	GALAFOLD.....	64
floxuridine.....	32	FOCALIN.....	2	galantamine hydrobromide.....	129
fluconazole.....	25	folic acid.....	69	GALANTAMINE HYDROBROMIDE.....	129
flucytosine.....	25	FOLOTYN.....	32	galantamine hydrobromide.....	129
fludarabine phosphate.....	32	fondaparinux sodium.....	15	GAMMAGARD LIQUID.....	127
fludrocortisone acetate.....	50	FORA LANCETS.....	76	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	127
FLUMADINE.....	43	FORA LANCING DEVICE.....	76	GAMUNEX-C.....	127
fluocinolone acetonide.....	57	FORA LANCING DEVICE/CLEARCAP.....	76	ganciclovir sodium.....	42
		FORTAMET.....	22	gatifloxacin (ophth).....	125
		FORTEO.....	62	GEMCITABINE.....	32
		FOSAMAX.....	62		
		FOSAMAX PLUS D.....	62		
		fosamprenavir calcium.....	40		
		FOSCAVIR.....	42		
		fosinopril sodium.....	28		
		fosphenytoin sodium.....	18		



gemcitabine hcl.....	32	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	93	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	94
gemfibrozil.....	28	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	93	GLOBAL LANCING DEVICE	76
GEMZAR.....	32	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	93	GLUCAGEN DIAGNOSTIC..	60
GENERESS FE.....	47	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	93	GLUCAGEN HYPOKIT.....	22
GENOTROPIN.....	63	GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16".....	93	GLUCAGON EMERGENCY KIT.....	22
GENOTROPIN MINIQUICK..	63	GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	93	GLUCOPHAGE.....	22
GENTAK.....	125	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	93	GLUCOPHAGE XR.....	22
gentamicin in saline.....	3	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	93	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	94
gentamicin sulfate.....	3	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	93	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	94
gentamicin sulfate (ophth)..	125	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	93	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94
GENTAMICIN SULFATE PEDIATRIC.....	3	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	93	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	94
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	3	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	93	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94
GENTEEL LANCING DEVICE/BUFF BLACK.....	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	93	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	94
GENTEEL LANCING DEVICE/BUTTERFLY BLUE	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	93	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	94
GENTEEL LANCING DEVICE/GLORIOUS GOLD..	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	93	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	94
GENTEEL LANCING DEVICE/PLAYFUL PURPLE	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	93	GLUCOTROL.....	23
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM.....	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	93	GLUCOTROL XL.....	23
GENTEEL LANCING DEVICE/PRINCESS PINK...	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	93	GLUCOVANCE.....	21
GENTEEL LANCING DEVICE/STATELY SILVER..	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	93	glyburide.....	23
GENTEEL LANCING DEVICE/WILLOWY WHITE..	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	93	glyburide micronized.....	23
GENTLE-LET GP LANCETS	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	93	glyburide-metformin.....	21
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	93	glycine (gu irrigant).....	67
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	76	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	93	glycopyrrolate.....	132
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	76	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	93	GLYNASE.....	23
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	76			GLYSET.....	21
GENVOYA.....	40			GNP ALCOHOL SWABS.....	82
GEODON.....	37			GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16" .....	94
GILENYA.....	130			GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	94
glatiramer acetate.....	130			GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	94
GLEEVEC.....	34				
GLEOSTINE.....	31				
glimepiride.....	23				
glipizide.....	23				
glipizide-metformin hcl.....	21				

GNP INSULIN	GNP ULTRA COMFORT	H-E-B IN CONTROL PEN
SYRINGE/0.3ML/29G X 1/2" 94	INSULIN SYRINGE/0.5ML/31G	NEEDLES 31GX5MM..... 95
GNP INSULIN	X 5/16" SHORT..... 95	H-E-B IN CONTROL PEN
SYRINGE/0.3ML/30G X	GNP ULTRA COMFORT	NEEDLES 31GX6MM..... 95
5/16"..... 94	INSULIN SYRINGE/1ML/28G X	H-E-B IN CONTROL PEN
GNP INSULIN	1/2"..... 95	NEEDLES 31GX8MM..... 95
SYRINGE/0.3ML/31G X	GNP ULTRA COMFORT	H-E-B IN CONTROL PEN
5/16"..... 94	INSULIN SYRINGE/1ML/29G X	NEEDLES/NANO/32GX4MM
GNP INSULIN	1/2"..... 95	..... 95
SYRINGE/0.5ML/28G X 1/2" 94	GNP ULTRA COMFORT	H-E-B IN CONTROL
GNP INSULIN	INSULIN SYRINGE/1ML/30G X	UNIFINEPENTIPS PLUS
SYRINGE/0.5ML/29G X 1/2" 94	5/16" SHORT..... 95	31GX5MM..... 95
GNP INSULIN	GNP ULTRA COMFORT	H-E-B IN CONTROL
SYRINGE/0.5ML/30G X	INSULIN SYRINGE/1ML/31G X	UNIFINEPENTIPS PLUS
5/16"..... 94	5/16" SHORT..... 95	32GX4MM..... 95
GNP INSULIN	GOLYTELY..... 70	H-E-B INCONTROL
SYRINGE/0.5ML/31G X	GOODSENSE CLICKFINE	ADVANCEDLANCING
5/16"..... 94	SAFETY PEN NEEDLE/31G X	DEVICE..... 77
GNP INSULIN	3/16"..... 95	H-E-B INCONTROL ALCOHOL
SYRINGE/1ML/28G X 1/2" 94	GOODSENSE COLOR	PADS..... 82
GNP INSULIN	LANCETS MICRO-THIN 33G	H-E-B INCONTROL LANCETS
SYRINGE/1ML/29G X 1/2" 94	UNIVERSAL..... 76	MICRO THIN 33G..... 77
GNP INSULIN	GOODSENSE LANCETS	H-E-B INCONTROL LANCETS
SYRINGE/1ML/30G X 5/16" 94	MICRO-THIN 33G	SUPER THIN 30G..... 77
GNP INSULIN	UNIVERSAL..... 76	H-E-B INCONTROL LANCETS
SYRINGE/1ML/31G X 5/16" 94	GOODSENSE LANCETS	ULTRA THIN 28G..... 77
GNP LANCETS..... 76	ULTRA-THIN 26G	H-E-B INCONTROL PEN
GNP LANCETS 21G..... 76	UNIVERSAL..... 77	NEEDLES 29GX12MM..... 95
GNP LANCETS MICRO THIN	GOODSENSE LANCETS	HAEGARDA..... 68
33G..... 76	ULTRA-THIN 30G	HALAVEN..... 35
GNP LANCETS SUPER THIN	UNIVERSAL..... 77	halcinonide..... 57
30G..... 76	GOODSENSE LANCING	HALCION..... 70
GNP LANCETS THIN..... 76	DEVICE..... 77	HALDOL..... 38
GNP LANCETS THIN 26G.. 76	GOODSENSE PEN	HALDOL DECANOATE 100 38
GNP MICRO THIN LANCETS	NEEDLE/PENFINE	HALDOL DECANOATE 50 38
33G..... 76	CLASSIC/31G X 3/16"..... 95	halobetasol propionate..... 57
GNP SUPER THIN	GOODSENSE PEN	HALOG..... 57
LANCETS/30G..... 76	NEEDLE/PENFINE	haloperidol..... 38
GNP ULTRA COMFORT	CLASSIC/31G X 5/16"..... 95	haloperidol decanoate..... 38
INSULIN SYRINGE/0.3ML/29G X	GOODSENSE PEN	haloperidol lactate..... 38
1/2"..... 94	NEEDLE/PENFINE	HARVONI..... 42
GNP ULTRA COMFORT	CLASSIC/32G X 1/4"..... 95	HEALTH CARE LANCING
INSULIN SYRINGE/0.3ML/30G X	GOODSENSE PEN	DEVICE..... 77
5/16" SHORT..... 94	NEEDLE/PENFINE	HEALTHWISE INSULIN
GNP ULTRA COMFORT	CLASSIC/32G X 5/32"..... 95	SYRINGE/U-100/0.3ML/30G X
INSULIN SYRINGE/0.3ML/31G X	GRANISETRON HCL..... 24	5/16"..... 95
5/16" SHORT..... 94	granisetron hcl..... 24	HEALTHWISE INSULIN
GNP ULTRA COMFORT	GRASTEK..... 3	SYRINGE/U-100/0.3ML/31G X
INSULIN SYRINGE/0.5ML/28G X	GRIS-PEG..... 25	5/16"..... 95
1/2"..... 95	griseofulvin microsize..... 25	HEALTHWISE INSULIN
GNP ULTRA COMFORT	griseofulvin ultramicrosize. 25	SYRINGE/U-100/0.5ML/30G X
INSULIN SYRINGE/0.5ML/29G X	guanfacine hcl..... 29	5/16"..... 95
1/2"..... 95	guanfacine hcl (adhd)..... 2	HEALTHWISE INSULIN
GNP ULTRA COMFORT	GUANIDINE HCL..... 30	SYRINGE/U-100/0.5ML/31G X
INSULIN SYRINGE/0.5ML/30G X	GYNAZOLE-1..... 134	5/16"..... 95
5/16" SHORT..... 95	GYNE-LOTTRIMIN..... 134	

HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"	95	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	96	idarubicin hcl	34
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"	95	HORIZANT	130	IFEX	31
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"	96	HUMATROPE	63	ifosfamide	31
HEALTHWISE MINI PEN NEEDLES 31GX6MM	96	HUMATROPE COMBO PACK	63	IFOSFAMIDE	31
HEALTHWISE PEN NEEDLES 29GX12MM	96	HUMIRA	3	ILEVRO	126
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	96	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	imatinib mesylate	34
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"	96	HUMIRA PEN	3	IMBRUVICA	34
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"	96	HUMIRA PEN-CD/UC/HS STARTER	3	imipenem-cilastatin	10
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	96	HUMIRA PEN-PS/UV STARTER	3	IMIPENEM/CILASTATIN	10
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	77	HUMULIN R U-500 (CONCENTRATED)	22	imipramine hcl	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	96	HY-VEE LANCETS	77	imipramine pamoate	21
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	96	HY-VEE THIN LANCETS	77	imiquimod	59
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	96	HYCAMTIN	36	IMITREX	116
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	96	hydralazine hcl	30	IMITREX STATDOSE SYSTEM	116
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	77	HYDREA	35	IMODIUM A-D	23
HECTOROL	64	hydrochlorothiazide	61	IMURAN	119
heparin sodium (porcine)	15	hydrocodone-acetaminophen	8	IN TOUCH LANCING DEVICE	77
HEPARIN SODIUM/D5W	15	hydrocodone-ibuprofen	8	INATAL GT	121
HEPARIN SODIUM/NACL 0.45%	15	hydrocortisone	49	INCRELEX	63
HEPSERA	42	hydrocortisone (intrarectal)	9	INCRUSE ELLIPTA	13
HERCEPTIN	32	hydrocortisone (rectal)	9	indapamide	61
HEXALEN	31	hydrocortisone (topical)	58	INDERAL LA	44
HIPREX	133	hydrocortisone acetate (rectal)	9	indomethacin	4
HIZENTRA	127	hydrocortisone acetate (rectal)	9	INFLECTRA	66
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	96	hydrocortisone butyrate	58	INLYTA	34
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	96	hydrocortisone valerate	58	INSPRA	30
		hydrocortisone w/acetic acid	127	INSULIN SYRINGE/0.3ML/29G X 1"	96
		hydromorphone hcl	6	INSULIN SYRINGE/0.3ML/29G X 1/2"	96
		HYDROMORPHONE HYDROCHLORIDE	6	INSULIN SYRINGE/0.3ML/30G X 5/16"	96
		hydroxychloroquine sulfate	30	INSULIN SYRINGE/0.3ML/31G X 5/16"	96
		hydroxyurea	35	INSULIN SYRINGE/0.5ML/27G X 1/2"	96
		hydroxyzine hcl	12	INSULIN SYRINGE/0.5ML/28G X 1/2"	96
		HYDROXYZINE		INSULIN SYRINGE/0.5ML/30G X 1/2"	96
		HYDROCHLORIDE	12	INSULIN SYRINGE/0.5ML/30G X 5/16"	96
		HYDROXYZINE		INSULIN SYRINGE/0.5ML/31G X 5/16"	96
		PAMOATE	12	INSULIN SYRINGE/1ML/28G X 1/2"	96
		HYPER-SAL	51	INSULIN SYRINGE/1ML/29G X 1/2"	96
		HYPERSAL	51	INSULIN SYRINGE/1ML/30G X 5/16"	96
		HYZAAR	29		
		ibandronate sodium	62		
		ibuprofen	4		
		IDAMYCIN PFS	34		

INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	96	INSULIN SYRINGES/1ML/31GX5/16".....	97	isosorbide dinitrate.....	12
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	96	INSUPEN 29G X 12MM....	97	ISOSORBIDE DINITRATE ER.....	12
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	96	INSUPEN 31G X 5MM....	97	isosorbide mononitrate.....	12
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	97	INSUPEN 31G X 8MM....	97	ISOTONIC GENTAMICIN....	3
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	97	INSUPEN 32G X 4MM....	97	isotretinoin.....	52
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	97	INSUPEN 33GX4MM.....	97	isradipine.....	44
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	97	INSUPEN PEN NEEDLES 32G X4MM.....	97	ISTODAX (OVERFILL).....	34
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	97	INSUPEN SENSITIVE 32GX6MM.....	97	itraconazole.....	25
INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	97	INSUPEN SENSITIVE 32GX8MM.....	97	ivermectin.....	9
INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	97	INSUPEN ULTRAFIN 29GX12MM.....	97	IXEMPRA KIT.....	35
INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	97	INSUPEN ULTRAFIN 30GX8MM.....	97	JADENU.....	24
INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	97	INSUPEN ULTRAFIN 31GX6MM.....	97	JADENU SPRINKLE.....	24
INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	97	INSUPEN ULTRAFIN 31GX8MM.....	98	JAKAFI.....	34
INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	97	INTELENCE.....	40	JANUVIA.....	22
INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	97	INTRON A.....	35	JEVTANA.....	35
INSULIN SYRINGES/0.5ML/27GX1/2".....	97	INTRON A W/DILUENT....	35	JULUCA.....	40
INSULIN SYRINGES/0.5ML/28GX1/2".....	97	INTUNIV.....	2	JYNARQUE.....	65
INSULIN SYRINGES/0.5ML/29GX1/2".....	97	INVANZ.....	10	K-TAB.....	118
INSULIN SYRINGES/0.5ML/30GX5/16".....	97	INVEGA.....	38	KADIAN.....	6
INSULIN SYRINGES/0.5ML/31GX 5/16".....	97	INVIRASE.....	40	KALETRA.....	40
INSULIN SYRINGES/0.5ML/31GX5/16".....	97	INVOKANA.....	23	KALYDECO.....	131
INSULIN SYRINGES/1ML/27GX1/2".....	97	IONOSOL-MB/DEXTROSE 5%.....	117	KAMELEON LUBRICATED....	72
INSULIN SYRINGES/1ML/27GX1/2".....	97	IOPIDINE.....	124	KCL 0.3%/D5W/NACL 0.9%.....	117
INSULIN SYRINGES/1ML/28GX1/2".....	97	ipratropium bromide.....	13	KEFLEX.....	46
INSULIN SYRINGES/1ML/29GX1/2".....	97	ipratropium bromide (nasal).....	123	KENALOG-40.....	49
INSULIN SYRINGES/1ML/30GX1/2".....	97	ipratropium-albuterol....	14	KEPIVANCE.....	35
INSULIN SYRINGES/1ML/27GX1/2".....	97	irbesartan.....	29	KEPPRA.....	16
INSULIN SYRINGES/1ML/28GX1/2".....	97	IRINOTECAN.....	36	KEPPRA XR.....	16
INSULIN SYRINGES/1ML/29GX1/2".....	97	irinotecan hcl.....	36	ketoconazole.....	25
INSULIN SYRINGES/1ML/30GX1/2".....	97	irrigation solutions, physiological.....	120	ketoconazole (topical)....	53
		ISENTRESS.....	40	KETONE.....	60
		ISENTRESS HD.....	40	KETONE TEST STRIPS....	60
		ISOLYTE-P/DEXTROSE 5%.....	117	ketoprofen.....	4
		ISOLYTE-S.....	117	KETOPROFEN.....	4
		ISONIAZID.....	31	ketorolac tromethamine....	4
		isoniazid.....	31	ketorolac tromethamine (ophth).....	126
		ISOPTO CARPINE.....	124	KETOSTIX.....	60
		ISORDIL TITRADOSE.....	12	ketotifen fumarate (ophth) .	126
		ISOSORBIDE DINITRATE.12		KIMONO COLORS.....	72
				KIMONO LUBRICATED.....	72
				KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED72	
				KIMONO PLUS SPERMICIDE LUBRICATED.....	72

KIMONO PLUS SPERMICIDE/LUBRICATED	72	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	98	LAMICTAL CHEWABLE DISPERSIBLE	17
KIMONO PS LUBRICATED	72	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	98	LAMISIL	25
KIMONO PS PLUS SPERMICIDE/LUBRICATED	72	KROGER LANCETS	77	lamivudine	40,41
KIMONO SENSATION LUBRICATED	72	KROGER LANCETS 21G	77	lamivudine (hbv)	42
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	72	KROGER LANCETS MICRO THIN33G	77	lamivudine-zidovudine	41
KIMONO SPECIAL	72	KROGER LANCETS SUPER THIN	77	lamotrigine	17
KINERET	4	KROGER LANCETS THIN	77	LANCET DEVICE ADJUSTABLE	77
KINNEY LANCETS	77	KROGER LANCETS THIN 26G	77	LANCET DEVICE WITH EJECTOR	77
KINNEY THIN LANCETS	77	KROGER LANCETS 26G	77	LANCETS	77
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	98	KROGER LANCETS ULTRATHIN30G	77	LANCETS 26G TWIST TOP	77
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	98	KROGER LANCING DEVICE	77	LANCETS 28G	77
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	98	KROGER PEN NEEDLES X12MM	98	LANCETS 30G	77
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2"	98	KROGER PEN NEEDLES X8MM	98	LANCETS SAFETY SEAL 21G	77
KITABIS PAK	3	KROGER PEN NEEDLES 31GX1/4"	98	LANCETS SAFETY SEAL 26G	77
KLARITY-A	125	KROGER PEN NEEDLES/31G X1/4"	98	LANCETS SAFETY SEAL 28G	77
KLARON	52	KROGER PEN NEEDLES/31G X3/16"	98	LANCETS SUPER THIN 28G	77
KLONOPIN	16	KROGER PEN NEEDLES/31G X5/16"	98	LANCETS THIN	78
KLOR-CON M15	118	KROGER PEN NEEDLES/32G X5/32"	98	LANCETS ULTRA THIN	78
KMART VALU PLUS INSULIN SYRINGE/1ML/29G	98	KROGER PEN NEEDLES/33G X5/32"	98	LANCING DEVICE	78
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	98	KUVAN	64	LANCING DEVICE ADJUSTABLE	78
KROGER AUTOLET LANCING DEVICE	77	KYPROLIS	34	LANOXIN	45
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	98	labetalol hcl	43	LANOXIN PEDIATRIC	45
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	98	LABETALOL HYDROCHLORIDE	43	lansoprazole	133
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	98	LAC-HYDRIN	59	lanthanum carbonate	67
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	98	LAC-HYDRIN TWELVE	59	LANZO	78
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	98	LACRISERT	124	LASIX	61
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	98	lactated ringer's	118	LASTACAPT	126
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	98	lactated ringer's (irrigation)	120	LATANOPROST	127
		LACTATED RINGERS	118	latanoprost	127
		LACTATED RINGERS	118	LATUDA	37
		VIAFLEX	118	LEADER ADVANCED LANCING DEVICE	78
		lactic acid (ammonium lactate)	59	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	98
		lactulose	70	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	98
		lactulose (encephalopathy)	67	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	98
		LAMICTAL	17	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	98
				LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	98

LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	levonorgestrel-ethinyl estradiol (continuous).....	47	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	99
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	98	levorphanol tartrate.....	6	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	99
LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	98	levothyroxine sodium.....	131	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	99
LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	99	LEVOTHYROXINE SODIUM.....	131	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	99
LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	99	LEXAPRO.....	20	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99
LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	99	LEXIVA.....	41	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	99
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	99	LIALDA.....	66	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	99
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	99	LIBERTY MINI LANCING DEVICE.....	78	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	99
LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	99	LIBRAX.....	132	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99
LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	99	lidocaine.....	59	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99
LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	99	lidocaine hcl.....	59	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
LEDIPASVIR/SOFOSBUVIR .....	42	LIDOCAINE HCL.....	71	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99
leflunomide.....	5	lidocaine hcl (local anesth.).....	71	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
LETAIRIS.....	45	lidocaine hcl (mouth- throat).....	120	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	99
letrozole.....	33	LIDOCAINE HCL JELLY.....	59	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
leucovorin calcium.....	35	lidocaine-prilocaine.....	59	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99
LEUCOVORIN CALCIUM.....	35	LIDODERM.....	59	LITETOUCH PEN NEEDLES 29GX12.7MM.....	99
leucovorin calcium.....	35	LILETTA.....	48	LITETOUCH PEN NEEDLES 31G X 6MM.....	99
LEUKERAN.....	31	LINCOCIN.....	11	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	99
LEUKINE.....	69	lincomycin hcl.....	11	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	100
leuprolide acetate.....	33	LINDANE.....	60	LITETOUCH PEN NEEDLES/31G X 3/16".....	100
levabuterol hcl.....	14	linezolid.....	11	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	100
levabuterol tartrate.....	14	LINEZOLID.....	11	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	100
LEVAQUIN.....	66	linezolid.....	11	LITHIUM.....	37
LEVEMIR.....	22	liothyronine sodium.....	131	lithium carbonate.....	37
LEVEMIR FLEXTOUCH.....	22	LIPITOR.....	28	LITHIUM CARBONATE.....	37
levetiracetam.....	17	lisinopril.....	28	lithium carbonate.....	37
levobunolol hcl.....	124	lisinopril & hydrochlorothiazide.....	29	LITHOBID.....	37
levocetirizine dihydrochloride.....	26	LITE TOUCH LANCING PEN.....	78	LIVALO.....	28
levofloxacin.....	66	LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	99		
levofloxacin (ophth).....	125	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	99		
levofloxacin in d5w.....	66	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	99		
levonorgestrel & eth estradiol.....	47	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	99		
levonorgestrel (emergency oc).....	48	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	99		
levonorgestrel-eth estradiol (triphasic).....	47				
levonorgestrel-ethinyl estradiol (91-day).....	47				

LIVE BETTER ADVANCED LANCING DEVICE.....	78	LUCEMYRA.....	129	MARATHON MEDICAL PENTIPS29GX12MM.....	100
LIVE BETTER LANCET SUPERTHIN 30G.....	78	LULICONAZOLE.....	54	MARATHON MEDICAL PENTIPS31GX5MM.....	100
LIVE BETTER LANCET ULTRATHIN 28G.....	78	LUMIGAN.....	127	MARATHON MEDICAL PENTIPS31GX8MM.....	100
LO LOESTRIN FE.....	47	LUMIZYME.....	64	MARATHON MEDICAL PENTIPS32GX4MM.....	100
LOCOID.....	58	LUNESTA.....	70	MARINOL.....	25
LODINE.....	4	LUPRON DEPOT (1-MONTH).....	33	MARPLAN.....	19
LODOSYN.....	36	LUPRON DEPOT (3-MONTH).....	33	MATULANE.....	35
LOESTRIN 1.5/30-21.....	47	LUPRON DEPOT (4-MONTH).....	33	MAVYRET.....	42
LOESTRIN 1/20-21.....	47	LUPRON DEPOT (6-MONTH).....	33	MAXALT.....	116
LOESTRIN FE 1.5/30.....	47	LUPRON DEPOT-PED (1-MONTH).....	63	MAXALT-MLT.....	116
LOESTRIN FE 1/20.....	47	LUPRON DEPOT-PED (3-MONTH).....	63	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2".....	100
LOMOTIL.....	23	LUXIQ.....	58	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	100
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	100	LUZU.....	54	MAXICOMFORT II PEN NEEDLES/31G X 1/4".....	100
LONGS LANCETS STANDARD.....	78	LYRICA.....	17	MAXICOMFORT INSULIN SYRINGES 27G X 1/2".....	100
LONGS LANCETS THIN.....	78	LYSODREN.....	33	MAXIDEX.....	125
loperamide hcl.....	23	LYSTEDA.....	69	MAXIPIME.....	47
LOPID.....	28	M-NATAL PLUS.....	121	MAXITROL.....	125
lopinavir-ritonavir.....	41	M-VIT.....	121	MAXX LUBRICATED.....	72
LOPRESSOR.....	43	MACROBID.....	133	MAXX PLUS SPERMICIDE LUBRICATED.....	72
LOPROX.....	53	MACRODANTIN.....	133	MAXZIDE.....	61
LOPROX SHAMPOO.....	53	mafenide acetate.....	56	MAXZIDE-25.....	61
loratadine.....	26	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	100	meclizine hcl.....	24
loratadine & pseudoephedrine.....	51	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	100	MECLOFENAMATE SODIUM 4	
lorazepam.....	12	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	100	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	100
losartan potassium.....	29	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	100	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	100
losartan potassium & hydrochlorothiazide.....	29	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	100	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM.....	100
LOSEASONIQUE.....	48	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	100	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM.....	100
LOTEMAX.....	125	magnesium sulfate.....	118	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM.....	100
LOTENSIN.....	28	MAGNESIUM SULFATE.....	118	MEDISENSE THIN LANCETS.....	78
loteprednol etabonate.....	125	magnesium sulfate.....	118	MEDROL.....	49
LOTREL.....	29	MAGNESIUM SULFATE.....	118	MEDROL DOSEPAK.....	49
LOTRIMIN AF.....	53	MALARONE.....	30	medroxyprogesterone acetate.....	128
LOTRIMIN AF FOR HER.....	53	malathion.....	60	medroxyprogesterone acetate (contraceptive).....	49
LOTRIMIN AF JOCK ITCH.....	53	MAPROTILINE HCL.....	19		
LOTRIMIN ULTRA.....	54				
LOTRISONE.....	54				
LOTRONEX.....	67				
lovastatin.....	28				
LOVAZA.....	27				
LOVENOX.....	15,16				
loxapine succinate.....	39				

mefenamic acid	4	METHADONE HCL	6	MICROZIDE	62
MEFLOQUINE HCL	30	methadone hcl	6	midodrine hcl	135
MEGACE ES	128	METHADONE HCL	6	miglitol	21
megestrol acetate	33	methadone hcl	6	miglustat	69
megestrol acetate (appetite)	128	METHADOSE	6	MIGRANAL	115
MEIJER ALCOHOL SWABS EXTRA-THICK	82	METHADOSE SUGAR- FREE	6	MILLIPRED	50
MEIJER COLOR LANCETS UNIVERSAL 33G	78	methamphetamine hcl	1	MILLIPRED DP	49
MEIJER LANCETS	78	methazolamide	61	MINASTRIN 24 FE	48
MEIJER LANCETS THIN	78	methenamine hippurate	134	MINI LANCING DEVICE	78
MEIJER LANCETS UNIVERSAL21G	78	methimazole	131	MINIPRESS	29
MEIJER LANCETS UNIVERSAL30G	78	METHITEST	9	MINIVELLE	65
MEIJER LANCETS UNIVERSAL33G	78	methocarbamol	122	MINOCIN	131
MEIJER PEN NEEDLES 29G X12MM	100	METHOTREXATE	4	minocycline hcl	131
MEIJER PEN NEEDLES 31G X6MM	100	methotrexate sodium	32	minoxidil	30
MEIJER PEN NEEDLES 31G X8MM	100	METHOTREXATE SODIUM	32	MIRAPEX	36
MEIJER SUPER THIN LANCETS	78	methotrexate sodium	32	MIRCETTE	48
MEKTOVI	34	methoxsalen rapid	55	MIRENA	49
meloxicam	4	methscopolamine bromide	132	mirtazapine	19
melphalan	31	METHYLCLOTHIAZIDE	61	misoprostol	133
melphalan hcl	31	methyl dopa	29	mitomycin	34
memantine hcl	129	METHYLDOPATE HCL	29	mitoxantrone hcl	34
MENEST	65	METHYLIN	2	MM INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	100
MENOSTAR	65	methylphenidate hcl	2	MM INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	100
MENTAX	54	methylprednisolone	49	MM INSULIN SYRINGE/U- 100/1/2ML/30G X 5/16"	100
meperidine hcl	6	methylprednisolone acetate	49	MM INSULIN SYRINGE/U- 100/1/2ML/31G X 5/16"	101
MEPERIDINE HCL	6	METHYLPREDNISOLONE ACETATE	49	MM INSULIN SYRINGE/U- 100/1ML/30G X 5/16"	101
meperidine hcl	6	methylprednisolone sod succ	49	MM INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	101
MEPERIDINE HCL	6	METIPRANOLOL	124	MM LANCING DEVICE	78
meprobamate	12	metoclopramide hcl	66	MM PEN NEEDLES 31G X 1/4"	101
MEPRON	10	metolazone	61	MM PEN NEEDLES 31G X 3/16"	101
mercaptopurine	32	metoprolol succinate	43	MM PEN NEEDLES 31G X 5/16"	101
meropenem	10	metoprolol tartrate	43	MM PEN NEEDLES 32G X 5/32"	101
MERREM	10	METROCREAM	59	MOBIC	5
mesalamine	66	METROGEL	59	modafinil	2
MESTINON	30	METROGEL-VAGINAL	134	moexipril hcl	28
MESTINON TIMESPAN	30	METROLOTION	59	mometasone furoate	58
METAPROTERENOL SULFATE	14	metronidazole	10	mometasone furoate (nasal)	123
metaxalone	122	metronidazole (topical)	60	MONISTAT SOOTHING CARE ITCH RELIEF	58
metformin hcl	22	metronidazole vaginal	134	MONODOX	131
methadone hcl	6	MEXILETINE HCL	12		



MONOJECT INSULIN SYRINGE/1ML	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	101	mupirocin calcium (topical)	53
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	102	MUSTARGEN	31
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	102	MYAMBUTOL	31
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	102	MYCAMINE	25
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	102	MYCOBUTIN	31
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	101	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	102	mycophenolate mofetil	119
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"	101	MONOLET LANCETS	78	mycophenolate mofetil hcl	119
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	101	MONOLET OPD LANCETS	78	mycophenolate sodium	119
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	101	montelukast sodium	13	MYDRIACYL	124
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"	101	MONUROL	134	MYFORTIC	119
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2"	101	morphine sulfate	6,7	MYLERAN	31
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	101	MORPHINE SULFATE	7	MYNATAL	121
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	101	morphine sulfate	7	MYNATAL ADVANCE	121
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	101	MOTOFEN	23	MYNATAL PLUS	121
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"	101	MOVIPREP	70	MYNATAL ULTRACAPLET	121
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML	101	moxifloxacin hcl	66	MYNATAL-Z	121
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"	101	moxifloxacin hcl in sodium chloride	66	MYNATE 90 PLUS	121
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	101	MOZOBIL	69	MYRBETRIQ	134
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	101	MS CONTIN	7	MYSOLINE	17
		MS INSULIN SYRINGE/0.3ML/31G X 5/16"	102	nabumetone	5
		MS INSULIN SYRINGE/0.5ML/31G X 5/16"	102	nadolol	44
		MS INSULIN SYRINGE/1ML/31G X 5/16"	102	naftifine hcl	54
		MULPLETA	69	NAFTIN	54
		MULTAQ	13	NAGLAZYME	64
		MULTI PRENATAL	121	nalbuphine hcl	9
		MULTI-LANCET DEVICE	78	NALFON	5
		MUPIROCIN	53	naloxone hcl	24
		mupirocin	53	NALOXONE HCL	24
				naltrexone hcl	24
				NAMENDA	129
				NAMENDA TITRATION PAK	129
				NAPROSYN	5
				naproxen	5
				naproxen sodium	5
				naratriptan hcl	116
				NARDIL	19
				NASONEX	123
				NATACYN	125
				NATALVIT	121
				NATAZIA	48
				nateglinide	23
				NATROBA	60
				NAVELBINE	35

NEBUPENT.....	10	nimodipine.....	44	NOVA SUREFLEX	
NEBUSAL.....	51	NINLARO.....	34	LANCETS.....	78
NEFAZODONE HCL.....	20	NIPENT.....	35	NOVA SUREFLEX LANCING	
nefazodone hcl.....	20	nisoldipine.....	44	DEVICE.....	78
NEFAZODONE		NISOLDIPINE ER.....	44	NOVAREL.....	63
HYDROCHLORIDE.....	20	nitisinone.....	64	NOVOFINE 30GX8MM.....	102
neomycin sulfate.....	3	NITRO-BID.....	12	NOVOFINE 32GX6MM.....	102
neomycin-bacitracin zn-		NITRO-DUR.....	12	NOVOFINE AUTOCOVER	
polymyxin.....	125	nitrofurantoin.....	134	30GX8MM.....	102
neomycin-polymy-		nitrofurantoin.....	134	NOVOFINE PLUS	
dexameth.....	125	macrocrystal.....	134	32GX4MM.....	102
neomycin-polymyxin-hc		nitrofurantoin monohyd		NOVOLIN 70/30.....	23
(otic).....	127	macro.....	134	NOVOLIN 70/30 RELION.....	22
NEOMYCIN/POLYMYXIN/HYDR		nitroglycerin.....	12	NOVOLIN N.....	23
OCORTISONE.....	125	NITROGLYCERIN.....	12	NOVOLIN N RELION.....	23
NEONATAL COMPLETE.....	121	nitroglycerin.....	12	NOVOLOG.....	23
NEONATAL PLUS.....	121	NITROSTAT.....	12	NOVOLOG FLEXPEN.....	23
NEONATAL VITAMIN.....	121	NIVA-PLUS.....	121	NOVOLOG MIX 70/30.....	23
NEORAL.....	119	NIVESTYM.....	69	NOVOLOG MIX 70/30	
NEPTAZANE.....	61	nizatidine.....	132	PREFILLED FLEXPEN.....	23
NEULASTA.....	69	NIZATIDINE.....	132	NOVOLOG PENFILL.....	23
NEULASTA ONPRO KIT.....	69	NIZORAL.....	54	NOVOTWIST 32GX5MM.....	102
NEUPOGEN.....	69	NORCO.....	8	NOXAFIL.....	25
NEUPRO.....	36	NORDITROPIN FLEXPRO.....	63	NPLATE.....	69
NEURONTIN.....	17	norethin acet & estrad-fe.....	48	NUCALA.....	13
NEVANAC.....	126	norethindrone & eth		NUCYNTA.....	7
nevirapine.....	41	estradiol.....	48	NUCYNTA ER.....	7
NEXAVAR.....	34	norethindrone & ethinyl		NUDEXTA.....	130
NEXIUM.....	133	estradiol-fe.....	48	NULOJIX.....	119
NEXIUM 24HR.....	133	norethindrone		NUTROPIN AQ NUSPIN 10.....	63
NEXIUM 24HR CLEAR		(contraceptive).....	49	NUVARING.....	48
MINIS.....	133	norethindrone acet & eth		NUVIGIL.....	2,3
NEXPLANON.....	49	estra.....	48	nystatin.....	25
niacin (antihyperlipidemic).....	28	norethindrone acetate.....	128	nystatin (mouth-throat).....	120
NIASPAN.....	28	norethindrone acetate-ethinyl		nystatin (topical).....	54
nicardipine hcl.....	44	estradiol-fe.....	48	nystatin-triamcinolone.....	54
NICODERM CQ.....	130	norethindrone-eth estradiol		O-CAL FA.....	121
NICORETTE.....	130	(triphasic).....	48	O-CAL PRENATAL.....	121
NICORETTE MINI.....	130	norgestimate-ethinyl		OCREVUS.....	130
NICORETTE STARTER		estradiol.....	48	OCTREOTIDE ACETATE.....	64
KIT.....	130	norgestimate-ethinyl estradiol		octreotide acetate.....	64
nicotine.....	130	(triphasic).....	48	OCUFLOX.....	125
nicotine polacrilex.....	130	norgestrel & ethinyl		ODEFSEY.....	41
NICOTINE TRANSDERMAL		estradiol.....	48	OFEV.....	131
SYSTEM.....	130	NORMOSOL-M IN D5W.....	118	OFLOXACIN.....	66
NICOTROL INHALER.....	130	NORMOSOL-R.....	118	ofloxacin.....	66
NICOTROL NS.....	130	NORPACE.....	12	ofloxacin (ophth).....	125
nifedipine.....	44	NORPRAMIN.....	21	ofloxacin (otic).....	127
NILANDRON.....	33	nortriptyline hcl.....	21		
nilutamide.....	33	NORVASC.....	45		
		NORVIR.....	41		

OGESTREL.....	48	ORAPRED ODT.....	50	PANOXYL-4 CREAMY	
olanzapine.....	39	ORENCIA.....	5	WASH.....	52
olmesartan medoxomil.....	29	ORFADIN.....	64	PANRETIN.....	55
olopatadine hcl.....	126	ORKAMBI.....	131	pantoprazole sodium.....	133
olopatadine hcl (nasal).....	123	orphenadrine citrate.....	122	PARAGARD INTRAUTERINE	
OLUX.....	58	ORTHO MICRONOR.....	49	COPPER CONTRACEPTIVE	
omega-3-acid ethyl esters.....	27	ORTHO TRI-CYCLEN.....	48	T380A.....	48
omeprazole.....	133	ORTHO TRI-CYCLEN LO.....	48	parenteral electrolytes.....	118
OMEPRAZOLE.....	133	ORTHO-CYCLEN.....	48	paricalcitol.....	64
omeprazole magnesium.....	133	ORTHO-NOVUM 1/35.....	48	PARLODEL.....	36
omeprazole-sodium		ORTHO-NOVUM 7/7/7.....	48	PARNATE.....	19
bicarbonate.....	133	oseltamivir phosphate.....	43	paromomycin sulfate.....	3
OMNIFLEX DIAPHRAGM.....	72	OSMOPREP.....	70	paroxetine hcl.....	20
OMNIPRED.....	126	OVIDE.....	60	PASER.....	31
OMNITROPE.....	63	oxacillin sodium.....	128	PATADAY.....	126
ON CALL LANCING		oxaliplatin.....	31	PATANASE.....	123
DEVICE.....	78	OXANDRIN.....	9	PATANOL.....	126
ON CALL PLUS LANCING		oxandrolone.....	9	PAXIL.....	20
DEVICE.....	78	oxaprozin.....	5	PAXIL CR.....	20
ONCASPAR.....	34	oxcarbazepine.....	17	PC LANCETS SUPER THIN	
ondansetron.....	24	oxiconazole nitrate.....	54	30G.....	78
ondansetron hcl.....	24	OXISTAT.....	54	PC UNIFINE PENTIPS 29G	
ONDANSETRON HCL.....	24	OXSORALEN ULTRA.....	55	X1/2".....	102
ondansetron hcl.....	24	oxybutynin chloride.....	134	PC UNIFINE PENTIPS 31G	
ONDANSETRON		oxycodone hcl.....	7	X5MM MINI.....	102
HYDROCHLORIDE.....	24	OXYCODONE HCL ER.....	7	PC UNIFINE PENTIPS 31G	
ONETOUCH DELICA LANCING		OXYCODONE		X6MM ULTRA SHORT.....	102
DEVICE.....	78	HYDROCHLORIDE ER.....	7	PC UNIFINE PENTIPS 31G	
ONETOUCH DELICA PLUS		oxycodone w/		X8MM SHORT.....	102
LANCING DEVICE.....	78	acetaminophen.....	8	PEDIAPRED.....	50
ONFI.....	16	OXYCODONE/IBUPROFEN8		peg 3350-kcl-sod bicarb-sod	
ONGLYZA.....	22	OXYCONTIN.....	7	chloride-sod sulfate.....	70
OPANA.....	7	oxymorphone hcl.....	7	PEGANONE.....	18
OPTICHAMBER		OXYMORPHONE		PEGASYS.....	42
ADVANTAGE/LARGE		HYDROCHLORIDE ER.....	7	PEGASYS PROCLICK.....	42
MASK.....	115	OXYMORPHONE		PEGINTRON.....	42
OPTICHAMBER		HYDROCHLORIDEER.....	7	PEN NEEDLES 29G X	
ADVANTAGE/MEDIUM FACE		PACLITAXEL.....	35	12MM.....	102
MASK.....	115	paclitaxel.....	35	PEN NEEDLES 29GX1/2".....	102
OPTICHAMBER		paliperidone.....	38	PEN NEEDLES 30GX5/16".....	102
ADVANTAGE/SMALL FACE		palonosetron hcl.....	24	PEN NEEDLES 30GX8MM.....	102
MASK.....	115	PALONOSETRON		PEN NEEDLES 31G X 1/4"	
OPTICHAMBER DIAMOND115		HYDROCHLORIDE.....	24	SHORT.....	102
OPTICHAMBER		PALYNZIQ.....	64	PEN NEEDLES 31G X	
DIAMOND/LARGEFACE		PAMELOR.....	21	3/16".....	102
MASK.....	115	pamidronate disodium.....	62	PEN NEEDLES 31G X	
OPTICHAMBER		PAMIDRONATE		5MM.....	102
DIAMOND/MEDIUM FACE		DISODIUM.....	62	PEN NEEDLES 31G X	
MASK.....	115	PANCREAZE.....	60	6MM.....	102
OPTICHAMBER				PEN NEEDLES 31G X	
DIAMOND/SMALLFACE				8MM.....	102
MASK.....	115			PEN NEEDLES 31GX5/16".....	102
ORAP.....	130				

PEN NEEDLES 31GX6MM (1/4")	102	PFIZERPEN	128	POTASSIUM CHLORIDE	118
PEN NEEDLES 31GX8MM	102	PHARMACY COUNTER LANCETS	78	potassium chloride	119
PEN NEEDLES 31GX8MM (5/16")	102	phenazopyridine hcl	68	POTASSIUM CHLORIDE ER	118
PEN NEEDLES 32G X 4MM	102	phenelzine sulfate	19	potassium chloride in dextrose	118
PEN NEEDLES 32G X 5MM	102	PHENERGAN	27	potassium chloride in dextrose & sodium chloride	118
PEN NEEDLES 32G X 6MM	102	phenobarbital	69,70	potassium chloride in nacl	118
PEN NEEDLES 32GX4MM	102	PHENYTEK	18	potassium chloride microencapsulated crystals er	118
penicillamine	119	phenytoin	18	POTASSIUM CHLORIDE/DEXTROSE	118
penicillin g potassium	127	phenytoin sodium	18	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	118
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	127	phenytoin sodium extended	18	POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	118
PENICILLIN G PROCAINE	128	PHOSLYRA	67	potassium citrate (alkalinizer)	67
PENICILLIN G SODIUM	128	PHOSPHOLINE IODIDE	124	potassium phosphates	118
PENICILLIN V		PHOTOFRIN	35	POTASSIUM PHOSPHATES	118
POTASSIUM	128	PICATO	55	PRADAXA	16
penicillin v potassium	128	PIFELTRO	41	pramipexole dihydrochloride	36,37
PENLAC NAIL LACQUER	54	pilocarpine hcl	124	PRANDIN	23
PENTAM 300	10	pilocarpine hcl (oral)	121	prasugrel hcl	68
pentamidine isethionate	10	pimecrolimus	59	PRAVACHOL	28
PENTASA	66	PIMOZIDE	130	pravastatin sodium	28
pentazocine w/ naloxone	9	pindolol	44	praziquantel	9
PENTIPS 29G X 12MM	102	pioglitazone hcl	22	prazosin hcl	29
PENTIPS 29GX12MM	102	pioglitazone hcl-metformin hcl	21	PRE-NATAL FORMULA	121
PENTIPS 31G X 5MM	102	piperacillin sodium-tazobactam sodium	128	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	103
PENTIPS 31G X 8MM	102	piroxicam	5	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	103
PENTIPS 31GX5MM	102	PLAN B ONE-STEP	48	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	103
PENTIPS 31GX6MM	103	PLAQUENIL	30	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	103
PENTIPS 31GX8MM	103	PLASMA-LYTE A	118	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	103
PENTIPS 32G X 4MM	103	PLASMA-LYTE-148	118	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	103
PENTIPS 32GX4MM	103	PLAVIX	68		
pentoxifylline	68	PNV FOLIC ACID + IRON MULTIVITAMIN	121		
PEPCID	132	PNV PRENATAL PLUS MULTIVITAMIN	121		
PEPCID AC MAXIMUM STRENGTH	132	PNV TABS 29-1	121		
PERCOCET	8	podofilox	59		
PERFECT LANCETS 30G	78	polymyxin b sulfate	11		
PERIDEX	120	polymyxin b-trimethoprim	125		
perindopril erbumine	28	POLYTRIM	125		
PERJETA	33	PONSTEL	5		
permethrin	60	potassium acetate	118		
perphenazine	39	potassium bicarb & chloride	118		
PERPHENAZINE/AMITRIPTYLINE	129	potassium bicarbonate	118		
PERSERIS	38	potassium chloride	118		

PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" .	103	PREFERRED PLUS LANCETS THIN 26G .	79	PRIMAQUINE PHOSPHATE	30
PRECISION THIN LANCETS .	79	PREFERRED PLUS LANCETS THIN 26G .	79	PRIMAXIN IV .	10
PRECISION THINS GP LANCET .	79	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM .	103	primidone .	17
PRECISION ULTRA LANCET .	79	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT .	103	PRINIVIL .	28
PRECOSE .	21	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT .	103	PRISTIQ .	20
PRED FORTE .	126	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM .	103	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" .	103
PRED MILD .	126	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM .	103	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" .	103
prednicarbate .	58	pregabalin .	17	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" .	104
PREDNICARBATE .	58	PREGNYL W/DILUENT BENZYLALCOHOL/NACL .	63	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" .	104
PREDNISOLONE .	50	PREMARIN .	65	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" .	104
prednisolone .	50	PREMIUM CONDOMS LUBRICATED .	72	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" .	104
PREDNISOLONE ACETATE .	126	PREMPHASE .	65	PRO COMFORT PEN NEEDLES/31G X 8MM .	104
PREDNISOLONE ACETATE P-F .	126	PREMPRO .	65	PRO COMFORT PEN NEEDLES/32G X 4MM .	104
prednisolone sodium phosphate .	50	PRENATABS RX .	121	PRO COMFORT PEN NEEDLES/32G X 5MM .	104
PREDNISOLONE SODIUM PHOSPHATE .	50	PRENATAL .	122	PRO COMFORT PEN NEEDLES/32G X 6MM .	104
prednisolone sodium phosphate .	50	PRENATAL 19 .	121	PROAIR HFA .	14
PREDNISOLONE SODIUM PHOSPHATE .	126	PRENATAL AND IRON .	121	probenecid .	68
PREDNISONE .	50	PRENATAL FORTE .	121	procainamide hcl .	12
prednisone .	50	PRENATAL LOW IRON .	121	PROCARDIA .	45
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	103	PRENATAL ONE DAILY .	121	PROCARDIA XL .	45
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .	103	PRENATAL PLUS .	122	prochlorperazine .	39
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	103	PRENATAL PLUS IRON .	122	prochlorperazine maleate .	39
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	103	PRENATAL VITAMIN .	122	PROCRIT .	69
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .	103	PRENATAL VITAMINS PLUS LOW IRON .	122	PROCTOCORT .	9
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" .	103	PRENATAL-U .	122	PRODIGY INSULIN SYRING/U-100/0.3ML/31G X 5/16" .	104
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	103	PREPLUS .	122	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" .	104
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" .	103	PREPOPIK .	70	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" .	104
PREFERRED PLUS LANCETS COLORED 21G .	79	PRETAB .	122	PRODIGY LANCING DEVICE .	79
		PREVACID .	133	PRODIGY TWIST TOP LANCETS .	79
		PREVACID 24HR .	133	progesterone micronized .	128
		PREVENT SAFETY PEN NEEDLES 31GX1/4" .	103	PROGLYCEM .	22
		PREVENT SAFETY PEN NEEDLES 31GX5/16" .	103	PROGRAF .	119
		PREZISTA .	41		
		PRIFTIN .	31		
		PRILOSEC OTC .	133		
		primaquine phosphate .	30		

PROLASTIN-C.....	131	QC ADVANCED LANCING DEVICE.....	79	ramelteon.....	70
PROLEUKIN.....	35	QC ALCOHOL SWABS.....	82	ramipril.....	28
PROLIA.....	62	QC LANCETS SUPER THIN.....	79	RANEXA.....	11
PROMACTA.....	69	QC LANCETS ULTRA THIN.....	79	ranitidine hcl.....	132
promethazine hcl.....	27	QC PEN NEEDLES 29G X 12MM.....	104	ranolazine.....	11
PROMETRIUM.....	128	QC PEN NEEDLES 31G X 6MM.....	104	RAPAFLO.....	67,68
propafenone hcl.....	12	QC PEN NEEDLES 31G X 8MM.....	104	RAPAMUNE.....	120
proparacaine hcl.....	125	QC UNIFINE PENTIPS 32GX4MM.....	104	rasagiline mesylate.....	37
PROPECIA.....	59	QC UNILET LANCETS 33G/MICRO THIN.....	79	RAZADYNE.....	129
propranolol hcl.....	44	QUALAQUIN.....	30	RAZADYNE ER.....	129
PROPRANOLOL HCL.....	44	QUARTETTE.....	48	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	104
propranolol hcl.....	44	QUESTRAN.....	27	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	104
propylthiouracil.....	131	QUESTRAN LIGHT.....	27	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	104
PROSCAR.....	67	quetiapine fumarate.....	39	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	104
PROTONIX.....	133	quinapril hcl.....	28	REALITY LANCETS.....	79
PROTOPIC.....	59	QUINIDINE SULFATE.....	12	REALITY LATEX CONDOMS/LUBRICATED..	72
protriptyline hcl.....	21	quinine sulfate.....	30	REALITY LATEX/ULTRA TEXTURED.....	72
PROVENTIL HFA.....	14	QVAR.....	14	REALITY LATEX/ULTRA THIN.....	72
PROVERA.....	129	RA ALCOHOL SWABS.....	82	REALITY SWABS.....	82
PROVIGIL.....	3	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G.....	79	REBETOL.....	42
PROZAC.....	20	RA E-ZJECT LANCETS 28G.....	79	REBIF.....	130
PRUDOXIN.....	55	RA E-ZJECT LANCETS THIN 26G.....	79	REBIF REBIDOSE.....	130
PSORCON.....	58	RA E-ZJECT LANCETS THIN 28G.....	79	REBIF REBIDOSE TITRATIONPACK.....	130
PSS SELECT GP LANCETS	79	RA E-ZJECT LANCETS ULTRATHIN 30G.....	79	REBIF TITRATION PACK.....	130
PSS SELECT SAFETY LANCETS.....	79	RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	104	RECLAST.....	62
PULMICORT.....	13	RA INSULIN SYRINGE/1ML/29G X 1/2".....	104	RECTIV.....	9
PULMICORT FLEXHALER..	13	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	104	REGLAN.....	66
PULMOZYME.....	131	RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16".....	104	REGRANEX.....	60
PX ADVANCED LANCING DEVICE.....	79	RA LANCING DEVICE.....	79	RELENZA DISKHALER.....	43
PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	104	RA PEN NEEDLES 31G X 5MM3/16".....	104	RELION 2-IN-1 LANCET DEVICES 30G.....	79
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	104	RA PEN NEEDLES 31G X 8MM5/16".....	104	RELION 2-IN-1 LANCING DEVICE 25G.....	79
PX LANCET AUTO INJECTOR.....	79	rabeprazole sodium.....	133	RELION 2-IN-1 LANCING DEVICE 30G.....	79
PX LANCETS ULTRA THIN..	79	raloxifene hcl.....	63	RELION ALCOHOL SWABS	82
PX MINI PEN NEEDLES 31GX5MM.....	104			RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2".....	104
PX PEN NEEDLE 29GX12MM.....	104			RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	105
PX PEN NEEDLE 31GX8MM.....	104			RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	105
PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	104			RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	105
pyrazinamide.....	31				
PYRIDIDIUM.....	68				
pyridostigmine bromide.....	30				

RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	RESTASIS.....	125	ROMIDEPSIN.....	34
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	RESTASIS MULTIDOSE.....	125	ropinirole hydrochloride.....	37
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	RETACRIT.....	69	rosuvastatin calcium.....	28
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	RETIN-A.....	52	ROXICODONE.....	7
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	RETIN-A MICRO.....	52	ROZEREM.....	70
RELION LANCETS MICRO-THIN33G.....	79	RETIN-A MICRO PUMP.....	52	RUCONEST.....	68
RELION LANCETS STANDARD 21G.....	79	RETROVIR.....	41	RYCLORA.....	26
RELION LANCETS THIN 26G.....	79	RETROVIR IV INFUSION.....	41	SABRIL.....	18
RELION LANCETS ULTRA-THIN30G.....	79	REVATIO.....	46	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105
RELION LANCING DEVICE.....	79	REVLIMID.....	119	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105
RELION MINI PEN NEEDLES 31GX6MM.....	105	REXALL LANCETS ULTRA THIN.....	80	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	105
RELION PEN NEEDLES 29GX12MM.....	105	REYATAZ.....	41	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	105
RELION PEN NEEDLES 31GX6MM.....	105	ribavirin (hepatitis c).....	42	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	105
RELION PEN NEEDLES 31GX8MM.....	105	RIDAURA.....	4	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	105
RELION PEN NEEDLES 32GX4MM.....	105	rifabutin.....	31	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	105
RELION SHORT PEN NEEDLES31GX8MM.....	105	RIFADIN.....	31	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	105
RELION ULTRA THIN LANCETS/30G.....	79	RIFAMATE.....	30	SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	105
RELION ULTRA THIN LANCETS30G.....	79	rifampin.....	31	SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	105
RELION ULTRA THIN PLUS LANCETS 32G.....	80	RIFATER.....	30	SAFETY SEAL LANCETS 28G.....	80
RELION ULTRA THIN PLUS LANCETS 33G.....	80	RIGHT STEP PRENATAL.....	122	SAFETY SEAL LANCETS 30G.....	80
RELISTOR.....	67	RIGHTEST GD500 LANCING DEVICE.....	80	SAFYRAL.....	48
RELPAK.....	116	RIGHTEST GL300 LANCETS.....	80	SAIZEN.....	63
REMERON.....	19	RILUTEK.....	123	SAIZEN CLICK.EASY.....	63
REMERON SOLTAB.....	19	riluzole.....	123	SAIZENPREP RECONSTITUTIONKIT.....	63
REMICADE.....	67	rimantadine hydrochloride.....	43	SALAGEN.....	121
REMODULIN.....	45	ringer's.....	118	salsalate.....	5
RENFLXIS.....	67	ringer's irrigation.....	120	SAMSCA.....	65
RENVELA.....	67	risedronate sodium.....	62	SANDIMMUNE.....	120
REOPRO.....	68	RISPERDAL.....	38	SANDOSTATIN.....	64
repaglinide.....	23	RISPERDAL CONSTA.....	38	SANTYL.....	59
REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	21	RISPERDAL M-TAB.....	38	SAPHRIS.....	39
REQUIP.....	37	risperidone.....	38	SAVELLA.....	129
REQUIP XL.....	37	RISPERIDONE ODT.....	38	SAVELLA TITRATION PACK.....	129
RESCRIPTOR.....	41	RITALIN.....	3	SB ALCOHOL PREP PADS.....	82
RESECTISOL.....	67	RITALIN LA.....	3		
		ritonavir.....	41		
		RITUXAN.....	33		
		rivastigmine tartrate.....	129		
		rizatriptan benzoate.....	116		
		ROBAXIN.....	122		
		ROBAXIN-750.....	122		
		ROBINUL.....	132		
		ROBINUL FORTE.....	132		
		ROCALTROL.....	64		

SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM .....	106	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 80	
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM .....	106	SMART SENSE THIN LANCETS UNIVERSAL 26G 80	
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM .....	106	SODIUM ACETATE.....	117
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM .....	106	sodium acetate.....	117
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105	SHOPKO UNILET LANCETS SUPER THIN 30G.....	80	SODIUM CHLORIDE.....	119
SB LANCETS THIN.....	80	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	80	sodium chloride.....	119
SB LANCETS ULTRA THIN.....	80	sildenafil citrate (pulmonary hypertension).....	46	SODIUM CHLORIDE.....	119
scopolamine.....	24	SILENOR.....	70	sodium chloride (gu irrigant).....	67
SE-NATAL 19.....	122	silodosin.....	68	sodium chloride (inhalant)...	51
SEASONIQUE.....	48	SILVADENE.....	56	sodium citrate & citric acid...	67
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2".....	105	silver sulfadiazine.....	56	sodium phenylbutyrate.....	64
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2".....	105	SIMPLE DIAGNOSTICS LANCING DEVICE.....	80	sodium polystyrene sulfonate.....	120
SEGLUROMET.....	21	SIMPONI.....	3	SOFOSBUVIR/VELPATASVIR.....	42
SELECT-LITE LANCING DEVICE.....	80	SIMULECT.....	120	solifenacin succinate.....	134
selegiline hcl.....	37	simvastatin.....	28	SOLTAMOX.....	33
SELEGILINE HCL.....	37	SINEMET.....	37	SOLU-CORTEF.....	50
selenium sulfide.....	56	SINEMET CR.....	37	SOLU-MEDROL.....	50
SELZENTRY.....	41	SINGULAIR.....	13	SOLUS V2 LANCING DEVICE.....	80
SENSIPAR.....	64	sirolimus.....	120	SOMA.....	122
SEREVENT DISKUS.....	14	SKELAXIN.....	122	SOMATULINE DEPOT.....	64
SEROQUEL.....	39	SKLICE.....	60	SOMAVERT.....	63
SEROQUEL XR.....	39	SKYLA.....	49	SONATA.....	70
SEROSTIM.....	63	SM ALCOHOL PREP PADS.....	82	SORBITOL.....	67
sertraline hcl.....	20	SM INSULIN SYRINGE/1ML/31G X 5/16".....	106	SORBITOL-MANNITOL.....	67
sevelamer carbonate.....	67	SM MICRO THIN LANCETS 33G.....	80	SORIATANE.....	55
SHOPKO ALCOHOL SWABS.....	82	SM TRUEDRAW LANCING DEVICE.....	80	sotalol hcl.....	44
SHOPKO AUTOLET LANCING DEVICE.....	80	SMART DIABETES VANTAGE LANCING DEVICE.....	80	SOVALDI.....	42
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM.....	106	SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	80	SPECTRACEF.....	47
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM.....	106	SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	80	SPINOSAD.....	60
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM.....	106			SPIRIVA HANDIHALER.....	13
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM.....	106			SPIRIVA RESPIMAT.....	13
				spironolactone.....	61
				spironolactone & hydrochlorothiazide.....	61
				SPORANOX.....	25,26
				SPORANOX PULSEPAK.....	25
				SPRAVATO 56MG DOSE.....	19
				SPRAVATO 84MG DOSE.....	19
				SPRYCEL.....	34
				STALEVO 100.....	37
				STALEVO 125.....	37
				STALEVO 150.....	37
				STALEVO 200.....	37
				STALEVO 50.....	37



STALEVO 75.....	37	SURE COMFORT INSULIN		SURE-JECT INSULIN	
stannous fluoride.....	121	SYRINGE/U-100/0.3ML/31G X		SYRINGE/U-100/0.3ML/29G X	
STARLIX.....	23	5/16".....	106	1/2".....	107
stavudine.....	41	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STEGLATRO.....	23	SYRINGE/U-100/0.5ML/28G X		SYRINGE/U-100/0.3ML/30G X	
STELARA.....	56,67	1/2".....	106	5/16".....	107
STENDRA.....	45	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STERILANCE TL.....	80	SYRINGE/U-100/0.5ML/29G X		SYRINGE/U-100/0.3ML/31G X	
STIMATE.....	64	1/2".....	106	5/16".....	107
STIVARGA.....	34	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STRATTERA.....	2	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.5ML/28G X	
STREPTOMYCIN SULFATE.....	3	1/2".....	106	1/2".....	107
STROMEKTOL.....	9	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUBOXONE.....	9	SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/0.5ML/29G X	
SUBSYS.....	7	5/16".....	106	1/2".....	107
SUCRAID.....	60	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sucralfate.....	133	SYRINGE/U-100/1ML/28G X		SYRINGE/U-100/0.5ML/30G X	
SULAR.....	45	1/2".....	106	5/16".....	107
sulfacetamide sodium (acne).....	52	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulfacetamide sodium		SYRINGE/U-100/1ML/29G X		SYRINGE/U-100/1ML/28G X	
(ophth).....	125	1/2".....	106	1/2".....	107
sulfacetamide sodium w/		SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulfur.....	52	SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/29G X	
SULFADIAZINE.....	131	1/2".....	106	1/2".....	107
sulfamethoxazole-trimethoprim		SURE COMFORT INSULIN		SURE-JECT INSULIN	
.....	10	SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/1ML/30G X	
SULFAMYLON.....	56	5/16".....	106	5/16".....	107
sulfasalazine.....	67	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulindac.....	5	SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/1ML/31G X	
SUMADAN WASH.....	53	5/16".....	106	5/16".....	107
sumatriptan.....	117	SURE COMFORT LANCING		SURE-PEN.....	80
sumatriptan succinate.....	117	PEN.....	80	SURELITE LANCETS.....	80
SUMATRIPTAN		SURE COMFORT PEN		SURMONTIL.....	21
SUCCINATE.....	117	NEEDLES29GX1/2"		SUSTIVA.....	41
sumatriptan succinate.....	117	12.7MM.....	106	SUTENT.....	34
SUPER THIN LANCETS.....	80	SURE COMFORT PEN		SW OMEPRAZOLE.....	133
SUPRAX.....	47	NEEDLES30GX5/16"		SYLATRON.....	35
SUPREP BOWEL PREP KIT70		SHORT.....	107	SYMBICORT.....	14
SURE COMFORT INSULIN		SURE COMFORT PEN		SYMFI.....	41
SYRINGE/U-100/0.3ML/29G X		NEEDLES31GX3/16"		SYMFI LO.....	41
1/2".....	106	(5MM).....	107	SYMLINPEN 120.....	21
SURE COMFORT INSULIN		SURE COMFORT PEN		SYMLINPEN 60.....	21
SYRINGE/U-100/0.3ML/30G X		NEEDLES31GX5/16"		SYMTUZA.....	41
1/2".....	106	(8MM).....	107	SYNALAR.....	58
SURE COMFORT INSULIN		SURE COMFORT PEN		SYNAREL.....	63
SYRINGE/U-100/0.3ML/30G X		NEEDLES32GX5/32".....	107	SYNERA.....	59
1/2".....	106	SURE COMFORT PEN		SYNRIBO.....	35
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5/16".....	106	29GX1/2" 12.7MM.....	107	TABLOID.....	32
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5/16".....	106	SURE-FINE PEN NEEDLES			
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5/16".....	106				

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tacrolimus (topical).....	59	TECHLITE PEN		theophylline.....	15
tadalafil.....	45	NEEDLES/31GX 5MM.....	108	THEOPHYLLINE ER.....	14
tadalafil (pulmonary		TECHLITE PEN		ThERANATAL CORE	
hypertension).....	46	NEEDLES/31GX 6 MM... 108		NUTRITION.....	122
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TASMAR.....	36	TEGRETOL.....	17	THYROLAR-1/4.....	132
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TAZICEF.....	47	TEMOVATE.....	58	TIGAN.....	24
TAZORAC.....	56	temozolomide.....	32	tigecycline.....	131
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TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	108	TRAVATAN Z.....	127	TROJAN SUPRAS SPERMICIDAL.....	72
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		TRIFLURIDINE.....	125		
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TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	109	TRUSTEX LUBRICATED	73	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	110
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	109	TRUSTEX LUBRICATED EXTRALARGE	73	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	110
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	109	TRUSTEX LUBRICATED EXTRASTRENGTH	73	ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"	110
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	109	TRUSTEX LUBRICATED/SPERMICIDE	73	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"	110
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	109	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE	73	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	110
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TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	109	TRUSTEX NATURAL CONDOMS	73	ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	110
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	109	TRUSTEX +LUBE/LUBRICATED	73	ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"	110
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	109	TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDD	73	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16"	110
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	109	TRUSTEX/RIA LUBRICATED	73	ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16"	110
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	109	TRUSTEX/RIA LUBRICATED SPERMICIDE	73	ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16"	110
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ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	110	ULTICARE SHORT PEN NEEDLES 31GX8MM....	111	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	111
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	110	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.	111	ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	112
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110	ULTICARE SHORT PEN NEEDLES/31G X 8MM...	111	ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	112
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	110	ULTIGUARD SAFEPACK/MICROPEN		ULTILET PEN NEEDLE 29GX12.7MM.....	112
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	NEEDLE/32G X 5/32"/SHARPS CONTA.....	111	ULTILET PEN NEEDLE 31GX5MM.....	112
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	110	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X		ULTILET PEN NEEDLE 31GX8MM.....	112
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110	1/4"/SHARPS CONTAIN.	111	ULTILET PEN NEEDLE 32GX4MM.....	112
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X		ULTILET PEN NEEDLE 32GX4MM/SHORT.....	112
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16".....	110	3/16"/SHARPS CONTAI.	111	ULTILET SHORT PEN NEEDLES 31GX5/16".....	112
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16".....	110	ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X		ULTILET SHORT PEN NEEDLES31GX3/16".....	112
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16".....	110	1/4"/SHARPS CONTAIN.	111	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	112
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ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	110	NEEDLE/31G X 5/16"/SHARPS CONTA.....	111	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	112
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ULTICARE MICRO PEN NEEDLES/32G X 5/32".....	110	ULTILET INSULIN SYRINGE/0.3ML/31G X		ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	112
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		ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	111		
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ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16".....	112	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	113	UNIFINE PENTIPS PLUS 32GX4MM.....	113
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