



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

2020 Prescription Drug List

Effective December 1, 2020



Formulary Introduction

FORMULARY

The Ambetter from Sunshine Health Formulary, or Preferred Drug List, is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA) and covered through your prescription drug benefit. Generic drugs have the same active ingredients as their brand name counterparts and should be considered the first line of treatment. The FDA requires generics to be safe and work the same as brand name drugs. If there is no generic available, there may be more than one brand name drug to treat a condition. Preferred brand name drugs are listed on Tier 2 to help identify brand drugs that are clinically appropriate, safe, and cost-effective treatment options, if a generic medication on the formulary is not suitable for your condition.

Please note, the Formulary is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed, or additional requirements may be added in order to approve continued usage of a specific drug.

Specific prescription benefit plan designs may not cover certain products or categories, regardless of their appearance in this document. Please check your benefits for coverage limitations and your share of cost for your drugs.

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.
Drugs are covered under different copay tiers depending on your benefit:

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.
- Tier 4** - Coverage for this tier is for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 5 MG-5 MG-5 MG-5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily)
ADDERALL XR CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use <i>amphetamine-dextroamphetamine</i>)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use <i>amphetamine</i>)	NF	
<i>amphetamine-dextroamphetamine cp24 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg</i>	1	QL(1 ea daily)
<i>amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	QL(2 ea daily)
<i>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg-5 mg</i>	1	QL(3 ea daily)
<i>amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	QL(2 ea daily)
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)
DEXEDRINE CP24 5 MG (Use <i>dextroamphetamine sulfate</i>)	NF	
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg</i>	1	QL(4 ea daily)
<i>dextroamphetamine sulfate cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<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	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use <i>phentermine hcl</i>)	NF	PA
<i>phendimetrazine tartrate tabs 35 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>phentermine hcl caps 15 mg, 30 mg, 37.5 mg</i>	1	PA
REGIMEX TABS (Use <i>benzphetamine hcl</i>)	NF	
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRACE TB12	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use <i>guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use <i>clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use <i>atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (Use <i>atomoxetine hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Dopamine and Norepinephrine Reuptake		
SUNOSI TABS	3	PA
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use <i>methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use <i>methylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA PTCH	3	PA; QL(1 ea daily)
<i>dexmethylphenidate hcl cp24 25 mg, 35 mg, 40 mg, 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use <i>dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (Use <i>methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 20 mg, 10 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL(At least 16 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL(At least 16 yrs old)
NUVIGIL TABS (<i>Use armodafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 17 yrs old)
PROVIGIL TABS 100 MG (<i>Use modafinil</i>)	NF	PA; QL(1 ea daily); AL(At least 16 yrs old)
PROVIGIL TABS 200 MG (<i>Use modafinil</i>)	NF	PA; QL(2 ea daily); AL(At least 16 yrs old)
RITALIN LA CP24 20 MG, 40 MG (<i>Use methylphenidate hcl</i>)	NF	AL(At least 6 yrs old)
RITALIN LA CP24 30 MG (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily); AL(At least 6 yrs old)
RITALIN TABS 20 MG, 10 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (<i>Use tobramycin</i>)	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; QL(0.143 ea daily, 30 ea per fill retail, 30 ea per fill mail)
HUMIRA PSKT	4	PA; QL(0.143 ea daily)
SIMPONI ARIA SOLN	4	PA
SIMPONI SOAJ 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
Antirheumatic - Enzyme Inhibitors		
OLUMIANT TABS	4	PA
RINVOQ TB24	4	PA
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		

Drug Name	Drug Tier	Requirements/ Limits
RIDAURA CAPS	3	QL(3 ea daily)
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	4	PA; SP
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
KEVZARA SOAJ	4	PA
KEVZARA SOSY	4	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NF	
ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
ARTHROTEC 75 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NF	
CELEBREX CAPS 100 MG, 200 MG, 50 MG (<i>Use celecoxib</i>)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (<i>Use celecoxib</i>)	NF	PA; QL(1 ea daily)
<i>celecoxib caps 100 mg, 200 mg, 50 mg</i>	1	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	1	PA; QL(1 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs 50 mg, 100 mg</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps 25 mg, 50 mg</i>	1	
<i>indomethacin cpcr 75 mg</i>	1	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	QL(0.667 ea daily)
LODINE TABS (Use etodolac)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs</i>	1	QL(1 ea daily)
MOBIC TABS (Use meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use fenoprofen calcium)	NF	ST; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NAPROSYN SUSP 125 MG/5ML (Use naproxen)	NF	PA
NAPROSYN TABS 500 MG (Use naproxen)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps</i>	1	
<i>tolmetin sodium tabs</i>	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA; QL(2 ea daily)
OTEZLA TBPK	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	4	PA
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; QL(0.143 ml daily); SP
ORENCIA SOSY SC 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
BUTALBITAL/ACETAMINOPHEN CAPS (Use <i>butalbital-acetaminophen</i>)	NF	
ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (Use <i>butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS (Use <i>butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin chew or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs or 325 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec or 81 mg</i>	0	AL(At least 45 yrs old - Up to 79 yrs old)
<i>diflunisal tabs</i>	1	
<i>salsalate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (Use <i>fentanyl citrate</i>)	NF	PA; QL(4 ea daily)
ARYMO ER TBEA	3	QL(3 ea daily)
CODEINE SULFATE TABS 15 MG, 60 MG	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 30 MG (Use <i>codeine sulfate</i>)	1	New starts limited to 7 day supply
<i>codeine sulfate tabs 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
CONZIP CP24 (Use <i>tramadol hcl</i>)	NF	
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (Use <i>meperidine hcl</i>)	NF	
DILAUDID LIQD OR 1 MG/ML (Use <i>hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID SOLN IJ 1 MG/ML, 2 MG/ML (Use <i>hydromorphone hcl</i>)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use <i>hydromorphone hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
DOLOPHINE TABS 10 MG (Use <i>methadone hcl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use <i>methadone hcl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (Use <i>fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPR	3	QL(2 ea daily)
EXALGO TB24 12 MG, 16 MG, 8 MG (Use <i>hydromorphone hcl</i>)	NF	PA; QL(2 ea daily)
EXALGO TB24 32 MG (Use <i>hydromorphone hcl</i>)	NF	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lpop bu 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL(0.34 ea daily)
FENTORA TABS (Use <i>fentanyl citrate</i>)	NF	
<i>hydrocodone bitartrate cp12</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (Use <i>hydromorphone hcl</i>)	NF	
HYSINGLA ER T24A	3	QL(2 ea daily)
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use <i>morphine sulfate</i>)	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>meperidine hcl tabs or 100 mg, 50 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl conc or 10 mg/ml</i>	1	QL(10 ml daily)
<i>methadone hcl soln ij 10 mg/ml</i>	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use <i>methadone hcl</i>)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
<i>methadone hcl tabs or 10 mg</i>	1	QL(10 ea daily)
<i>methadone hcl tabs or 5 mg</i>	1	QL(4 ea daily)
<i>methadone hcl tbso or 40 mg</i>	1	QL(2 ea daily)
METHADOSE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i>)	NF	QL(10 ml daily)
MORPHABOND ER T12A	3	PA; QL(2 ea daily)
<i>morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use <i>morphine sulfate</i>)	NF	
<i>morphine sulfate soln or 10 mg/5ml</i>	1	New starts limited to 7 day supply;QL(100 ml daily)
<i>morphine sulfate soln or 20 mg/5ml</i>	1	New starts limited to 7 day supply;QL(50 ml daily)
<i>morphine sulfate tabs or 15 mg</i>	1	
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tbc</i> or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i>)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone hcl t12a</i> 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg	3	QL(2 ea daily)
<i>oxycodone hcl tabs</i> 10 mg, 20 mg, 15 mg, 30 mg, 5 mg	1	New starts limited to 7 day supply; QL(12 ea daily)
OXYCONTIN T12A	3	QL(2 ea daily)
<i>oxymorphone hcl tabs</i> 10 mg, 5 mg	1	PA; QL(12 ea daily)
<i>oxymorphone hcl tb12</i> 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12</i> 40 mg	3	PA; QL(4 ea daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
ROXYBOND TABA	3	QL(12 ea daily)
SUBSYS LIQD	3	PA
<i>tramadol hcl tabs</i> 50 mg	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>tramadol hcl tb24</i> 100 mg, 200 mg, 300 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XTAMPZA ER C12A	2	PA; QL(2 ea daily)
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i>)	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln</i> 12 mg/5ml-120 mg/5ml	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs</i> 15 mg-300 mg	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs</i> 30 mg-300 mg	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs</i> 300 mg-60 mg	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps</i> 16 mg-30 mg-320.5 mg	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps</i> 16 mg-30 mg-320.5 mg	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i> 30 mg-300 mg-40 mg-50 mg	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i> 30 mg-325 mg-40 mg-50 mg	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
FIORICET/CODEINE CAPS (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL/CODEINE #3 CAPS (<i>Use butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
HYDROCODONE BITARTRATE/ACETAMINOPHEN SOLN	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 10 mg-200 mg, 200 mg-5 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (<i>Use hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply;QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ROXICET SOLN	2	New starts limited to 7 day supply
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (<i>Use acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (<i>Use acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
ULTRACET TABS (<i>Use tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM	3	PA
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 0.5 mg-2 mg, 1 mg-4 mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 12 mg-3 mg, 2 mg-8 mg</i>	1	PA; QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)
<i>buprenorphine ptwk td 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (Use buprenorphine)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (Use buprenorphine)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NF	PA; QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	NF	PA; QL(2 ea daily)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROGEL GEL 25 MG/2.5GM, 50 MG/5GM (Use testosterone)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use testosterone cypionate)	NF	
METHITEST TABS	3	
TESTIM GEL (Use testosterone)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln im</i>	1	
VOGELXO GEL (Use testosterone)	NF	
VOGELXO PUMP GEL (Use testosterone)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (Use hydrocortisone (intrarectal))	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (Use hydrocortisone (rectal))	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (Use hydrocortisone (rectal))	NF	
PROCTOCORT SUPP (Use hydrocortisone acetate (rectal))	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (Use albendazole)	NF	PA
BILTRICIDE TABS (Use praziquantel)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
EMVERM CHEW	2	QL(2 ea daily,6 ea per fill retail,6 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
<i>ivermectin tabs</i>	1	
<i>praziquantel tabs</i>	1	PA
STROMECTOL TABS (<i>Use ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
<i>bacitracin solr</i>	3	
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NF	
IMPAVIDO CAPS	3	PA; QL(3 ea daily)
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR (<i>Use pentamidine isethionate</i>)	3	
PENTAM 300 SOLR (<i>Use pentamidine isethionate</i>)	3	
<i>pentamidine isethionate solr</i>	1	
<i>trimethoprim tabs</i>	1	
<i>vancomycin hcl solr iv 1000 mg</i>	1	
XIFAXAN TABS	3	PA; AL(At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
DAPTOMYCIN SOLR 350 MG (<i>Use daptomycin</i>)	NF	
<i>daptomycin solr 500 mg</i>	1	
Glycopeptides		
FIRVANQ SOLR	2	QL(300 ml per fill retail)
VANCOCIN CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
VANCOGIN HCL CAPS (Use vancomycin hcl)	NF	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl caps or 125 mg, 250 mg	1	QL(4 ea daily,40 ea per fill retail)
vancomycin hcl solr iv 10 gm, 500 mg, 1 gm, 1000 mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostotics		
dapsone tabs or 100 mg, 25 mg	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use clindamycin hcl)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use clindamycin palmitate hydrochloride)	NF	
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9 GM/60ML (Use clindamycin phosphate)	NF	
clindamycin hcl caps	1	
clindamycin palmitate hydrochloride solr	1	
clindamycin phosphate soln	1	
LINCOCIN SOLN (Use lincomycin hcl)	NF	
lincomycin hcl soln	1	
Monobactams		
AZACTAM SOLR (Use aztreonam)	NF	
aztreonam solr	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		

Drug Name	Drug Tier	Requirements/ Limits
linezolid susr or 100 mg/5ml	1	
linezolid tabs or 600 mg	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (Use linezolid)	NF	
ZYVOX TABS OR 600 MG (Use linezolid)	NF	PA; QL(2 ea daily)
Polymyxins		
polymyxin b sulfate solr	1	
Urinary Anti-infectives		
fosfomicin tromethamine pack	1	
FURADANTIN SUSP (Use nitrofurantoin)	NF	
HIPREX TABS (Use methenamine hippurate)	NF	
MACROBID CAPS (Use nitrofurantoin monohyd macro)	NF	
MACRODANTIN CAPS 100 MG, 50 MG (Use nitrofurantoin macrocrystal)	NF	
methenamine hippurate tabs	1	
MONUROL PACK (Use fosfomicin tromethamine)	3	
nitrofurantoin macrocrystal caps 100 mg, 50 mg	1	
nitrofurantoin monohyd macro caps	1	
nitrofurantoin susp	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (Use ranolazine)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (Use ranolazine)	2	QL(3 ea daily)
ranolazine tb12 1000 mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tb12 500 mg</i>	1	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate tabs 30 mg, 10 mg, 20 mg, 5 mg</i>	1	
<i>isosorbide dinitrate tbcr 40 mg</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>Use nitroglycerin</i>)	NF	
<i>nitroglycerin cpcr or 2.5 mg, 6.5 mg, 9 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 30 mg, 15 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (<i>Use hydroxyzine pamoate</i>)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (<i>Use lorazepam</i>)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<i>diazepam soln or 5 mg/5ml</i>	1	
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 30 mg, 10 mg, 15 mg</i>	1	
TRANXENE T TABS (<i>Use clorazepate dipotassium</i>)	NF	
VALIUM TABS (<i>Use diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS (<i>Use alprazolam</i>)	NF	QL(4 ea daily)
XANAX XR TB24 (<i>Use alprazolam</i>)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NF	
<i>procainamide hcl soln 500 mg/ml</i>	1	
<i>quinidine sulfate tabs</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps 150 mg, 200 mg, 250 mg</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 150 mg/3ml, 50 mg/ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
CORDARONE TABS (<i>Use amiodarone hcl</i>)	NF	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	1	QL(8 ml daily)
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOLR 100 MG	4	PA

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 2 inhalers per month; QL(0.44 gm daily)
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
Leukotriene Modulators		
ACCOLATE TABS (<i>Use zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)
SINGULAIR CHEW 4 MG, 5 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use montelukast sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use montelukast sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply, 180 rtl lmt day(s),30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ARNUITY ELLIPTA AEPB	2	
ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT	2	
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	
<i>budesonide (inhalation) susp</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	2	
FLOVENT HFA AERO	2	
PULMICORT FLEXHALER AEPB	2	
PULMICORT SUSP (<i>Use budesonide (inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR REDHALER AERB	2	
Sympathomimetics		

Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate aers in 108 mcg/act</i>	1	Limit 2 inhalers per month; 1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>epinephrine hcl soln</i>	1	
<i>fluticasone-salmeterol aepb 100 mcg/dose-50 mcg/dose, 250 mcg/dose-50 mcg/dose, 50 mcg/dose-500 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
<i>metaproterenol sulfate syrup</i>	1	
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TRELEGY ELLIPTA AEPB 100 MCG/INH-25 MCG/INH-62.5 MCG/INH	2	
UTIBRON NEOHALER CAPS	3	PA
VENTOLIN HFA AERS (<i>Use albuterol sulfate</i>)	2	Limit 2 inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
XOPENEX CONCENTRATE NEBU (<i>Use levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (<i>Use levalbuterol tartrate</i>)	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
XOPENEX NEBU (<i>Use levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail,42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill,365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (<i>Use fondaparinux sodium</i>)	NF	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP
ARIXTRA SOLN 2.5 MG/0.5ML (<i>Use fondaparinux sodium</i>)	NF	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
ARIXTRA SOLN 5 MG/0.4ML (<i>Use fondaparinux sodium</i>)	NF	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
ARIXTRA SOLN 7.5 MG/0.6ML (<i>Use fondaparinux sodium</i>)	NF	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
<i>enoxaparin sodium soln ij 300 mg/3ml</i>	4	QL(6 ml daily)
<i>enoxaparin sodium soln sc 100 mg/ml, 150 mg/ml</i>	4	QL(2 ml daily)
<i>enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL(1.6 ml daily)
<i>enoxaparin sodium soln sc 30 mg/0.3ml</i>	4	QL(0.6 ml daily); SP
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily,30 day(s) limit); SP
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily,30 day(s) limit); SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL(7.2 ml per 180 days retail,7.2 ml per 180 days mail); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail,4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail,3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail,5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
HEPARIN LOCK FLUSH SOLN (<i>Use heparin sodium (porcine)</i> lock flush)	NF	
<i>heparin sod (porcine) in d5w soln 40 unit/ml-5 %</i>	1	
<i>heparin sodium (porcine) soln 20000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NAACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IV 0.9 %-1000 UNIT/500ML (<i>Use heparin (porcine)</i> in sodium chloride)	NF	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP
Thrombin Inhibitors		
PRADAXA CAPS	3	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	3	
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (<i>Use clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use clobazam</i>)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO LQPK	4	PA; QL(10 ea per 30 days retail)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>Use rufinamide</i>)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use <i>levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use <i>levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use <i>levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (Use <i>levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use <i>levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use <i>levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use <i>lamotrigine</i>)	NF	
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (Use <i>lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS (Use <i>lamotrigine</i>)	NF	
<i>lamotrigine chew 25 mg, 5 mg</i>	1	
<i>lamotrigine tabs 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine tbdp 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 750 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs or 500 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG (Use <i>pregabalin</i>)	2	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG (Use <i>pregabalin</i>)	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (Use <i>pregabalin</i>)	2	PA; QL(30 ml daily)
MYSOLINE TABS (Use <i>primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use <i>gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (Use <i>gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use <i>gabapentin</i>)	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
<i>pregabalin caps 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; QL(3 ea daily)
<i>pregabalin caps 225 mg, 300 mg</i>	1	PA; QL(2 ea daily)
<i>pregabalin soln 20 mg/ml</i>	1	PA; QL(30 ml daily)
<i>primidone tabs</i>	1	
QUDEXY XR CS24 (Use <i>topiramate</i>)	NF	
<i>rufinamide susp</i>	1	PA; QL(80 ml daily)
TEGRETOL SUSP (Use <i>carbamazepine</i>)	2	
TEGRETOL TABS (Use <i>carbamazepine</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (<i>Use topiramate</i>)	NF	QL(4 ea daily)
TOPAMAX TABS 200 MG (<i>Use topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
<i>topiramate cpsp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg, 50 mg</i>	1	QL(6 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use oxcarbazepine</i>)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 200 MG, 50 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use zonisamide</i>)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	4	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use fosphenytoin sodium</i>)	NF	
DILANTIN CAPS 100 MG (<i>Use phenytoin sodium extended</i>)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	2	
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	
PHENYTEK CAPS (<i>Use phenytoin sodium extended</i>)	2	
<i>phenytoin chew</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
<i>ethosuximide caps 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (Use <i>ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use <i>ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (Use <i>valproate sodium</i>)	NF	
DEPAKENE CAPS (Use <i>valproic acid</i>)	NF	
DEPAKENE SOLN (Use <i>valproate sodium</i>)	NF	
DEPAKOTE ER TB24 (Use <i>divalproex sodium</i>)	NF	
DEPAKOTE TBEC (Use <i>divalproex sodium</i>)	NF	
<i>divalproex sodium tb24 250 mg, 500 mg</i>	1	
<i>divalproex sodium tbec 125 mg, 250 mg, 500 mg</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps or</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tabs 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tabs 7.5 mg, 45 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	
REMERON SOLTAB TBDP 15 MG (Use <i>mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use <i>mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use <i>mirtazapine</i>)	NF	
REMERON TABS 15 MG (Use <i>mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (Use <i>mirtazapine</i>)	NF	QL(1.5 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 100 mg, 75 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 100 mg</i>	1	QL(4 ea daily)
<i>bupropion hcl tb12 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb24 300 mg</i>	1	QL(1 ea daily)
FORFIVO XL TB24 (Use <i>bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	3	
WELLBUTRIN SR TB12 100 MG (Use <i>bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>bupropion hcl</i>)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (Use phenelzine sulfate)	NF	
PARNATE TABS (Use tranylcypromine sulfate)	NF	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use citalopram hydrobromide)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (Use citalopram hydrobromide)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (Use citalopram hydrobromide)	NF	QL(1 ea daily)
citalopram hydrobromide soln 10 mg/5ml	1	QL(20 ml daily)
citalopram hydrobromide tabs 10 mg	1	QL(4 ea daily)
citalopram hydrobromide tabs 20 mg	1	QL(2 ea daily)
citalopram hydrobromide tabs 40 mg	1	QL(1 ea daily)
escitalopram oxalate soln 5 mg/5ml	1	QL(20 ml daily)
escitalopram oxalate tabs 10 mg	1	QL(2 ea daily)
escitalopram oxalate tabs 20 mg	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate tabs 5 mg	1	QL(4 ea daily)
fluoxetine hcl caps 10 mg	1	QL(1 ea daily)
fluoxetine hcl caps 20 mg	1	QL(3 ea daily)
fluoxetine hcl caps 40 mg	1	QL(2 ea daily)
fluoxetine hcl cpdr 90 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	QL(20 ml daily)
fluoxetine hcl tabs 10 mg, 60 mg	1	QL(1 ea daily)
fluoxetine hcl tabs 20 mg	1	QL(3 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl)	NF	QL(1 ea daily)
fluvoxamine maleate tabs 100 mg	1	QL(3 ea daily)
fluvoxamine maleate tabs 25 mg, 50 mg	1	QL(2 ea daily)
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use escitalopram oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use escitalopram oxalate)	NF	QL(4 ea daily)
paroxetine hcl tabs 10 mg	1	QL(6 ea daily)
paroxetine hcl tabs 20 mg	1	QL(3 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tabs 40 mg	1	QL(1 ea daily)
paroxetine hcl tb24 12.5 mg	1	QL(1 ea daily)
paroxetine hcl tb24 37.5 mg, 25 mg	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use paroxetine hcl)	NF	QL(1 ea daily)
PAXIL CR TB24 37.5 MG, 25 MG (Use paroxetine hcl)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS 10 MG (<i>Use paroxetine hcl</i>)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (<i>Use paroxetine hcl</i>)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (<i>Use paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (<i>Use paroxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (<i>Use fluoxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (<i>Use fluoxetine hcl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (<i>Use fluoxetine hcl</i>)	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	QL(10 ml daily)
<i>sertraline hcl tabs 100 mg</i>	1	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (<i>Use sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NF	QL(4 ea daily)
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl cpep or 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (<i>Use venlafaxine hcl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use venlafaxine hcl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use venlafaxine hcl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (<i>Use desvenlafaxine</i>)	NF	
PRISTIQ TB24 100 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (<i>Use desvenlafaxine succinate</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 37.5 mg</i>	1	QL(4 ea daily)
<i>venlafaxine hcl cp24 75 mg</i>	1	QL(5 ea daily)
<i>venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
<i>amoxapine tabs</i>	3	
ANAFRANIL CAPS (<i>Use clomipramine hcl</i>)	NF	PA
<i>clomipramine hcl caps</i>	1	PA
<i>desipramine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use trimipramine maleate</i>)	NF	
TOFRANIL TABS (<i>Use imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DUETACT TABS (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
JANUMET TABS	2	
JANUMET XR TB24	2	
JENTADUETO TABS	2	
JENTADUETO XR TB24	2	
KAZANO TABS (<i>Use alogliptin-metformin hcl</i>)	NF	
OSENI TABS (<i>Use alogliptin-pioglitazone</i>)	NF	
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
<i>repaglinide-metformin hcl tabs</i>	1	QL(2 ea daily)
SEGLUROMET TABS	2	QL(2 ea daily)
SYNJARDY TABS	2	
SYNJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 1000 MG-5 MG, 5 MG-500 MG	3	PA
XULTOPHY 100/3.6 SOPN	3	PA
Biguanides		

Drug Name	Drug Tier	Requirements/ Limits
GLUCOPHAGE TABS 1000 MG (<i>Use metformin hcl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use metformin hcl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use metformin hcl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 (<i>Use metformin hcl</i>)	NF	
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 500 mg, 750 mg</i>	1	
Diabetic Other		
BAQSIMI ONE PACK POWD	3	QL(0.069 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.069 ea daily)
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (<i>Use diazoxide</i>)	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	3	PA; QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (<i>Use alogliptin benzoate</i>)	3	PA; QL(1 ea daily)
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Incretin Mimetic Agents (GLP-1 Receptor)		
BYDUREON BCISE AUIJ	2	PA; QL(0.143 ml daily)
BYDUREON PEN PEN	2	PA; QL(0.143 ea daily)
BYDUREON SRER	2	PA; QL(0.143 ea daily)
BYETTA SOPN 10 MCG/0.04ML	2	PA; Limit 2.4ml per month;QL(0.08 ml daily)
BYETTA SOPN 5 MCG/0.02ML	2	PA; Limit 1.2ml per month;QL(0.04 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (<i>CONCENTRATED</i>) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	

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

Drug Name	Drug Tier	Requirements/Limits
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	
STEGLATRO TABS	2	
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use glimepiride)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use glimepiride)	NF	QL(2 ea daily)
<i>chlorpropamide tabs 100 mg</i>	1	QL(3 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use glipizide)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use glipizide)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use glyburide micronized)	NF	QL(4 ea daily)
<i>tolazamide tabs</i>	1	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS 2 MG (Use loperamide hcl)	NF	RX/OTC
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
<i>deferasirox pack 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox tabs 360 mg, 90 mg, 180 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBSO (<i>Use deferasirox</i>)	4	PA; SP
FERRIPROX TABS 500 MG (<i>Use deferiprone</i>)	3	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	4	PA
JADENU TABS (<i>Use deferasirox</i>)	4	PA; SP
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate solr</i>	4	PA
DESFERAL SOLR (<i>Use deferoxamine mesylate</i>)	4	PA
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	QL(2 ea per fill retail)2 rtl MAX fill,30 rtl day(s) supply,
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ALOXI SOLN (Use palonosetron hcl)</i>	NF	

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
ZOFRAN SOLN 4 MG/5ML (<i>Use ondansetron hcl</i>)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (<i>Use ondansetron hcl</i>)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (<i>Use ondansetron hcl</i>)	NF	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 12.5 mg, 25 mg</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	QL(0.34 ea daily)
TIGAN CAPS OR 300 MG (<i>Use trimethobenzamide hcl</i>)	NF	
TRANSDERM SCOP PT72 (<i>Use scopolamine</i>)	2	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PT72 (Use scopolamine)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS OR 0.5 MG-300 MG	3	PA
AKYNZEO SOLR IV 0.25 MG-235 MG	4	PA
CESAMET CAPS	3	
DICLEGIS TBEC (Use doxylamine-pyridoxine)	3	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use dronabinol)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 125 mg, 40 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
EMEND CAPS OR 125 MG, 40 MG (Use <i>aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use <i>aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (Use <i>fosaprepitant dimeglumine</i>)	4	PA
<i>fosaprepitant dimeglumine solr</i>	4	PA
VARUBI TBPK	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use <i>caspofungin acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr 100 mg, 50 mg</i>	1	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (Use <i>flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NF	
DIFLUCAN TABS (Use <i>fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use <i>itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (Use <i>voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>clemastine fumarate tabs 2.68 mg</i>	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	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use <i>fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use <i>fexofenadine hcl</i>)	1	QL(1 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine chew</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (<i>Use levocetirizine dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (<i>Use cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (<i>Use cetirizine hcl</i>)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (<i>Use cetirizine hcl</i>)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (<i>Use promethazine hcl</i>)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tabs</i>	1	QL(1 ea daily)
VYTORIN TABS (<i>Use ezetimibe-simvastatin</i>)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
<i>icosapent ethyl caps</i>	1	PA
LOVAZA CAPS (<i>Use omega-3-acid ethyl esters</i>)	NF	QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	QL(4 ea daily)
VASCEPA CAPS	3	PA
Bile Acid Sequestrants		
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (<i>Use colestipol hcl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NF	QL(24 gm daily)

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN PACK 4 GM (Use <i>cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use <i>colesevelam hcl</i>)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use <i>colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134 mg, 200 mg, 67 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)
FIBRICOR TABS 105 MG, 35 MG (Use <i>fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LIPOFEN CAPS (Use <i>fenofibrate</i>)	NF	
LOPID TABS (Use <i>gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (Use <i>fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ADVICOR TB24 1000 MG-20 MG	3	PA; QL(2 ea daily)
ADVICOR TB24 1000 MG-40 MG	3	PA; QL(1 ea daily)
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(1 ea daily); PV
<i>lovastatin tabs 40 mg</i>	1	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use <i>pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	QL(1 ea daily)
SIMCOR TB24	2	PA; QL(1 ea daily)
<i>simvastatin tabs 80 mg, 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)
ZETIA TABS (Use <i>ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 1000 mg, 500 mg, 750 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>quinapril hcl</i>)	NF	
ALTACE CAPS (Use <i>ramipril</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (<i>Use phenoxybenzamine hcl</i>)	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use candesartan cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS (<i>Use telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use doxazosin mesylate</i>)	NF	
CATAPRES TABS (<i>Use clonidine hcl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
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	
Antihypertensive Combinations		

Drug Name	Drug Tier	Requirements/ Limits
ACCURETIC TABS 10 MG-12.5 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (Use <i>quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (Use <i>candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use <i>irbesartan-hydrochlorothiazide</i>)	NF	
AZOR TABS (Use <i>amlodipine besylate-olmesartan medoxomil</i>)	NF	ST
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use <i>olmesartan medoxomil-hydrochlorothiazide</i>)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
CORZIDE TABS 40 MG-5 MG (Use <i>nadolol & bendroflumethiazide</i>)	NF	
DIOVAN HCT TABS (Use <i>valsartan-hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
EXFORGE HCT TABS (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NF	
EXFORGE TABS (Use <i>amlodipine besylate-valsartan</i>)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 100 MG-12.5 MG, 100 MG-25 MG (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (Use <i>losartan potassium & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use <i>metoprolol & hydrochlorothiazide</i>)	NF	
<i>losartan potassium & hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg</i>	1	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg</i>	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use <i>benazepril & hydrochlorothiazide</i>)	NF	
LOTREL CAPS (Use <i>amlodipine besylate-benazepril hcl</i>)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
MICARDIS HCT TABS (Use <i>telmisartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR (<i>Use trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRIBENZOR TABS (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use lisinopril & hydrochlorothiazide</i>)	NF	
ZIAC TABS (<i>Use bisoprolol & hydrochlorothiazide</i>)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
<i>aliskiren fumarate tabs</i>	1	QL(1 ea daily)
TEKTURNA TABS (<i>Use aliskiren fumarate</i>)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPIRA TABS (<i>Use eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(24 ea per fill retail,24 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
MALARONE TABS (<i>Use atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	3	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

Drug Name	Drug Tier	Requirements/ Limits
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN 60 MG/5ML (<i>Use pyridostigmine bromide</i>)	2	
MESTINON TABS 60 MG (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbcr 180 mg</i>	1	
RUZURGI TABS	4	PA; QL(10 ea daily)
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln ij 100 mg/ml</i>	1	
<i>isoniazid syrp or 50 mg/5ml</i>	1	
ISONIAZID TABS OR 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	
BELRAPZO SOLN	4	PA
BENDAMUSTINE HYDROCHLORIDE SOLN	4	PA
BENDEKA SOLN	4	PA
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use busulfan</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin soln 450 mg/45ml, 150 mg/15ml, 50 mg/5ml</i>	4	PA
<i>carboplatin soln 50 mg/5ml</i>	4	PA; SP
<i>carmustine solr</i>	4	PA; SP
<i>cisplatin soln 100 mg/100ml</i>	4	PA; SP
<i>cisplatin soln 200 mg/200ml, 50 mg/50ml</i>	4	PA
<i>cyclophosphamide caps or 25 mg, 50 mg</i>	4	PA; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
EVOMELA SOLR	4	PA
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
IFEX SOLR 3 GM	4	PA
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
IFOSFAMIDE SOLR 3 GM	4	PA
LEUKERAN TABS	4	PA; SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	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 100 MG (Use <i>thiotepa</i>)	4	PA
TEPADINA SOLR 15 MG (Use <i>thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 100 mg</i>	4	PA
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
YONDELIS SOLR	4	PA
ZANOSAR SOLR	4	PA; SP
Antimetabolites		
ALIMTA SOLR 100 MG	4	PA
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>cladribine soln</i>	4	PA
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (Use <i>clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (Use <i>decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil soln 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml</i>	4	PA
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN	4	PA;
<i>gemcitabine hcl solr 1 gm</i>	4	PA
<i>gemcitabine hcl solr 2 gm</i>	4	PA;
<i>gemcitabine hcl solr 200 mg</i>	4	PA; SP
GEMCITABINE HYDROCHLORIDE SOLN 1 GM/10ML, 2 GM/20ML, 200 MG/2ML (Use <i>gemcitabine hcl</i>)	NF	
GEMZAR SOLR 1 GM (Use <i>gemcitabine hcl</i>)	4	PA
GEMZAR SOLR 200 MG (Use <i>gemcitabine hcl</i>)	NF	PA; SP
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 25 mg/ml</i>	1	SP
<i>methotrexate sodium soln ij 250 mg/10ml, 50 mg/2ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use <i>azacitidine</i>)	NF	PA; SP
XELODA TABS (Use <i>capecitabine</i>)	NF	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
AVASTIN SOLN 400 MG/16ML	4	PA
CYRAMZA SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
BAVENCIO SOLN	4	PA
BESPONSA SOLR	4	PA
BLINCYTO SOLR	4	PA
CAMPATH SOLN	4	PA
DARZALEX SOLN	4	PA
EMPLICITI SOLR	4	PA
ERBITUX SOLN	4	PA; SP
GAZYVA SOLN	4	PA
HERCEPTIN SOLR	4	PA; SP
IMFINZI SOLN	4	PA
KADCYLA SOLR	4	PA
KEYTRUDA SOLN	4	PA
LARTRUVO SOLN	4	PA
LIBTAYO SOLN	4	PA
LUMOXITI SOLR	4	PA
MYLOTARG SOLR	4	PA
OPDIVO SOLN	4	PA
PERJETA SOLN	4	PA; SP
PORTRAZZA SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
POTELIGEO SOLN	4	PA
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
TECENTRIQ SOLN 1200 MG/20ML	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VECTIBIX SOLN 400 MG/20ML	4	PA
YERVOY SOLN	4	PA; SP
Antineoplastic - Cellular Immunotherapy		
PROVENGE SUSP	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; QL(4 ea daily); SP
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (<i>Use exemestane</i>)	NF	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use bicalutamide</i>)	NF	PA; QL(1 ea daily); SP
ELIGARD KIT 22.5 MG	4	PA; SP
ELIGARD KIT 30 MG	4	PA; SP
ELIGARD KIT 45 MG	4	PA; SP
ELIGARD KIT 7.5 MG	4	PA; QL(0.0089 ea daily); SP
EMCYT CAPS	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	2	
FASLODEX SOLN (<i>Use fulvestrant</i>)	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>fulvestrant soln</i>	4	PA; QL(0.357 ml daily); SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; QL(0.0357 ea daily); SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; QL(0.1339 ea daily); SP
LUPRON DEPOT (6-MONTH) KIT	4	PA; QL(0.0089 ea daily); SP
LYSODREN TABS	4	PA; SP
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
NUBEQA TABS	4	PA
<i>tamoxifen citrate tabs</i>	0	
<i>toremifene citrate tabs</i>	1	
TRELSTAR MIXJECT SUSR	4	PA; SP
VANTAS KIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPS	4	PA; QL(4 ea daily); SP
YONSA TABS	4	PA
ZOLADEX IMPL 10.8 MG	4	PA; QL(0.0119 ea daily); SP
ZOLADEX IMPL 3.6 MG	4	PA; QL(0.0357 ea daily); SP
ZYTIGA TABS 250 MG (<i>Use abiraterone acetate</i>)	NF	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPK	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPK	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use dactinomycin</i>)	NF	PA; SP
<i>dactinomycin solr</i>	4	PA; SP
<i>daunorubicin hcl soln</i>	4	PA;
DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML (<i>Use daunorubicin hcl</i>)	4	PA;
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	4	PA;
DOXIL INJ (<i>Use doxorubicin hcl liposomal</i>)	NF	PA; SP
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLEENCE SOLN 50 MG/25ML (<i>Use epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (<i>Use idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (<i>Use idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (<i>Use valrubicin</i>)	4	PA; SP
Antineoplastic Combinations		
VYXEOS SUSR	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS 10 MG	4	PA; QL(1 ea daily); SP
AFINITOR TABS 2.5 MG, 5 MG, 7.5 MG (<i>Use everolimus</i>)	4	PA; QL(1 ea daily); SP
AYVAKIT TABS	4	PA; SL(1 ea daily)
BALVERSA TABS	4	PA
BELEODAQ SOLR	4	PA
BORTEZOMIB SOLR	4	PA;
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;

Drug Name	Drug Tier	Requirements/ Limits
BRAFTOVI CAPS	4	PA; SP
BRUKINSA CAPS	4	PA
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
<i>everolimus tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
ICLUSIG TABS 15 MG, 45 MG	4	PA
<i>imatinib mesylate tabs</i>	4	PA; QL(2 ea daily); SP
IMBRUVICA CAPS 140 MG	4	PA; QL(3 ea daily)
IMBRUVICA CAPS 70 MG	4	PA; QL(1 ea daily)
IMBRUVICA TABS 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL(1 ea daily)
INLYTA TABS	4	PA; QL(2 ea daily); SP
INREBIC CAPS	4	PA
IRESSA TABS	4	PA
ISTODAX (<i>OVERFILL</i>) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 20 MG	4	PA; SP
JAKAFI TABS 15 MG, 25 MG, 5 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
SPRYCEL TABS	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TARCEVA TABS (<i>Use erlotinib hcl</i>)	4	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
TAZVERIK TABS	4	PA
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TIBSOVO TABS	4	PA
TORISEL SOLN (<i>Use temsirolimus</i>)	NF	PA; QL(0.143 ml daily); SP
TURALIO CAPS	4	PA; AC
TYKERB TABS (<i>Use lapatinib ditosylate</i>)	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VIZIMPRO TABS	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA CAPS	4	PA; QL(5 ea daily)
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 100 mg</i>	4	PA
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLN 10 MU/ML, 6000000 UNIT/ML	4	PA
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use bexarotene</i>)	NF	PA; SP
TICE BCG SUSR	4	PA
<i>tretinoin (chemotherapy) caps</i>	1	
Chemotherapy Adjuncts		
ELITEK SOLR	4	PA

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
KHAPZORY SOLR	4	PA
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i>	1	
<i>mesna soln</i>	4	PA
MESNEX SOLN IV 100 MG/ML (<i>Use mesna</i>)	4	PA
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (<i>Use docetaxel</i>)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<i>etoposide caps</i>	4	PA; SP
<i>etoposide soln</i>	4	PA; SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
IXEMPRA KIT SOLR 45 MG	4	PA
JEVTANA SOLN	4	PA; SP
MARQIBO SUSP	4	PA
NAVELBINE SOLN 10 MG/ML (<i>Use vinorelbine tartrate</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
NAVELBINE SOLN 50 MG/5ML (Use vinorelbine tartrate)	NF	PA
paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml	4	PA; SP
paclitaxel conc 30 mg/5ml, 300 mg/50ml, 6 mg/ml	4	PA
TAXOL CONC (Use paclitaxel)	4	PA
TAXOTERE CONC 20 MG/ML (Use docetaxel)	NF	PA; SP
TAXOTERE CONC 80 MG/4ML (Use docetaxel)	NF	
TENIPOSIDE SOLN	4	PA; SP
vinblastine sulfate soln	4	PA
vincristine sulfate soln	4	PA; SP
vinorelbine tartrate soln 10 mg/ml	4	PA; SP
vinorelbine tartrate soln 50 mg/5ml	4	PA
Oncolytic Viral Agents		
IMLYGIC SUSP	4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML (Use irinotecan hcl)	4	PA
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use topotecan hcl)	NF	PA; SP
irinotecan hcl soln 300 mg/15ml	4	PA
irinotecan hcl soln 40 mg/2ml, 100 mg/5ml	4	PA; SP
ONIVYDE INJ	4	PA
TOPOTECAN HCL SOLN 4 MG/4ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
topotecan hcl soln 4 mg/4ml	4	PA
TOPOTECAN HCL SOLN 4 MG/4ML (Use topotecan hcl)	4	PA
topotecan hcl solr 4 mg	4	PA; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
carbidopa tabs	1	
LODOSYN TABS (Use carbidopa)	NF	
Antiparkinson Anticholinergics		
benztropine mesylate soln	1	
benztropine mesylate tabs	1	
COGENTIN SOLN (Use benztropine mesylate)	NF	
trihexyphenidyl hcl soln	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use entacapone)	NF	QL(8 ea daily)
entacapone tabs	1	QL(8 ea daily)
TASMAR TABS (Use tolcapone)	3	
tolcapone tabs	3	
Antiparkinson Dopaminergics		
amantadine hcl caps	1	
amantadine hcl syrp	1	
amantadine hcl tabs	1	
APOKYN SOCT	4	PA;
bromocriptine mesylate caps	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
MIRAPEX TABS 0.125 MG (Use <i>pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (Use <i>pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NF	
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (Use <i>ropinirole hydrochloride</i>)	NF	
REQUIP XL TB24 12 MG, 8 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 2 MG, 4 MG, 6 MG (Use <i>ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 0.5 mg, 1 mg, 2 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
SINEMET CR TBCR (Use <i>carbidopa-levodopa</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SINEMET TABS (Use <i>carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 150 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF	
Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/Limits
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use ziprasidone hcl)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
ziprasidone hcl caps	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG (Use paliperidone)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use paliperidone)	NF	QL(2 ea daily)
paliperidone tb24 1.5 mg, 3 mg, 9 mg	1	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (Use risperidone)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	QL(8 ml daily)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(4 ea daily)
risperidone tbdp 0.25 mg, 3 mg, 4 mg, 0.5 mg, 1 mg, 2 mg	1	QL(2 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG	2	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG	2	PA
SEROQUEL TABS 100 MG, 200 MG, 25 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(1 ea daily)
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use quetiapine fumarate</i>)	NF	PA; QL(2 ea daily)
ZYPREXA SOLR IM 10 MG (<i>Use olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (<i>Use olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (<i>Use olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (<i>Use olanzapine</i>)	NF	
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 200 mg, 25 mg, 100 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
<i>ABILIFY TABS (Use aripiprazole)</i>	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln</i>	1	
<i>abacavir sulfate tabs</i>	1	
<i>abacavir sulfate-lamivudine tabs</i>	1	QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	QL(10 ml daily)
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	NF	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (Use lamivudine-zidovudine)	3	
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	2	ST; QL(1 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg</i>	1	
<i>didanosine cpdr 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	
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)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily)
<i>emtricitabine caps</i>	1	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	1	QL(1 ea daily, 30 day(s) limit)
EMTRIVA CAPS 200 MG (Use emtricitabine)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (Use lamivudine)	2	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
EPIVIR TABS 150 MG (Use lamivudine)	2	QL(2 ea daily)
EPIVIR TABS 300 MG (Use lamivudine)	3	QL(1 ea daily)
EPZICOM TABS (Use abacavir sulfate-lamivudine)	2	QL(1 ea daily)
EVOTAZ TABS	2	QL(1 ea daily) 30 rti lmt day(s), 30 mail lmt day(s),
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	2	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (Use lopinavir-ritonavir)	2	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	2	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use ritonavir)	2	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS	2	QL(6 ea daily)
RETROVIR CAPS (Use zidovudine)	3	
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP (Use zidovudine)	3	
REYATAZ CAPS 150 MG, 200 MG (Use atazanavir sulfate)	2	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG, 25 MG, 75 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	2	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	2	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	2	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	2	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMPTUZA TABS	2	ST; QL(1 ea daily)
TEMIXYS TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	2	
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	2	QL(2 ea daily)
TRUVADA TABS 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	2	QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC CPDR 125 MG	3	
VIDEX EC CPDR 200 MG (Use didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG (Use didanosine)	3	
VIDEX EC CPDR 400 MG (Use didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use nevirapine)	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use nevirapine)	3	
VIRAMUNE XR TB24 100 MG (Use nevirapine)	2	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use nevirapine)	2	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use tenofovir disoproxil fumarate)	2	
ZERIT CAPS (Use stavudine)	NF	QL(2 ea daily)
ZIAGEN SOLN 20 MG/ML (Use abacavir sulfate)	2	
ZIAGEN TABS 300 MG (Use abacavir sulfate)	3	
zidovudine caps	1	
zidovudine syrp	1	
zidovudine tabs	1	
CMV Agents		
cidofovir soln	3	
CYTOVENE SOLR (Use ganciclovir sodium)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (Use valganciclovir hcl)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use entecavir)	4	PA; QL(1 ea daily); SP
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use lamivudine (hbv))	3	QL(3 ea daily); SP
HARVONI TABS 400 MG-90 MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use adefovir dipivoxil)	4	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL CAPS 200 MG (Use ribavirin (hepatitis c))	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP

Drug Name	Drug Tier	Requirements/Limits
RIBASPHERE RIBAPAK TBPK	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA
ZEPATIER TABS	4	PA
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use <i>valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use <i>valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use <i>acyclovir</i>)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use <i>acyclovir</i>)	NF	QL(13.34 ml daily)

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX TABS OR 400 MG, 800 MG (Use <i>acyclovir</i>)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use <i>rimantadine hydrochloride</i>)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NF	QL(10 ea per fill retail,10 ea per fill mail)1 rtl MAX fill,90 rtl day(s) supply,1 mail MAX fill,90 mail day(s) supply,
TAMIFLU SUSR 6 MG/ML (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;QL(125 ml per fill retail)1 rtl MAX fill,90 rtl day(s) supply,
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>carvedilol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
LOPRESSOR TABS (<i>Use metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
TENORMIN TABS (<i>Use atenolol</i>)	NF	
TOPROL XL TB24 (<i>Use metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (<i>Use sotalol hcl (afib/af)</i>)	NF	
BETAPACE TABS (<i>Use sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (<i>Use nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/af)</i> tabs	1	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (<i>Use nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SRTBCR (<i>Use verapamil hcl</i>)	NF	
CALAN TABS (<i>Use verapamil hcl</i>)	NF	
CARDIZEM CD CP24 (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 420 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use diltiazem hcl coated beads</i>)	NF	
CARDIZEM TABS (<i>Use diltiazem hcl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12 or 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
DILTIAZEM HCL SOLR IV 100 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tabs or 120 mg, 60 mg, 30 mg, 90 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC TABS (Use <i>amlodipine besylate</i>)	NF	
PROCARDIA CAPS (Use <i>nifedipine</i>)	NF	
PROCARDIA XL TB24 (Use <i>nifedipine</i>)	NF	
SULAR TB24 (Use <i>nisoldipine</i>)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use <i>diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (Use <i>verapamil hcl</i>)	1	
VERELAN PM CP24 100 MG, 200 MG (Use <i>verapamil hcl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
VERELAN PM CP24 300 MG (Use <i>verapamil hcl</i>)	1	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use <i>digoxin</i>)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use <i>digoxin</i>)	2	
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (Use <i>cardioplegic soln</i>)	NF	
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (Use <i>tadalafil</i>)	NF	PA; BPH Only;QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only;QL(1 ea daily)
VIAGRA TABS (Use <i>sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (Use <i>epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN	4	PA; SP
<i>treprostinil soln</i>	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP
<i>bosentan tabs 62.5 mg</i>	4	PA; QL(2 ea daily)
LETAIRIS TABS (Use <i>ambrisentan</i>)	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (Use <i>bosentan</i>)	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (Use <i>bosentan</i>)	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(3 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<i>sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml</i>	4	PA; QL(37.5 ml daily); SP
<i>sildenafil citrate (pulmonary hypertension) susr or 10 mg/ml</i>	4	PA; QL(6 ml daily)
<i>sildenafil citrate (pulmonary hypertension) tabs or 20 mg</i>	4	PA; QL(3 ea daily); SP
<i>tadalafil (pulmonary hypertension) tabs</i>	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; QL(3 ea daily)
Sinus Node Inhibitors		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
Tranthyretin Stabilizers		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDAQEL CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm</i>	1	
<i>cephalexin caps</i>	1	
<i>cephalexin susr</i>	1	
<i>cephalexin tabs</i>	1	
KEFLEX CAPS (Use <i>cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (Use <i>cefotetan disodium</i>)	NF	
<i>cefotetan disodium solr 1 gm, 2 gm</i>	1	
<i>cefotetan disodium solr 10 gm</i>	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1	
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 7.5 gm, 750 mg</i>	1	
Cephalosporins - 3rd Generation		
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
<i>cefditoren pivoxil tabs 200 mg</i>	3	
<i>cefditoren pivoxil tabs 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml, 200 mg/5ml</i>	1	ST
<i>cefotaxime sodium solr 1 gm, 2 gm</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 2 gm, 1 gm, 6 gm</i>	1	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
CLAFORAN SOLR (Use <i>cefotaxime sodium</i>)	NF	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use <i>cefixime</i>)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use <i>cefepime hcl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	0	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use <i>norethindrone acetate-ethinyl estradiol-fe</i>)	0	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
GENERESS FE CHEW (Use <i>norethindrone & ethinyl estradiol-fe</i>)	0	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
MINASTRIN 24 FE CHEW	0	
MINASTRIN 24 FE CHEW (Use <i>norethin acet & estrad-fe</i>)	0	
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	0	
NATAZIA TABS	0	
<i>norethin acet & estrad-fe chew 1 mg-20 mcg-75 mg</i>	0	
<i>norethin acet & estrad-fe tabs 1.5 mg-30 mcg-75 mg, 1 mg-20 mcg-75 mg, 1 mg-20 mcg-75 mg</i>	0	
<i>norethindrone & eth estradiol tabs</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	0	
ORTHO TRI-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	0	

Drug Name	Drug Tier	Requirements/ Limits
ORTHO-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol</i>)	0	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone & eth estradiol</i>)	0	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i>)	0	
QUARTETTE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
SAFYRAL TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	0	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	0	
TRI-NORINYL 28 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i>)	0	
TYBLUME TABS	0	
YASMIN 28 TABS (Use <i>drospirenone-ethinyl estradiol</i>)	0	
YAZ TABS (Use <i>drospirenone-ethinyl estradiol</i>)	0	
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (Use <i>etonogestrel-ethinyl estradiol</i>)	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	

Drug Name	Drug Tier	Requirements/ Limits
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (Use <i>levonorgestrel (emergency oc)</i>)	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (Use <i>norethindrone (contraceptive)</i>)	0	
SLYND TABS	0	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	PA
CELESTONE-SOLUSPAN SUSP (Use <i>betamethasone sod phosphate & acetate</i>)	NF	
CORTEF TABS (Use <i>hydrocortisone</i>)	NF	
<i>cortisone acetate tabs</i>	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (Use <i>methylprednisolone acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use <i>budesonide</i>)	NF	PA
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use <i>triamcinolone acetonide</i>)	NF	
MEDROL DOSEPAK TBPB (Use <i>methylprednisolone</i>)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (Use <i>methylprednisolone</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MEDROL TABS 2 MG	3	
<i>methylprednisolone acetate susp 80 mg/ml, 40 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPk	3	
MILLIPRED SOLN 10 MG/5ML (<i>Use prednisolone sodium phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBPk (<i>Use prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 125 MG, 40 MG, 1000 MG (<i>Use methylprednisolone sod succ</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG (<i>Use methylprednisolone sod succ</i>)	1	
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
VERIPRED 20 SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (<i>Use benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>loratadine & pseudoephedrine tb12 120 mg-5 mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 10 mg-240 mg</i>	1	QL(1 ea daily)
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use <i>cetirizine-pseudoephedrine</i>)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use <i>sodium chloride (inhalant)</i>)	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use <i>sodium chloride (inhalant)</i>)	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene lotn 0.1 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	1	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use <i>clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use <i>benzoyl peroxide-erythromycin</i>)	NF	PA; AL(At least 12 yrs old)
BENZEFOAM FOAM (Use <i>benzoyl peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (Use <i>benzoyl peroxide</i>)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use <i>clindamycin phosphate (topical)</i>)	NF	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel 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)
DIFFERIN CREA 0.1 % (Use adapalene)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (Use adapalene)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (Use adapalene)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL(At least 12 yrs old)
DUAC GEL (Use clindamycin phosphate-benzoyl peroxide (refrigerate))	NF	PA; AL(At least 12 yrs old)
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	ST; AL(At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL(At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL(At least 12 yrs old)
EVOCLIN FOAM (Use clindamycin phosphate (topical))	NF	PA; AL(At least 12 yrs old)
<i>isotretinoin caps</i>	3	PA; AL(At least 12 yrs old)
KLARON LOTN (Use sulfacetamide sodium (acne))	NF	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
PANOXYL-4 CREAMY WASH LIQD (Use benzoyl peroxide)	NF	AL(At least 12 yrs old)
RETIN-A CREA (Use tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (Use tretinoin)	NF	AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (Use tretinoin microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (Use tretinoin microsphere)	NF	PA; AL(At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur crea 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 10 %-5 %</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)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
ZIANA GEL (Use clindamycin phosphate-tretinoin)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac epolamine ptch</i>	3	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH	3	PA; QL(2 ea daily)
FLECTOR PTCH (<i>Use diclofenac epolamine</i>)	3	PA; QL(2 ea daily)
VOLTAREN GEL (<i>Use diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
CICLODAN SOLUTION KIT KIT (<i>Use ciclopirox</i>)	NF	
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	
EXELDERM CREA (<i>Use sulconazole nitrate</i>)	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (<i>Use tavaborole</i>)	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA (<i>Use ciclopirox olamine</i>)	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	NF	
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use butenafine hcl</i>)	1	RX/OTC
LOTRISONE CREA (<i>Use clotrimazole w/ betamethasone</i>)	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA (<i>Use luliconazole</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>naftifine hcl crea 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl crea 2 %</i>	1	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
<i>naftifine hcl gel 1 %</i>	1	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN CREA 2 % (<i>Use naftifine hcl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NAFTIN GEL 1 % (<i>Use naftifine hcl</i>)	3	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (<i>Use ketoconazole (topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days;QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
OXISTAT LOTN	2	Limit 1 Fill per 180 days;QL(2 ml daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PENLAC NAIL LACQUER SOLN (<i>Use ciclopirox</i>)	NF	
<i>sulconazole nitrate crea</i>	1	
<i>sulconazole nitrate soln</i>	1	
<i>tavaborole soln</i>	1	PA
VUSION OINT (<i>Use miconazole-zinc oxide-white petrolatum</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	

Drug Name	Drug Tier	Requirements/ Limits
PICATO GEL 0.015 %	2	QL(3 ea per fill retail,3 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail,2 ea per fill mail)1 rtl MAX fill,60 rtl day(s) supply,1 mail MAX fill,60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
PRUDOXIN CREA (<i>Use doxepin hcl (antipruritic)</i>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
ZONALON CREA (<i>Use doxepin hcl (antipruritic)</i>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	PA; QL(4 gm daily)
<i>calcipotriene oint</i>	1	PA; QL(4 gm daily)
<i>calcipotriene soln</i>	1	PA; QL(4 ml daily)
<i>calcitriol (topical) oint</i>	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
ILUMYA SOSY	4	PA
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SILIQ SOSY	4	PA
SKYRIZI PSKT	4	PA
SORIATANE CAPS 10 MG (<i>Use acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use acitretin</i>)	NF	QL(2 ea daily)
STELARA SOLN SC 45 MG/0.5ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	PA; SP
TALTZ SOAJ	4	PA
TALTZ SOSY	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use <i>tazarotene</i>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA
TREMFYA SOSY	4	PA
VECTICAL OINT (Use <i>calcitriol (topical)</i>)	1	
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1	
Antivirals - Topical		
<i>acyclovir topical crea</i>	1	
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 % (Use <i>acyclovir topical</i>)	3	
ZOVIRAX OINT EX 5 % (Use <i>acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>mafenide acetate</i>)	NF	
Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/ Limits
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
<i>amcinonide crea</i>	1	QL(60 gm per fill retail,60 gm per fill mail)1 rtl MAX fill,30 rtl day(s) supply,1 mail MAX fill,30 mail day(s) supply,
<i>amcinonide lotn</i>	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene- betamethasone dipropionate oint</i>	1	ST
<i>calcipotriene- betamethasone dipropionate susp</i>	1	ST
<i>clobetasol propionate crea</i>	1	PA; QL(3 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA	3	
CLODERM CREA (Use <i>clocortolone pivalate</i>)	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (Use <i>flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use <i>fluticasone propionate</i>)	NF	
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)
DESOWEN LOTN (Use <i>desonide</i>)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	
DIPROLENE OINT (Use <i>betamethasone dipropionate augmented</i>)	NF	
ELOCON CREA (Use <i>mometasone furoate</i>)	NF	
ELOCON OINT (Use <i>mometasone furoate</i>)	NF	
<i>fluocinolone acetonide crea 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	1	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	QL(4 gm daily)
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (<i>Use halcinonide</i>)	3	PA
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE CREA (<i>Use lidocaine-hydrocortisone acetate</i>)	NF	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (<i>Use hydrocortisone butyrate</i>)	NF	
LOCOID SOLN (<i>Use hydrocortisone butyrate</i>)	NF	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (<i>Use hydrocortisone (topical)</i>)	NF	RX/OTC
OLUX FOAM (<i>Use clobetasol propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA
SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NF	
SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NF	
SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NF	
TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	3	ST
TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NF	PA; QL(3 gm daily)
TEMOVATE OINT (<i>Use clobetasol propionate</i>)	NF	PA; QL(1 gm daily)
TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NF	
TOPICORT GEL 0.05 % (<i>Use desoximetasone</i>)	NF	
TOPICORT OINT 0.25 % (<i>Use desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.5 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
TRIDESILON CREA (<i>Use desonide</i>)	NF	QL(4 gm daily)
ULTRAVATE CREA (<i>Use halobetasol propionate</i>)	NF	
ULTRAVATE OINT (<i>Use halobetasol propionate</i>)	NF	
Eczema Agents		
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA
Emollient/Keratolytic Agents		
HYDRO 35 FOAM (<i>Use urea in lactic acid vehicle</i>)	NF	
Emollients		
LAC-HYDRIN CREA (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use lactic acid (ammonium lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	PA
Immunomodulating Agents - Topical		
ALDARA CREA (<i>Use imiquimod</i>)	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea 5 %</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)
ZYCLARA CREA (<i>Use imiquimod</i>)	NF	
ZYCLARA PUMP CREA 3.75 % (<i>Use imiquimod</i>)	NF	
Immunosuppressive Agents - Topical		
ELIDEL CREA (<i>Use pimecrolimus</i>)	NF	PA; AL(At least 2 yrs old)
<i>pimecrolimus crea</i>	1	PA; AL(At least 2 yrs old)
PROTOPIC OINT (<i>Use tacrolimus (topical)</i>)	NF	AL(At least 2 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
MIRVASO GEL	3	PA; QL(1 gm daily)
ORACEA CPDR (<i>Use doxycycline (rosacea)</i>)	NF	
SOOLANTRA CREA (<i>Use ivermectin (rosacea)</i>)	NF	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	PA
ELIMITE CREA (<i>Use permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN (<i>Use crotamiton</i>)	NF	PA
<i>lindane sham</i>	3	
<i>malathion lotn</i>	1	
NATROBA SUSP (<i>Use spinosad</i>)	1	PA
NIX CREME RINSE LIQD (<i>Use permethrin</i>)	NF	
OVIDE LOTN (<i>Use malathion</i>)	NF	
<i>permethrin crea ex 5 %</i>	1	
<i>permethrin liqd ex 1 %</i>	1	
SKLICE LOTN	3	PA
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use <i>bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (Use <i>torseamide</i>)	NF	
EDECRIIN TABS (Use <i>ethacrynic acid</i>)	NF	QL(16 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	
LASIX TABS (Use <i>furosemide</i>)	NF	
<i>torseamide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use <i>spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use <i>triamterene</i>)	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<i>chlorothiazide tabs</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (Use <i>hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACTONEL TABS 35 MG (Use risedronate sodium)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG (Use risedronate sodium)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
ATELVIA TBEC (Use risedronate sodium)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use ibandronate sodium)	NF	PA; SP
BONIVA TABS OR 150 MG (Use ibandronate sodium)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use alendronate sodium)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOSY	4	PA; 1 rtl MAX fill, 180 rtl day(s) supply,; SP
RECLAST SOLN (Use zoledronic acid)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA;
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP
<i>zoledronic acid soln 4 mg/100ml, 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP
ZOMETA CONC 4 MG/5ML (Use zoledronic acid)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Corticotropin		
ACTHAR GEL	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
<i>ganirelix acetate sosy</i>	4	PA
GANIRELIX ACETATE SOSY (Use ganirelix acetate)	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormone Releasing Hormones (GHRH)		

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SOLR	4	PA
EGRIFTA SV SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPRO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use raloxifene hcl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
FENSOLVI KIT	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD (<i>Use sodium phenylbutyrate</i>)	NF	PA
BUPHENYL TABS (<i>Use sodium phenylbutyrate</i>)	NF	PA
<i>calcitriol caps</i>	1	
<i>calcitriol soln</i>	1	
CARBAGLU TABS	4	PA; SP
<i>cinacalcet hcl tabs</i>	4	PA; QL(4 ea daily); SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
GALAFOLD CAPS	4	PA; QL(0.5 ea daily)
HECTOROL SOLN 4 MCG/2ML (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK 100 MG, 500 MG (<i>Use sapropterin dihydrochloride</i>)	4	PA
KUVAN TBSO 100 MG (<i>Use sapropterin dihydrochloride</i>)	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (Use <i>nitisinone</i>)	4	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use <i>calcitriol</i>)	NF	
ROCALTROL SOLN (Use <i>calcitriol</i>)	NF	
<i>sapropterin dihydrochloride pack 100 mg, 500 mg</i>	4	PA
<i>sapropterin dihydrochloride tbso 100 mg</i>	4	PA; SP
SENSIPAR TABS (Use <i>cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (Use <i>paricalcitol</i>)	NF	
ZEMPLAR SOLN (Use <i>paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (Use <i>desmopressin acetate spray</i>)	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN SOLN (Use <i>octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (Use <i>tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (Use <i>norethindrone acetate-ethinyl estradiol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (<i>Use estradiol valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3	
ELESTRIN GEL	3	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol pttw td 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL(0.286 ea daily)
<i>estradiol ptwk td 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr, 0.025 mg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
PREMARIN SOLR	2	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NF	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX SOLN IV 0.8 %-400 MG/250ML	1	
AVELOX TABS OR 400 MG (<i>Use moxifloxacin hcl</i>)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
LEVAQUIN TABS (<i>Use levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE SOLN	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		

Drug Name	Drug Tier	Requirements/ Limits
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	2	
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; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM CAPS	2	
ENTYVIO SOLR	4	PA
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	
<i>mesalamine cpdr or 400 mg</i>	1	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine supp re 1000 mg</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
STELARA SOLN IV 130 MG/26ML	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosecron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	3	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
FOSRENOL CHEW 1000 MG, 500 MG, 750 MG (Use <i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (Use <i>sevelamer carbonate</i>)	NF	
RENVELA TABS (Use <i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbcr 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN IR 3 %, 3.3 %	1	
SORBITOL-MANNITOL SOLN	1	
SORBITOL/MANNITOL IRRIGATION SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use <i>dutasteride</i>)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	5 mg only
FLOMAX CAPS (Use <i>tamsulosin hcl</i>)	NF	
PROSCAR TABS (Use <i>finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (Use <i>silodosin</i>)	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use <i>alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 mg, 200 mg</i>	1	
PYRIDIUM TABS (Use <i>phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
DUZALLO TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	2	QL(6 ea per fill retail, 6 ea per fill mail)
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
MITIGARE CAPS (<i>Use colchicine</i>)	NF	
ULORIC TABS (<i>Use febuxostat</i>)	3	PA; QL(1 ea daily)
ZURAMPIC TABS	3	PA
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	4	PA; QL(9 ml daily)
<i>icatibant acetate soln</i>	4	PA; QL(9 ml daily)
Complement Inhibitors		
CINRYZE SOLR	4	PA
HAEGARDA SOLR	4	PA
RUCONEST SOLR	4	PA; QL(0.143 ea daily)
SOLIRIS SOLN	4	PA
Hematorheologic Agents		
<i>pentoxifylline tbc</i>	1	QL(3 ea daily)
Plasma Kallikrein Inhibitors		
TAKHZYRO SOLN	4	PA;

Drug Name	Drug Tier	Requirements/Limits
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use aspirin-dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use anagrelide hcl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
CABLIVI KIT	4	PA
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs 300 mg</i>	1	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use prasugrel hcl</i>)	NF	QL(1 ea daily)
PLAVIX TABS 300 MG (<i>Use clopidogrel bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZAVESCA CAPS (<i>Use miglustat</i>)	NF	PA; QL(3 ea daily); SP
Agents for Sickle Cell Disease		
DROXIA CAPS	3	
OXBRYTA TABS	4	PA
Cobalamins		
<i>cyanocobalamin soln ij 1000 mcg/ml</i>	1	QL(1 ml daily)
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	RX/OTC
<i>folic acid tabs or 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	SP
ARANESP ALBUMIN FREE SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA; SP
DOPTELET TABS	4	PA
EPOGEN SOLN	3	PA; SP
FULPHILA SOSY	4	PA;
GRANIX SOLN	4	PA
GRANIX SOSY	4	PA
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA PACK 12.5 MG	4	PA; QL(1 ea daily)
PROMACTA TABS 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; SP
RETACRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SOSY	4	PA
ZARXIO SOSY	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
INFED SOLN	4	PA
VENOFER SOLN	4	PA
Stem Cell Mobilizers		

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (Use aminocaproic acid)	NF	PA
aminocaproic acid tabs or 1000 mg, 500 mg	1	PA
CYKLOKAPRON SOLN (Use tranexamic acid)	NF	
LYSTEDA TABS (Use tranexamic acid)	NF	
tranexamic acid soln	1	
tranexamic acid tabs	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital elix 20 mg/5ml	1	
phenobarbital soln 20 mg/5ml	1	
phenobarbital tabs 100 mg, 15 mg, 30 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg	1	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep) tabs	1	PA; QL(1 ea daily)
SILENOR TABS (Use doxepin hcl (sleep))	3	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use zolpidem tartrate)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS (Use zolpidem tartrate)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (Use quazepam)	NF	

Drug Name	Drug Tier	Requirements/Limits
estazolam tabs	1	
eszopiclone tabs	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (Use triazolam)	NF	
LUNESTA TABS (Use eszopiclone)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (Use temazepam)	NF	QL(1 ea daily)
temazepam caps	1	QL(1 ea daily)
triazolam tabs	1	
zaleplon caps 10 mg	1	QL(2 ea daily); AL(At least 18 yrs old)
zaleplon caps 5 mg	1	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tabs or 10 mg, 5 mg	1	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tbcr or 12.5 mg, 6.25 mg	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
ramelteon tabs	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (Use ramelteon)	3	ST; QL(1 ea daily); AL(At least 18 yrs old)

LAXATIVES - Bowel Treatment Drugs

Drug Name	Drug Tier	Requirements/ Limits
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (<i>Use calcium polycarbophil</i>)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	PA
COLYTE-FLAVOR PACKS SOLR (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NF	
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM (<i>Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	0	
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-22.74 gm-236 gm-5.86 gm-6.74 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec or 5 mg</i>	1	
DULCOLAX TBEC OR 5 MG (<i>Use bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use docusate sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps or 250 mg, 100 mg</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln ij 0.5 %, 1 %, 2 %</i>	1	
MARCAINE SOLN 0.5 % (<i>Use bupivacaine hcl</i>)	NF	
NAROPIN SOLN 5 MG/ML, 2 MG/ML (<i>Use ropivacaine hcl</i>)	NF	
XYLOCAINE SOLN 0.5 %, 1 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
ZINGO JTAJ (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (<i>Use azithromycin</i>)	NF	
ZITHROMAX SOLR IV 500 MG (<i>Use azithromycin</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use <i>azithromycin</i>)	NF	
ZITHROMAX TABS OR 250 MG (Use <i>azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use <i>azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use <i>azithromycin</i>)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
<i>clarithromycin susr</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin tb24</i>	1	
Erythromycins		
E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i>)	3	
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		

Drug Name	Drug Tier	Requirements/Limits
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
CAYA DPRH	0	
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
FANTASY LUBRICATED MISC	0	QL(2 ea daily)
FANTASY LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)
MAXX LUBRICATED MISC	0	QL(2 ea daily)
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX CONDOMS/LUBRICATED MISC	0	QL(2 ea daily)
REALITY LATEX/ULTRA TEXTURED DEVI	0	QL(2 ea daily)
REALITY LATEX/ULTRA THIN DEVI	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SOFTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVANCED MOBILE LANCET 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE CONTROL SOLUTIONHIGH LIQD	1	
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX CONTROL HIGH SOLN	1	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
AQUALANCE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
AUTO-LANCET MINI MISC	1	
AUTO-LANCET MISC	1	
AUTOLET IMPRESSION LANCING DEVICE MISC	1	
AUTOLET LANCING DEVICE MISC	1	
AUTOLET MINI MISC	1	
AUTOLET PLUS MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	QL(6.6667 ea daily)
CARESENS LANCETS MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE GLUCOSE CONTROL HIGH LIQD	1	
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
CONTOUR HIGH CONTROL LIQD	1	
CVS LANCETS 21G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ORIGINAL MISC	1	QL(6.6667 ea daily)
CVS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
CVS LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	1	
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
DROPLET PERSONAL LANCETS30G MISC	1	QL(6.6667 ea daily)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	1	
DRUG MART LANCETS THIN MISC	1	QL(6.6667 ea daily)
DRUG MART ON-THE-GO LANCETS GENTLE 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/PULL TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY PLUS II CONTROL SOLUTION HIGH SOLN	1	
EASY STEP CONTROL SOLUTION HIGH SOLN	1	
EASY TALK CONTROL SOLUTION HIGH SOLN	1	
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TRAK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
EASY TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EASYGLUCO CONTROL SOLUTION HIGH SOLN	1	
EASYMAX CONTROL SOLUTION HIGH SOLN	1	
ELEMENT HIGH CONTROL LIQD	1	
EMBRACE GLUCOSE CONTROL SOLUTION HIGH LIQD	1	

Drug Name	Drug Tier	Requirements/ Limits
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	1	
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH SOLN	1	
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA CONTROL SOLUTION HIGH SOLN	1	
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	

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

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM HIGH CONTROL LIQD	1	
GLUCOCOM LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS 21G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
GNP LANCETS MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
INFINITY CONTROL SOLUTION HIGH SOLN	1	
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY CONTROL SOLUTION HIGH SOLN	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING PEN MISC	1	
LITETOUCH LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LIVE BETTER ADVANCED LANCING DEVICE MISC	1	
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS EXTRA LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LANCETS MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS LITE LANCETS 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
ON CALL LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL PLUS LANCING DEVICE MISC	1	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	1	
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
PRODIGY CONTROL SOLUTIONHIGH SOLN	1	
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC ADVANCED LANCING DEVICE MISC	1	
QC LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
QC LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 28G/ULTRA THIN MISC	1	QL(6.6667 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	QL(6.6667 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
RA LANCING DEVICE MISC	1	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/Limits
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GC300 HIGH CONTROL LIQD	1	
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 23G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPS HEALTH CARE TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SELECT-LITE LANCING DEVICE MISC	1	
SHOPKO AUTOLET LANCING DEVICE MISC	1	
SHOPKO ON-THE-GO COMFORTLANCETS 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
SIDE BUTTON SAFETY LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 CONTROL HIGH SOLN	1	
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
STERILANCE TL MISC	1	QL(6.6667 ea daily)
SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 18G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 21G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 23G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
SURE COMFORT LANCING PEN MISC	1	
SURE-LANCE FLAT LANCETS MISC	1	QL(6.6667 ea daily)
SURE-LANCE LANCETS 26G MISC	1	QL(6.6667 ea daily)
SURE-LANCE THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
SURE-LANCE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
SURE-PEN MISC	1	
SURE-TOUCH LANCETS UNIVERSAL MISC	1	QL(6.6667 ea daily)
SURELITE LANCETS MISC	1	QL(6.6667 ea daily)
SURESTEP PRO HIGH GLUCOSECONTROL LIQD	1	
TECHLITE AST LANCETS MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS 30G MISC	1	QL(6.6667 ea daily)
TECHLITE LANCETS MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCET ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCING DEVICE MISC	1	
THINLETS GP LANCETS MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	1	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	QL(6.6667 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	QL(6.6667 ea daily)
TOPCARE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRAVEL LANCETS ADVANCED 28G MISC	1	QL(6.6667 ea daily)
TRUE COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1	
ULTILET CLASSIC LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
ULTILET LANCETS MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 21G X 2.2MM MISC	1	QL(6.6667 ea daily)
ULTILET SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
ULTRA-CARE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTRIP CONTROL SOLUTIONHIGH SOLN	1	
UNIVERSAL 1 LANCETS THIN26G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
UNIVERSAL 1 LANCETS/33G/MICRO-THIN MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
VALUE PLUS LANCING DEVICE MISC	1	
VALUMARK LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	1	
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCETS MISC	1	QL(6.6667 ea daily)
VIVAGUARD LANCING DEVICE MISC	1	
WALGREENS ADVANCED TRAVELLANCETS 28G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
CLICKFINE PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily)
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPSAFE SAFETY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	1	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM MISC	1	QL(5 ea daily)
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 PEN NEEDLES/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4" MISC	1	QL(5 ea daily)
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
HM ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 5MM MINI MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX 1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
PENTIPS 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	1	QL(5 ea daily)
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PREVENT SAFETY PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
PREVENT SAFETY PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	1	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	1	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	1	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/32GX 6MM MISC	1	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	1	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	1	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN PEN NEEDLES MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA THIN PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	1	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	3	PA; QL(0.04 ml daily)
AJOVY SOSY	3	PA; QL(0.06 ml daily)
EMGALITY SOAJ 120 MG/ML	3	PA
EMGALITY SOSY 120 MG/ML	3	PA
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	
Migraine Products		

Drug Name	Drug Tier	Requirements/ Limits
D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	PA; QL(0.267 ml daily)
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	QL(0.267 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	1	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use naratriptan hcl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (<i>Use frovatriptan succinate</i>)	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use sumatriptan</i>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE REFILL SOCT (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan tabs</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 2.5 MG, 5 MG	3	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (<i>Use zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

MINERALS & ELECTROLYTES

Bicarbonates

SODIUM ACETATE SOLN 2 MEQ/ML	1	
<i>sodium acetate soln 4 meq/ml</i>	1	

Calcium

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN IV 10 %	1	
<i>calcium gluconate soln iv 10 %</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
ELLIOTTS B SOLN	4	PA
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln 109 meq/l-130 meq/l-28 meq/l-3 meq/l-4 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (<i>Use potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbf</i>	1	
<i>potassium bicarbonate tbf</i>	1	
<i>potassium chloride cpr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1	
Sodium		

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 23.4 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (<i>Use penicillamine</i>)	3	PA
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	3	QL(8 ea daily)
<i>penicillamine caps</i>	1	PA
<i>penicillamine tabs</i>	1	QL(8 ea daily)
SYPRINE CAPS (<i>Use trientine hcl</i>)	NF	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	4	PA; QL(1 ea daily); SP
REVLIMID CAPS 20 MG	4	
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (<i>Use mycophenolate mofetil</i>)	NF	
CELLCEPT TABS 500 MG (<i>Use mycophenolate mofetil</i>)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (<i>Use azathioprine</i>)	NF	
<i>mycophenolate mofetil caps 250 mg</i>	1	
<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	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (<i>Use sirolimus</i>)	NF	
SANDIMMUNE CAPS OR 100 MG, 25 MG (<i>Use cyclosporine</i>)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (<i>Use cyclosporine</i>)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	4	PA; QL(20 ea daily); SP
Irrigation Solutions		
irrigation solutions, physiological soln	1	
lactated ringer's (irrigation) soln	1	
ringer's irrigation soln	1	
water for irrigation, sterile soln	1	
Potassium Removing Agents		
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln 2 %	1	QL(4 ml daily)
lidocaine hcl (mouth-throat) soln 4 %	1	
Anti-infectives - Throat		
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use chlorhexidine gluconate (mouth-throat))	NF	
Dental Products		
stannous fluoride conc mt 0.63 %	0	RX/OTC
Steroids - Mouth/Throat/Dental		

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
cevimeline hcl caps	1	
EVOXAC CAPS (Use cevimeline hcl)	NF	
pilocarpine hcl (oral) tabs	1	
SALAGEN TABS (Use pilocarpine hcl (oral))	NF	
MULTIVITAMINS		
Multiple Vitamins w/ Minerals		
CORVITE TABS (Use multiple vitamins w/ minerals & folic acid)	NF	
Prenatal Vitamins		
CLASSIC PRENATAL TABS	2	QL(1 ea daily)
CVS PRENATAL TABS	2	QL(1 ea daily)
EQL PRENATAL FORMULA TABS	2	QL(1 ea daily)
GNP PRENATAL TABS	2	QL(1 ea daily)
GOODSENSE PRENATAL VITAMINS TABS	2	QL(1 ea daily)
HM PRENATAL TABS	2	QL(1 ea daily)
KP PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
M-NATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	2	QL(1 ea daily)
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-10 MCG-10 MG-1000 MCG-12 MCG-120 MG-1200 MCG-2 MG-2 MG-20 MG-200 MG-25 MG-27 MG-3 MG-5 MG-9.2 MG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
O-CAL FA TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	2	QL(1 ea daily); RX/OTC
ONE VITE WOMENS PRENATALVITAMIN TABS	2	QL(1 ea daily)
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
PRENATAL TABS 0.8 MG- 1.5 MG-1.7 MG-100 MG-11 UNIT-18 MG-2.6 MG-25 MG-263 MG-27 MG-4 MCG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT- 4000 UNIT-8 MCG, 1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG- 800 MCG, 1.7 MG-1.84 MG-100 MG-11 UNIT-160 MG-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG- 400 UNIT-4000 UNIT-800 MCG	2	QL(1 ea daily)
PRENATAL TABS 1 MG- 1.84 MG-10 MG-12 MCG- 120 MG-2 MG-20 MG-200 MG-22 MG-25 MG-27 MG- 3 MG-400 UNIT-4000 UNIT	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL VITAMINS PLUS LOW IRON TABS	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	2	QL(1 ea daily)
PRENATRIX TABS	2	QL(1 ea daily); RX/OTC
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	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	

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (Use <i>methocarbamol</i>)	NF	
ROBAXIN-750 TABS (Use <i>methocarbamol</i>)	NF	
SKELAXIN TABS (Use <i>metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use <i>tizanidine hcl</i>)	NF	
ZANAFLEX TABS (Use <i>tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 50 mg, 25 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use <i>olopatadine hcl (nasal)</i>)	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF SUSP (Use <i>fluticasone propionate (nasal)</i>)	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>flunisolide (nasal) soln</i>	1	1 rtl pack lmt per fill,
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	
NASONEX SUSP (Use <i>mometasone furoate (nasal)</i>)	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use <i>riluzole</i>)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use <i>levobunolol hcl</i>)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use <i>dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln</i>	1	
<i>metipranolol soln</i>	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (Use <i>timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (Use <i>pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (Use <i>brimonidine tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (Use <i>apraclonidine hcl</i>)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN (Use <i>sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN SOLN (Use <i>ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
NEOSPORIN SOLN (<i>Use neomycin-polymyxin-gramicidin</i>)	NF	
OCUFLOX SOLN (<i>Use ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (<i>Use tobramycin (ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (<i>Use moxifloxacin hcl (ophth)</i>)	NF	
VIROPTIC SOLN (<i>Use trifluridine</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
DUREZOL EMUL	3	PA
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	3	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NF	
MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
OMNIPRED SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ACULAR SOLN (<i>Use ketorolac tromethamine (ophth)</i>)	NF	
ALOCRIAL SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1	
BEPREVE SOLN	3	PA
<i>bromfenac sodium (ophth) soln</i>	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use epinastine hcl (ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	3	PA
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
<i>olopatadine hcl soln</i>	1	RX/OTC
PATADAY SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
PATANOL SOLN (<i>Use olopatadine hcl</i>)	NF	RX/OTC
TRUSOPT SOLN (<i>Use dorzolamide hcl</i>)	NF	
ZADITOR SOLN (<i>Use ketotifen fumarate (ophth)</i>)	1	
ZERVIATE SOLN	3	PA
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN (<i>Use travoprost</i>)	2	
<i>travoprost soln</i>	1	
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (<i>Use ciprofloxacin hcl (otic)</i>)	1	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (<i>Use ofloxacin (otic)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	2	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetamide soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN (<i>Use ciprofloxacin-fluocinolone acetamide</i>)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (<i>Use fluocinolone acetamide (otic)</i>)	NF	
<i>fluocinolone acetamide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	PA; SP
GAMMAGARD LIQUID SOLN 30 GM/300ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN	4	PA; SP
GAMUNEX-C SOLN	4	PA; SP
HIZENTRA SOLN 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	1	
<i>amoxicillin chew</i>	1	
<i>amoxicillin susr</i>	1	
<i>amoxicillin tabs</i>	1	
<i>ampicillin caps</i>	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	
<i>ampicillin sodium solr iv 10 gm</i>	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000 UNIT/ML, 60000 UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
<i>penicillin g sodium solr</i>	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
Penicillin Combinations		

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate chew</i>	1	
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
<i>ampicillin & sulbactam sodium solr ij 0.5 gm-1 gm, 1 gm-2 gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm</i>	1	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN TABS 125 MG-875 MG, 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN XR TB12 (Use <i>amoxicillin & pot clavulanate</i>)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
UNASYN SOLR (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN SOLR 0.25 GM-2 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 36 GM-4.5 GM (Use <i>piperacillin sodium-tazobactam sodium</i>)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium solr iv 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	0	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use <i>megestrol acetate (appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (Use <i>progesterone micronized</i>)	NF	
PROVERA TABS (Use <i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use <i>disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (Use <i>donepezil hydrochloride</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tabs 5 mg	1	QL(1 ea daily)
donepezil hydrochloride tbdp 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tbdp 5 mg	1	QL(1 ea daily)
galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg	1	QL(1 ea daily)
galantamine hydrobromide soln 4 mg/ml	1	QL(6 ml daily)
galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg	1	QL(2 ea daily)
memantine hcl tabs	1	
memantine hcl tabs 10 mg	1	QL(2 ea daily)
memantine hcl tabs 5 mg	1	QL(1 ea daily)
NAMENDA TABS 10 MG (Use memantine hcl)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use memantine hcl)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use memantine hcl)	NF	
RAZADYNE ER CP24 (Use galantamine hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use galantamine hydrobromide)	NF	QL(2 ea daily)
rivastigmine tartrate caps	1	
Combination Psychotherapeutics		
perphenazine-amitriptyline tabs	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS	4	PA; QL(4 ea daily)
tetrabenazine tabs	4	PA; QL(3 ea daily); SP
XENAZINE TABS (Use tetrabenazine)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use dalfampridine)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	NF	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	NF	PA; QL(0.429 ml daily); SP
dalfampridine tb12	4	PA; QL(2 ea daily); SP
dimethyl fumarate cpdr	4	PA
dimethyl fumarate misc	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; SP
glatiramer acetate sosy 20 mg/ml	3	PA; QL(1 ml daily); SP
glatiramer acetate sosy 40 mg/ml	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA

Drug Name	Drug Tier	Requirements/Limits
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR (Use dimethyl fumarate)	4	PA
TECFIDERA STARTER PACK MISC (Use dimethyl fumarate)	4	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	3	
ORAP TABS (Use pimozide)	NF	
<i>pimozide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (Use nicotine)	0	QL(1 ea daily)
NICORETTE GUM (Use nicotine polacrilex)	0	
NICORETTE LOZG (Use nicotine polacrilex)	0	
NICORETTE MINI LOZG (Use nicotine polacrilex)	0	
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	0	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (Use bupropion hcl (smoking deterrent))	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP SOLR 1000 MG, 400 MG	4	PA; SP
ARALAST NP SOLR 500 MG	4	PA
PROLASTIN-C SOLN 1000 MG/20ML	4	PA;
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
ORKAMBI PACK 100 MG-125 MG, 150 MG-188 MG	4	PA; QL(2 ea daily)
ORKAMBI TABS 100 MG-125 MG, 125 MG-200 MG	4	PA; QL(4 ea daily)
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK	4	PA; QL(3 ea daily)
Pulmonary Fibrosis Agents		
OFEV CAPS	4	PA; QL(2 ea daily)
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Glycylcyclines		
<i>tigecycline solr</i>	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (<i>Use tigecycline</i>)	3	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 100 mg, 50 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (<i>Use minocycline hcl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 100 mg, 50 mg, 75 mg</i>	1	QL(3 ea daily)
TARGADOX TABS (<i>Use doxycycline hyclate</i>)	NF	
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (<i>Use doxycycline hyclate</i>)	NF	QL(2 ea daily)
XIMINO CP24 135 MG, 45 MG, 90 MG (<i>Use minocycline hcl</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>Use thyroid</i>)	2	QL(1 ea daily)
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	2	QL(1 ea daily)
CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs or 300 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID NT-2.5 TABS	2	
NATURE-THROID TABS	2	
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN (Use <i>liothyronine sodium</i>)	NF	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 0.1 mg/ml, 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate sosy ij 0.25 mg/5ml</i>	1	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (Use <i>chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
NIZATIDINE CAPS 150 MG	1	
<i>nizatidine caps 150 mg, 300 mg</i>	1	
<i>nizatidine soln 15 mg/ml</i>	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>famotidine</i>)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (Use <i>famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl syrp or 15 mg/ml, 150 mg/10ml, 75 mg/5ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (Use <i>cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>ranitidine hcl</i>)	NF	RX/OTC
ZANTAC SOLN 25 MG/ML, 25 MG/ML (Use <i>ranitidine hcl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (Use <i>sucralfate</i>)	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use <i>sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate susp 1 gm/10ml</i>	1	QL(40 ml daily)
<i>sucralfate tabs 1 gm</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>esomeprazole magnesium</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
<i>omeprazole magnesium tbec</i>	1	QL(4 ea daily)
<i>omeprazole tbec 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	
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NF	
PRIOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>pantoprazole sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps 1100 mg-20 mg</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 1100 MG-20 MG (Use <i>omeprazole-sodium bicarbonate</i>)	NF	RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro caps</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	QL(1 ea daily)
DETROL LA CP24 (<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	QL(1 ea daily)
<i>oxybutynin chloride syrpf</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>solifenacin succinate tabs</i>	1	PA; QL(1 ea daily)
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS (<i>Use solifenacin succinate</i>)	3	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 10 mg, 5 mg, 50 mg</i>	1	QL(4 ea daily)
<i>bethanechol chloride tabs 25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
URECHOLINE TABS 10 MG, 5 MG, 50 MG (<i>Use bethanechol chloride</i>)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (<i>Use bethanechol chloride</i>)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season; 1 rtl MAX fill, 180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ENGERIX-B SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUMIST QUADRIVALENT SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
GARDASIL 9 SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,
HEPLISAV-B SOSY	0	1 rtl MAX fill,365 rtl day(s) supply,
IPOL INACTIVATED IPV INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,
RECOMBIVAX HB SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTARIX SUSR	0	1 rtl MAX fill,365 rtl day(s) supply,
ROTATEQ SOLN	0	1 rtl MAX fill,365 rtl day(s) supply,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
TWINRIX SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
TWINRIX SUSY	0	1 rtl MAX fill,365 rtl day(s) supply,
VAQTA SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,
VARIVAX INJ	0	1 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)

VAGINAL AND RELATED PRODUCTS

Drug Name	Drug Tier	Requirements/ Limits
Miscellaneous Vaginal Products		
INTRAROSA INST	3	PA
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use clindamycin phosphate vaginal)	NF	
clindamycin phosphate vaginal crea	1	
clotrimazole vaginal crea 1 %	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use clotrimazole vaginal)	NF	
METROGEL-VAGINAL GEL (Use metronidazole vaginal)	NF	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp 200 mg	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	1	
estradiol vaginal tabs	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use estradiol vaginal)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		

Drug Name	Drug Tier	Requirements/ Limits
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
Vasopressors		
midodrine hcl tabs	1	
VITAMINS		
Oil Soluble Vitamins		
cholecalciferol caps 1.25 mg, 50000 unit	1	
cholecalciferol tabs 400 unit	0	
DRISDOL CAPS (Use ergocalciferol)	0	
ergocalciferol caps or 1.25 mg, 50000 unit	0	
ergocalciferol soln or 8000 unit/ml	1	

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D2 TABS 400 UNIT	0	AL (At least 65 yrs old)
Water Soluble Vitamins		
<i>niacin cpcr or 500 mg, 250 mg</i>	1	
<i>niacin tabs or 50 mg, 250 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
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CARETOUCH SAFETY			
LANCETS/28G	82		
CARETOUCH SAFETY			
LANCETS/30G	82		
CARETOUCH TWIST LANCETS			
28G	82		
CARETOUCH TWIST			
LANCETS 30G	82		
CARETOUCH TWIST			
LANCETS 33G	82		
carisoprodol	131		
carmustine	36		
carteolol hcl (ophth)	133		
carvedilol	50		
CASODEX	38		
caspofungin acetate	28		
CATAPRES	32		
CATAPRES-TTS-1	32		
CATAPRES-TTS-2	32		
CATAPRES-TTS-3	32		
CAYA	79		
CAYSTON	12		
cefaclor	54		
cefadroxil	53		
cefazolin sodium	53		
cefdinir	54		
cefditoren pivoxil	54		
cefepime hcl	54		
cefixime	54		
CEFOTAN	54		
cefotaxime sodium	54		
cefotetan disodium	54		
cefoxitin sodium	54		
cefpodoxime proxetil	54		
cefprozil	54		
ceftazidime	54		
ceftriaxone sodium	54		
cefuroxime axetil	54		
cefuroxime sodium	54		
CELEBREX	4		
celecoxib	4		
CELESTONE-SOLUSPAN	56		
CELEXA	22		
CELLCEPT	129		
CELONTIN	21		
cephalexin	53		
CERDELGA	75		
CEREBYX	20		
CEREZYME	75		
CESAMET	28		
cetirizine hcl	29		
cetirizine-pseudoephedrine	57		
CETRAXAL	135		
CETROTIDE	69		
cevimeline hcl	130		
CHANTIX	139		
CHANTIX CONTINUING			
MONTHPAK	139		
CHANTIX STARTING MONTH			
PAK	139		
CHEMET	27		
CHEMSTRIP-K	67		
CHILDRENS ADVIL	4		
CHILDRENS MOTRIN	4		
chloramphenicol sodium			
succinate	11		
chlordiazepoxide hcl	13		
chlordiazepoxide hcl-clidinium			
bromide	141		
chlorhexidine gluconate (mouth-			
throat)	130		
chloroquine phosphate	35		
chlorothiazide	68		
chlorpromazine hcl	46		
chlorpropamide	26		
chlorthalidone	68		
chlorzoxazone	131		
CHOLBAM	73		
cholecalciferol	146		
cholestyramine	30		
cholestyramine light	30		
CHORIONIC			
GONADOTROPIN	69		
CIALIS	52		
CICLODAN SOLUTION KIT	60		
ciclopirox	60		
ciclopirox olamine	60		
cidofovir	49		
cilostazol	75		
CILOXAN	133		
CIMDUO	47		
cimetidine	141		
cimetidine hcl	141		
CIMZIA	73		
CIMZIA STARTER KIT	73		
cinacalcet hcl	70		
CINRYZE	75		
CIPRO	72		
CIPRO HC	136		
CIPRODEX	136		
ciprofloxacin	72		

ciprofloxacin hcl.....	72	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	99
ciprofloxacin hcl (ophth)....	133	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	99
ciprofloxacin hcl (otic).....	135	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	98	CLEVER CHOICE GLUCOSE CONTROL HIGH.....	82
ciprofloxacin in d5w.....	72	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	98	CLICKFINE PEN NEEDLE 32GX5/32".....	99
ciprofloxacin-ciprofloxacin hcl.....	72	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	98	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	99
ciprofloxacin-dexamethasone	136	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	98	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	99
ciprofloxacin-fluocinolone acetone.....	136	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	98	CLICKFINE PEN NEEDLES 31G X 1/4".....	99
cisplatin.....	36	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	98	CLICKFINE PEN NEEDLES 31G X 3/16".....	99
citalopram hydrobromide.....	22	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	98	CLICKFINE PEN NEEDLES 31G X 5/16".....	99
cladribine.....	37	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 1/2".....	98	CLICKFINE PEN NEEDLES 31G X 8MM.....	99
CLAFORAN.....	54	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 1/2".....	98	CLICKFINE PEN NEEDLES 32G X 5/32".....	99
CLARINEX.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	98	CLICKFINE PEN NEEDLES/31GX1/4".....	99
clarithromycin.....	79	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	98	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	99
CLARITIN.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	CLIMARA.....	72
CLARITIN ALLERGY CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	CLIMARA PRO.....	71
CLARITIN CHILDRENS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	98	CLINDAGEL.....	58
CLARITIN REDITABS.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	98	clindamycin hcl.....	12
CLARITIN-D 12 HOUR.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	clindamycin palmitate hydrochloride.....	12
CLARITIN-D 24 HOUR.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	clindamycin phosphate.....	12
CLASSIC PRENATAL.....	130	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	98	clindamycin phosphate (topical).....	59
CLEANLET LANCETS 28G.....	82	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	98	clindamycin phosphate vaginal.....	146
clemastine fumarate.....	29	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	clindamycin phosphate-benzoyl peroxide.....	59
CLENPIQ.....	78	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	clindamycin phosphate-benzoyl peroxide (refrigerate).....	59
CLEOCIN.....	12,146	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	98	clindamycin phosphate- tretinoin.....	59
CLEOCIN PEDIATRIC GRANULES.....	12	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16".....	98	CLINIMIX 4.25%/DEXTROSE 10%.....	132
CLEOCIN PHOSPHATE.....	12	CLEVER CHOICE COMFORT EZLANCETS 21G.....	82	CLINIMIX 4.25%/DEXTROSE 25%.....	133
CLEOCIN-T.....	58	CLEVER CHOICE COMFORT EZLANCETS 23G.....	82	CLINIMIX 4.25%/DEXTROSE 5%.....	133
CLEVER CHEK LANCETS ULTRATHIN.....	82	CLEVER CHOICE COMFORT EZLANCETS 28G.....	82	CLINIMIX 5%/DEXTROSE 25%.....	133
CLEVER CHEK LANCETS ULTRATHIN 30G.....	82	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	98	CLINIMIX E 5%/DEXTROSE 20%.....	133
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	98	clobazam.....	18
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	98	clobetasol propionate.....	63
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	99		
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	98	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	99		

clobetasol propionate emollient base	64	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2"	99	CORTISPORIN	60
clocortolone pivalate	64	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	99	CORTISPORIN-TC	136
CLODERM	64	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	99	CORVITE	130
CLODERM PUMP	64	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	99	CORZIDE	33
clofarabine	37	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	99	COSENTYX	62
CLOLAR	37	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16"	99	COSENTYX SENSOREADY PEN	62
clomipramine hcl	23	COMFORT ASSURED LANCETS MICRO THIN 33G	82	COSMEGEN	39
clonazepam	18	COMFORT ASSURED LANCETS SUPER THIN 28G	82	COSOFT	133
clonidine	32	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	99	COUMADIN	16
clonidine hcl	32	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	99	COZAAR	32
clonidine hcl (adhd)	2	COMFORT EZ MICRO/32G X 4MM	99	CREON	67
clopidogrel bisulfate	75	COMFORT EZ SHORT/31G X 8MM	99	CRESEMBA	28
clorazepate dipotassium	13	COMFORT EZ/31G X 5MM	99	CRESTOR	31
clotrimazole	130	COMFORT EZ/31G X 6MM	99	CRIXIVAN	47
clotrimazole (topical)	60	COMFORT LANCETS	82	CROMOLYN SODIUM	14
clotrimazole vaginal	146	COMPLERA	47	cromolyn sodium	14
clotrimazole w/ betamethasone	60	COMTAN	43	cromolyn sodium (ophth)	135
clozapine	45	CONCERTA	2	crotamiton	67
CLOZARIL	45	CONTOUR HIGH	82	CUBICIN	11
COAGUCHEK LANCETS	82	CONTROL	82	CUBICIN RF	11
COARTEM	34	CONTRAVE	2	CUPRIMINE	129
CODEINE SULFATE	6	CONZIP	6	CUTIVATE	64
codeine sulfate	6	COPAXONE	138	CUVITRU	136
COGENTIN	43	COPIKTRA	40	CVS LANCETS 21G	82
COLACE	78	CORDARONE	14	CVS LANCETS MICRO THIN 33G	82
COLAZAL	73	CORDRAN	64	CVS LANCETS MICRO-THIN 33G	82
colchicine	75	COREG	50	CVS LANCETS ORIGINAL	82
colchicine w/ probenecid	74	CORGARD	51	CVS LANCETS THIN 26G	82
COLCRYS	75	CORLANOR	53	CVS LANCETS ULTRA THIN 30G	82
colesevelam hcl	30	CORTEF	56	CVS LANCETS ULTRA-THIN 30G	82
COLESTID	30	CORTENEMA	10	CVS LANCING DEVICE	83
COLESTID FLAVORED	30	cortisone acetate	56	CVS PRENATAL	130
colestipol hcl	30			CVS ULTRA THIN LANCETS	83
COLY-MYCIN S	136			cyanocobalamin	76
COLYTE-FLAVOR PACKS	78			cyclobenzaprine hcl	131
COMBIGAN	133			cyclophosphamide	36
COMBIVIR	47			cycloserine	35
COMETRIQ	40			CYCLOSET	25
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2"	99			cyclosporine	129
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16"	99			cyclosporine modified (for microemulsion)	129
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16"	99			CYKLOKAPRON	77
				CYMBALTA	23

cyproheptadine hcl.....	30	DEPAKOTE.....	21	DIACOMIT.....	18
CYRAMZA.....	37	DEPAKOTE ER.....	21	DIASTAT ACUDIAL.....	18
CYSTADANE.....	70	DEPEN TITRATABS.....	129	DIASTAT PEDIATRIC.....	18
CYSTAGON.....	74	DEPO-ESTRADIOL.....	72	DIATHRIVE LANCETS.....	83
CYSTARAN.....	135	DEPO-MEDROL.....	56	DIATHRIVE LANCETS ULTRA THIN 30G.....	83
cytarabine.....	37	DEPO-PROVERA CONTRACEPTIVE.....	56	DIATHRIVE LANCING DEVICE.....	83
CYTOMEL.....	140	DEPO-SUBQ PROVERA 104.....	56	DIATHRIVE PEN NEEDLE/31 G X 6MM.....	100
CYTOTEC.....	142	DEPO-TESTOSTERONE.....	10	DIATHRIVE PEN NEEDLE/31 GX 8MM.....	100
CYTOVENE.....	49	DERMA-SMOOTH/FS BODY.....	64	DIATHRIVE PEN NEEDLE/31GX 5MM.....	100
D.H.E. 45.....	126	DERMA-SMOOTH/FS SCALP.....	64	DIATHRIVE PEN NEEDLE/32GX 4MM.....	100
dacarbazine.....	42	DERMOTIC.....	136	DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3.....	83
DACOGEN.....	37	DESCOVY.....	47	diazepam.....	13
dactinomycin.....	39	DESFERAL.....	27	diazepam (anticonvulsant).....	18
DAKLINZA.....	49	desipramine hcl.....	23	diazoxide.....	25
dalfampridine.....	138	desloratadine.....	29	DIBENZYLINE.....	32
DALIRESP.....	15	desmopressin acetate.....	71	DICLEGIS.....	28
danazol.....	10	desmopressin acetate spray.....	71	diclofenac epolamine.....	59
DANTRIUM.....	132	desmopressin acetate spray refrigerated.....	71	diclofenac potassium.....	5
dantrolene sodium.....	132	desogestrel & ethinyl estradiol.....	54	diclofenac sodium.....	5
dapsone.....	12	desogestrel-ethinyl estradiol (biphasic).....	54	diclofenac sodium (actinic keratoses).....	61
DAPTOMYCIN.....	11	desogestrel-ethinyl estradiol (triphasic).....	54	diclofenac sodium (ophth).....	135
daptomycin.....	11	desonide.....	64	diclofenac sodium (topical).....	60
DARAPRIM.....	35	DESOWEN.....	64	diclofenac w/ misoprostol.....	5
darifenacin hydrobromide.....	143	desoximetasone.....	64	dicloxacillin sodium.....	137
DARZALEX.....	38	DESOXYN.....	1	dicyclomine hcl.....	141
daunorubicin hcl.....	39	desvenlafaxine succinate.....	23	didanosine.....	47
DAUNORUBICIN HYDROCHLORIDE.....	39	DETROL.....	143	DIFFERIN.....	59
DAURISMO.....	38	DETROL LA.....	143	DIFICID.....	79
DAYPRO.....	4	dexamethasone.....	56	diflorasone diacetate.....	64
DAYTRANA.....	2	DEXAMETHASONE INTENSOL.....	56	DIFLUCAN.....	28
DDAVP.....	71	dexamethasone sodium phosphate.....	56	diflunisal.....	6
DEBACTEROL.....	130	dexamethasone sodium phosphate (ophth).....	134	digoxin.....	52
decitabine.....	37	dexchlorpheniramine maleate.....	29	dihydroergotamine mesylate.....	126
deferasirox.....	27	DEXEDRINE.....	1	DILANTIN.....	20
deferiprone.....	27	DEXILANT.....	142	DILANTIN INFATABS.....	20
deferoxamine mesylate.....	27	dexamethylphenidate hcl.....	2	DILANTIN-125.....	20
DELESTROGEN.....	72	dextroamphetamine sulfate.....	1	DILAUDID.....	6
DELSTRIGO.....	47	dextrose in lactated ringers.....	128	diltiazem hcl.....	51
DELZICOL.....	73			DILTIAZEM HCL.....	51
DEMADEX.....	68			diltiazem hcl.....	52
demeclocycline hcl.....	140			diltiazem hcl coated beads.....	51
DEMEROL.....	6				
DENAVIR.....	63				
DEPACON.....	21				
DEPAKENE.....	21				

diltiazem hcl extended release beads.....	51	DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	100	DROPLET PEN NEEDLES 32G X 5/32".....	100
dimethyl fumarate.....	138	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	100	DROPLET PEN NEEDLES 32GX4MM.....	100
DIOVAN.....	32	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	100	DROPLET PEN NEEDLES 32GX5MM.....	100
DIOVAN HCT.....	33	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	100	DROPLET PEN NEEDLES 32GX6MM.....	101
DIPENTUM.....	73	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	100	DROPLET PERSONAL LANCETS30G.....	83
diphenhydramine hcl.....	29	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	100	DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	101
diphenoxylate w/ atropine.....	26	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	100	DROPSAFE SAFETY PEN NEEDLES/31G X 1/4".....	101
DIPROLENE.....	64	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	100	drospirenone-ethinyl estradiol.....	54
DIPROLENE AF.....	64	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	100	drospirenone-ethinyl estradiol-levomefolate calcium.....	54
dipyridamole.....	75	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	100	DROXIA.....	76
disopyramide phosphate.....	13	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	100	DRUG MART ADJUSTABLE LANCING DEVICE.....	83
disulfiram.....	137	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	100	DRUG MART LANCETS THIN.....	83
DITROPAN XL.....	143	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100	DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	83
divalproex sodium.....	21	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 1/2".....	100	DRUG MART UNIFINE PENTIPS 31GX5MM.....	101
DIVIGEL.....	72	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100	DRUG MART UNIFINE PENTIPS29G X 12MM.....	101
docetaxel.....	42	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100	DRUG MART UNIFINE PENTIPS31GX6MM.....	101
DOCETAXEL.....	42	DROPLET INSULIN SYRINGE/U-100/1ML/30G X 15/64".....	100	DRUG MART UNIFINE PENTIPS31GX8MM.....	101
docetaxel.....	42	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100	DRUG MART UNIFINE PENTIPS32GX4MM.....	101
docusate calcium.....	78	DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100	DRUG MART UNIFINE PENTIPSPLUS 32GX4MM.....	101
docusate sodium.....	78	DROPLET LANCETS ULTRA THIN 30G.....	83	DRUG MART UNILET LANCETSSUPER THIN 30G.....	83
dofetilide.....	14	DROPLET LANCING DEVICE.....	83	DRUG MART UNILET LANCETSULTRA THIN 28G.....	83
DOLOPHINE.....	6	DROPLET PEN NEEDLES 29GX12MM.....	100	DRUG MART UNILET MICRO THIN LANCETS 33G.....	83
donepezil hydrochloride.....	138	DROPLET PEN NEEDLES 30G X 5/16".....	100	DUAC.....	59
DOPTELET.....	76	DROPLET PEN NEEDLES 31GX5MM.....	100	DUAVEE.....	71
DORAL.....	77	DROPLET PEN NEEDLES 31GX6MM.....	100	DUETACT.....	24
dorzolamide hcl.....	135	DROPLET PEN NEEDLES 31GX8MM.....	100	DULCOLAX.....	78
dorzolamide hcl-timolol maleate.....	133	DROPLET PEN NEEDLES 32GX4MM.....	101	duloxetine hcl.....	23
DOVATO.....	47	DROPLET PEN NEEDLES 32GX4MM.....	101	DUPIXENT.....	66
DOVONEX.....	62	DROPLET PEN NEEDLES 32GX4MM.....	101	DURAGESIC.....	6
doxazosin mesylate.....	32	DROPLET PEN NEEDLES 32GX4MM.....	101	DUREX EXTRA SENSITIVE.....	79
doxepin hcl.....	24	DROPLET PEN NEEDLES 32GX4MM.....	101	DUREZOL.....	134
doxepin hcl (antipruritic).....	62	DROPLET PEN NEEDLES 32GX4MM.....	101	dutasteride.....	74
doxepin hcl (sleep).....	77	DROPLET PEN NEEDLES 32GX4MM.....	101	DUZALLO.....	74
doxercalciferol.....	70	DROPLET PEN NEEDLES 32GX4MM.....	101	DYAZIDE.....	68
DOXIL.....	39	DROPLET PEN NEEDLES 32GX4MM.....	101		
doxorubicin hcl.....	39	DROPLET PEN NEEDLES 32GX4MM.....	101		
doxorubicin hcl liposomal.....	39	DROPLET PEN NEEDLES 32GX4MM.....	101		
doxycycline (monohydrate).....	140	DROPLET PEN NEEDLES 32GX4MM.....	101		
doxycycline hyclate.....	140	DROPLET PEN NEEDLES 32GX4MM.....	101		
doxylamine-pyridoxine.....	28	DROPLET PEN NEEDLES 32GX4MM.....	101		
DRISDOL.....	146	DROPLET PEN NEEDLES 32GX4MM.....	101		
dronabinol.....	28	DROPLET PEN NEEDLES 32GX4MM.....	101		
DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	100	DROPLET PEN NEEDLES 32GX4MM.....	101		
DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	100	DROPLET PEN NEEDLES 32GX4MM.....	101		

DYRENIUM.....	68	EASY TOUCH		EASY TOUCH INSULIN	
DYSPORT.....	132	32GX6MM.....	101	SYRINGE/U-100/1ML/28G X	
E-Z JECT LANCETS.....	83	EASY TOUCH FLIPLOCK		1/2".....	102
E-Z JECT LANCETS 21G... 83		SAFETY INSULIN SYRINGE		EASY TOUCH INSULIN	
E-Z JECT LANCETS		1ML/29GX1/2".....	101	SYRINGE/U-100/1ML/29G X	
COLOR.....	83	EASY TOUCH FLIPLOCK		1/2".....	102
E-Z JECT LANCETS SUPER		SAFETY INSULIN SYRINGE		EASY TOUCH INSULIN	
THIN 30G.....	83	1ML/30GX1/2".....	101	SYRINGE/U-100/1ML/30G X	
E-Z JECT LANCETS THIN		EASY TOUCH FLIPLOCK		1/2".....	102
26G.....	83	SAFETY INSULIN SYRINGE		EASY TOUCH INSULIN	
E-ZJECT LANCETS MICRO-		1ML/30GX5/16".....	101	SYRINGE/U-100/1ML/31G X	
THIN 33G.....	83	EASY TOUCH FLIPLOCK		5/16".....	102
E.E.S. GRANULES.....	79	SAFETY INSULIN SYRINGE		EASY TOUCH LANCETS	
EASY COMFORT INSULIN		1ML/31GX5/16".....	101	21G/PRESSURE	
SYRINGE/0.5ML/30G X		EASY TOUCH INSULIN		ACTIVATED.....	83
5/16".....	101	SYRINGE/0.3ML/30G X		EASY TOUCH LANCETS	
EASY COMFORT INSULIN		5/16".....	101	23G/PRESSURE	
SYRINGE/0.5ML/31G X		EASY TOUCH INSULIN		ACTIVATED.....	83
5/16".....	101	SYRINGE/0.3ML/31G X		EASY TOUCH LANCETS	
EASY COMFORT INSULIN		5/16".....	101	26G/PRESSURE	
SYRINGE/1ML/30G X		EASY TOUCH INSULIN		ACTIVATED.....	83
5/16".....	101	SYRINGE/0.5ML/29G X		EASY TOUCH LANCETS	
EASY COMFORT INSULIN		1/2".....	101	26G/PULL-TOP.....	83
SYRINGE/1ML/31G X		EASY TOUCH INSULIN		EASY TOUCH LANCETS	
5/16".....	101	SYRINGE/0.5ML/30G X		28G/PRESSURE	
EASY COMFORT INSULIN		5/16".....	101	ACTIVATED.....	83
SYRINGE/U-100/0.5ML/30G X		EASY TOUCH INSULIN		EASY TOUCH LANCETS	
1/2".....	101	SYRINGE/1ML/30G X		28G/PULL-TOP.....	83
EASY COMFORT INSULIN		5/16".....	101	EASY TOUCH LANCETS	
SYRINGE/U-100/1ML/30G X		EASY TOUCH INSULIN		28G/TWIST.....	83
1/2".....	101	SYRINGE/SAFETY/U-		EASY TOUCH LANCETS	
EASY COMFORT LANCETS	83	100/0.5ML/29G X 1/2".....	101	30G/BUTTON-ACTIVATED.....	83
EASY COMFORT LANCETS		EASY TOUCH INSULIN		EASY TOUCH LANCETS	
30G/PULL TOP.....	83	SYRINGE/SAFETY/U-		30G/PRESSURE	
EASY COMFORT LANCETS		100/0.5ML/30G X 5/16".....	101	ACTIVATED.....	83
30G/THIN TOP.....	83	EASY TOUCH INSULIN		EASY TOUCH LANCETS	
EASY COMFORT LANCETS		SYRINGE/SAFETY/U-		30G/PULL-TOP.....	84
30G/TWIST TOP.....	83	100/1ML/29G X 1/2".....	102	EASY TOUCH LANCETS	
EASY COMFORT LANCETS		EASY TOUCH INSULIN		30G/TWIST.....	84
30G/PULL TOP.....	83	SYRINGE/SAFETY/U-		EASY TOUCH LANCETS	
EASY COMFORT LANCETS		100/1ML/30G X 1/2".....	102	32G/PRESSURE	
30G/PULL TOP.....	83	EASY TOUCH INSULIN		ACTIVATED.....	84
EASY COMFORT LANCETS		SYRINGE/U-100/0.3ML/30G X		EASY TOUCH LANCETS	
30G/THIN TOP.....	83	1/2".....	102	32G/PULL-TOP.....	84
EASY COMFORT LANCETS		EASY TOUCH INSULIN		EASY TOUCH LANCETS	
30G/TWIST TOP.....	83	SYRINGE/U-100/0.5ML/27G X		32G/TWIST.....	84
EASY COMFORT PEN		1/2".....	102	EASY TOUCH LANCETS	
NEEDLES31GX1/4".....	101	EASY TOUCH INSULIN		33G/TWIST.....	84
EASY COMFORT PEN		SYRINGE/U-100/0.5ML/28G X		EASY TOUCH LANCING	
NEEDLES31GX3/16".....	101	1/2".....	102	DEVICE/EJECTOR.....	84
EASY COMFORT PEN		EASY TOUCH INSULIN		EASY TOUCH PEN NEEDLE	
NEEDLES31GX5/16".....	101	SYRINGE/U-100/0.3ML/30G X		30G X 5/16".....	102
EASY COMFORT PEN		1/2".....	102	EASY TOUCH PEN NEEDLES	
NEEDLES32GX5/32".....	101	EASY TOUCH INSULIN		29GX1/2".....	102
EASY MINI EJECT LANCING		SYRINGE/U-100/0.5ML/27G X		EASY TOUCH PEN NEEDLES	
DEVICE.....	83	1/2".....	102	31GX1/4".....	102
EASY MINI LANCING		EASY TOUCH INSULIN		EASY TOUCH PEN NEEDLES	
DEVICE.....	83	SYRINGE/U-100/0.5ML/30G X		31GX5/16".....	102
EASY PLUS II CONTROL		1/2".....	102		
SOLUTION HIGH.....	83	EASY TOUCH INSULIN			
EASY STEP CONTROL		SYRINGE/U-100/0.5ML/31G X			
SOLUTION HIGH.....	83	5/16".....	102		
EASY TALK CONTROL		EASY TOUCH INSULIN			
SOLUTION HIGH.....	83	SYRINGE/U-100/1ML/27G X			
EASY TOUCH 32GX5MM... 101		1/2".....	102		

EASY TOUCH PEN NEEDLES 32GX1/4".....	102	efavirenz-emtricitabine- tenofovir disoproxil fumarate.....	47	ELLIOTTS B.....	128
EASY TOUCH PEN NEEDLES 32GX3/16".....	102	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	47	ELMIRON.....	74
EASY TOUCH PEN NEEDLES 32GX5/32".....	102	EFFEXOR XR.....	23	ELOCON.....	64
EASY TOUCH PEN NEEDLES/31G X 3/16".....	102	EFFIENT.....	75	EMADINE.....	135
EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	84	EFUDEX.....	61	EMBEDA.....	6
EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	84	EGRIFTA.....	70	EMBRACE GLUCOSE CONTROL SOLUTION HIGH.....	84
EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	84	EGRIFTA SV.....	70	EMBRACE LANCETS ULTRA THIN 30G.....	84
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	84	ELAPRASE.....	70	EMBRACE LANCING DEVICE WITH EJECTOR.....	84
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	84	ELELYSO.....	75	EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH.....	84
EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	84	ELEMENT HIGH CONTROL.....	84	EMCYT.....	38
EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	102	ELESTAT.....	135	EMEND.....	28
EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	102	ELESTRIN.....	72	EMFLAZA.....	56
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	102	eletriptan hydrobromide..	126	EMGALITY.....	126
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	102	ELIDEL.....	66	EMPLICITI.....	38
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	102	ELIGARD.....	38	EMSAM.....	22
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	102	ELIMITE.....	67	emtricitabine.....	47
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	102	ELIQUIS.....	16	emtricitabine-tenofovir disoproxil fumarate.....	47
EASY TRAK GLUCOSE CONTROLSOLUTION HIGH	84	ELIQUIS STARTER PACK	16	EMTRIVA.....	47
EASY TWIST & CAP LANCETS.....	84	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	102	EMVERM.....	11
EASYGLUCO CONTROL SOLUTION HIGH.....	84	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	102	ENABLEX.....	143
EASYMAX CONTROL SOLUTIONHIGH.....	84	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	102	enalapril maleate.....	32
EC-NAPROSYN.....	5	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	102	enalapril maleate & hydrochlorothiazide.....	33
econazole nitrate.....	60	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	103	ENBREL.....	5,6
EDARBI.....	32	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	103	ENBREL MINI.....	5
EDECIN.....	68	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	103	ENBREL SURECLICK.....	6
EDURANT.....	47	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	103	ENGERIX-B.....	144
efavirenz.....	47	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	103	enoxaparin sodium.....	17
		ELITEK.....	42	entacapone.....	43
		ELIXOPHYLLIN.....	16	entecavir.....	49
		ELLA.....	56	ENTEREG.....	74
		ELLECE.....	40	ENTOCORT EC.....	56
				ENTRESTO.....	52
				ENTYVIO.....	73
				EPCLUSA.....	49
				EPIDIOLEX.....	19
				EPIDUO.....	59
				epinastine hcl (ophth).....	135
				epinephrine (anaphylaxis).....	146
				epinephrine hcl.....	16
				EPIPEN 2-PAK.....	146
				EPIPEN-JR 2-PAK.....	146

epirubicin hcl.....	40	ERWINAZE.....	42	EXEL COMFORT POINT	
EPIVIR.....	47	ERYPED 200.....	79	INSULIN PEN NEEDLES 31G X	
EPIVIR HBV.....	49	ERYPED 400.....	79	8MM.....	103
eplerenone.....	34	erythromycin (acne aid).....	59	EXEL COMFORT POINT	
EPOGEN.....	76	erythromycin (ophth).....	133	INSULIN SYRINGE/0.3ML/29G X	
epoprostenol sodium.....	53	erythromycin base.....	79	1/2".....	103
eprosartan mesylate.....	32	erythromycin		EXEL COMFORT POINT	
EPZICOM.....	47	ethylsuccinate.....	79	INSULIN SYRINGE/0.3ML/30G X	
EQL COLOR LANCETS 21G84		escitalopram oxalate.....	22	5/16".....	103
EQL COLOR LANCETS MICRO		ESGIC.....	6	EXEL COMFORT POINT	
THIN 33G.....	84	esomeprazole		INSULIN SYRINGE/0.5ML/28G X	
EQL INSULIN		magnesium.....	142	1/2".....	103
SYRINGE/0.3ML/29G X		estazolam.....	77	EXEL COMFORT POINT	
1/2".....	103	ESTRACE.....	72	INSULIN SYRINGE/0.5ML/30G X	
EQL INSULIN		estradiol.....	72	5/16".....	103
SYRINGE/0.3ML/30G X		estradiol vaginal.....	146	EXEL COMFORT POINT	
5/16".....	103	estradiol valerate.....	72	INSULIN SYRINGE/1ML/28G X	
EQL INSULIN		ESTROGEL.....	72	1/2".....	103
SYRINGE/0.3ML/31G X		ESTROSTEP FE.....	54	EXEL COMFORT POINT	
5/16".....	103	eszopiclone.....	77	INSULIN SYRINGE/1ML/29G X	
EQL INSULIN		ethacrynic acid.....	68	1/2".....	103
SYRINGE/0.5ML/29G X		ethambutol hcl.....	35	EXEL COMFORT POINT	
1/2".....	103	ethosuximide.....	21	INSULIN SYRINGE/1ML/30G X	
EQL INSULIN		ethynodiol diacet & eth		5/16".....	103
SYRINGE/0.5ML/30G X		estrad.....	54	EXELDERM.....	60
5/16".....	103	etidronate disodium.....	69	exemestane.....	39
EQL INSULIN		etodolac.....	5	EXFORGE.....	33
SYRINGE/0.5ML/31G X		etonogestrel-ethinyl		EXFORGE HCT.....	33
5/16".....	103	estradiol.....	55	EXJADE.....	27
EQL INSULIN		ETOPOPHOS.....	42	EXTAVIA.....	138
SYRINGE/1ML/29G X 1/2".....	103	etoposide.....	42	EZ SMART BLOOD GLUCOSE	
EQL INSULIN		EUCRISA.....	66	LANCETS.....	84
SYRINGE/1ML/30G X		EURAX.....	67	EZ-LETS LANCETS 21G.....	84
5/16".....	103	EVAMIST.....	72	EZ-LETS LANCETS 26G	
EQL INSULIN		everolimus.....	40	SUPER-SOFT.....	84
SYRINGE/1ML/31G X		(immunosuppressant).....	129	EZ-LETS LANCETS 28G	
5/16".....	103	EVISTA.....	70	ULTRA-SOFT.....	84
EQL PRENATAL		EVOCLIN.....	59	EZ-LETS LANCETS 30G.....	84
FORMULA.....	130	EVOMELA.....	36	ezetimibe.....	31
EQL SUPER THIN LANCETS		EVOTAZ.....	47	ezetimibe-simvastatin.....	30
30G.....	84	EVOXAC.....	130	FABRAZYME.....	70
EQL THIN LANCETS 26G.....	84	EXALGO.....	6	famciclovir.....	50
EQUETRO.....	45	EXEL COMFORT POINT		famotidine.....	141
ERAXIS.....	28	INSULIN PEN NEEDLES 29G		famotidine in nacl.....	141
ERBITUX.....	38	X 12MM.....	103	FANAPT.....	45
ergocalciferol.....	146	EXEL COMFORT POINT		FANAPT TITRATION PACK.....	45
ergoloid mesylates.....	139	INSULIN PEN NEEDLES 31G		FANTASY LUBRICATED.....	79
ERGOMAR.....	126	X 6MM.....	103	FANTASY	
ergotamine w/ caffeine.....	126			LUBRICATED/SPERMICIDE	
ERIVEDGE.....	38			79
erlotinib hcl.....	40			FARESTON.....	39
ERTACZO.....	60				
ertapenem sodium.....	11				

FARXIGA.....	26	FIFTY50 SAFETY SEAL		FLUARIX QUADRIVALENT	
FASENRA.....	14	LANCETS 32G.....	84	2020-2021.....	144
FASENRA PEN.....	14	FIFTY50 SUPERIOR		FLUBLOK QUADRIVALENT	
FASLODEX.....	39	COMFORTINSULIN		2018-2019.....	144
FAZACLO.....	45	SYRINGE/0.3ML/31G X		FLUBLOK QUADRIVALENT	
FC FEMALE CONDOM.....	79	5/16".....	104	2019-2020.....	144
febuxostat.....	75	FIFTY50 SUPERIOR		FLUBLOK QUADRIVALENT	
felbamate.....	20	COMFORTINSULIN		2020-2021.....	144
FELBATOL.....	20	SYRINGE/0.5ML/31G X		FLUCELVAX QUADRIVALENT	
FELDENE.....	5	5/16".....	104	2018-2019.....	144
felodipine.....	52	FIFTY50 SUPERIOR		FLUCELVAX QUADRIVALENT	
FEMARA.....	39	COMFORTINSULIN		2019-2020.....	144
FEMCAP.....	79	SYRINGE/1ML/31G X		FLUCELVAX QUADRIVALENT	
FEMHRT LOW DOSE.....	71	5/16".....	104	2020-2021.....	144
FEMRING.....	146	FIFTY50 UNILET LANCETS		fluconazole.....	28
fenofibrate.....	31	33G.....	84	flucytosine.....	28
fenofibrate micronized.....	31	FINACEA.....	66	fludarabine phosphate.....	37
fenoprofen calcium.....	5	finasteride.....	74	fludrocortisone acetate.....	57
FENSOLVI.....	70	FINE 30.....	84	FLULAVAL QUADRIVALENT	
fentanyl.....	7	FINGERSTIX LANCETS.....	84	2018-2019.....	144
fentanyl citrate.....	7	FIORICET.....	6	FLULAVAL QUADRIVALENT	
FENTORA.....	7	FIORICET/CODEINE.....	8	2019-2020.....	144
FER-IN-SOL.....	76	FIORINAL.....	6	FLULAVAL QUADRIVALENT	
FERRIPROX.....	27	FIORINAL/CODEINE #3.....	9	2020-2021.....	145
ferrous fumarate-folic acid.....	76	FIRAZYR.....	75	FLUMADINE.....	50
ferrous sulfate.....	76	FIRDAPSE.....	35	FLUMIST QUADRIVALENT.....	145
FETZIMA.....	23	FIRMAGON.....	39	flunisolide (nasal).....	132
FETZIMA TITRATION PACK.....	23	FIRVANQ.....	11	fluocinolone acetonide.....	64
fexofenadine hcl.....	29	FLAGYL.....	11	fluocinolone acetonide	
fexofenadine-pseudoephedrine.....	57,58	flavoxate hcl.....	143	(otic).....	136
FIASP.....	25	flecainide acetate.....	14	fluocinonide.....	64
FIASP FLEXTOUCH.....	25	FLECTOR.....	60	fluocinonide emulsified base.....	64
FIASP PENFILL.....	25	FLOLAN.....	53	fluorometholone (ophth).....	134
FIBERCON.....	78	FLOMAX.....	74	fluorouracil.....	37
FIBRICOR.....	31	FLONASE ALLERGY		fluorouracil (topical).....	61
FIFTY50 PEN NEEDLES 31G		RELIEF.....	132	fluoxetine hcl.....	22
X3/16" (5MM).....	103	FLONASE ALLERGY RELIEF		fluoxetine hcl (pmdd).....	139
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X5/16" (8MM).....	103	FLOVENT DISKUS.....	15	HYDROCHLORIDE.....	22
FIFTY50 PEN NEEDLES		FLOVENT HFA.....	15	fluphenazine hcl.....	46
31GX5MM.....	103	FLOXIN OTIC.....	135	flurandrenolide.....	64
FIFTY50 PEN		floxuridine.....	37	flurbiprofen.....	5
NEEDLES/31GX8MM.....	103	FLUAD 2018-2019.....	144	flurbiprofen sodium.....	135
FIFTY50 PEN		FLUAD 2019-2020.....	144	flutamide.....	39
NEEDLES/32GX4MM.....	104	FLUAD 2020-2021.....	144	fluticasone propionate.....	64
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NEEDLES/32GX6MM.....	104	INFLUENZA VACCINE FOR		(nasal).....	132
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		2018-2019.....	144	fluvoxamine maleate.....	22
		FLUARIX QUADRIVALENT		FLUZONE HIGH-DOSE PF 2018-	
		2019-2020.....	144	2019.....	145

FLUZONE HIGH-DOSE PF 2019-2020	145	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	85	GENOTROPIN MINIQUICK	70
FLUZONE HIGH-DOSE PF 2020-2021	145	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	85	gentamicin in saline	3
FLUZONE QUADRIVALENT 2018-2019	145	FREESTYLE LANCETS	85	gentamicin sulfate	3
FLUZONE QUADRIVALENT 2019-2020	145	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104	gentamicin sulfate (ophth)	133
FLUZONE QUADRIVALENT 2020-2021	145	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	104	gentamicin sulfate (topical)	60
FML	134	FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	104	GENTEEL BUTTERFLY TOUCH LANCETS	85
FML FORTE	134	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16"	104	GENTEEL LANCING DEVICE/BUFF BLACK	85
FML LIQUIFILM	134	FREESTYLE UNISTICK II LANCETS	85	GENTEEL LANCING DEVICE/BUTTERFLY BLUE	85
FOCALIN	2	FROVA	126	GENTEEL LANCING DEVICE/GLORIOUS GOLD	85
FOCALIN XR	2	frovatriptan succinate	126	GENTEEL LANCING DEVICE/PLAYFUL PURPLE	85
folic acid	76	FULPHILA	76	GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	85
FOLOTYN	37	fulvestrant	39	GENTEEL LANCING DEVICE/PRINCESS PINK	85
fondaparinux sodium	17	FURADANTIN	12	GENTEEL LANCING DEVICE/STATELY SILVER	85
FORA CONTROL SOLUTION HIGH	84	furosemide	68	GENTEEL LANCING DEVICE/WILLOWY WHITE	85
FORA GTEL BLOOD KETONE TEST STRIPS	67	FUZEON	47	GENTLE-LET GP LANCETS	85
FORA LANCETS	84	FYCOMPA	18	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	85
FORA LANCING DEVICE	84	gabapentin	19	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	85
FORA LANCING DEVICE/CLEARCAP	84	GABITRIL	20	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	85
FORACARE GDH CONTROL SOLUTION HIGH	85	GALAFOLD	70	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	85
FORFIVO XL	21	galantamine hydrobromide	138	GENVOYA	47
FORTAZ	54	GAMMAGARD LIQUID	136	GEODON	45
FORTEO	69	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	136	GILENYA	138
FORTISCARE CONTROL SOLUTIONS HIGH	85	GAMMAKED	136	GILOTRIF	40
FOSAMAX	69	GAMUNEX-C	136	glatiramer acetate	138
FOSAMAX PLUS D	69	ganciclovir sodium	49	GLEEVEC	40
fosamprenavir calcium	47	ganirelix acetate	69	GLEOSTINE	36
fosaprepitant dimeglumine	28	GANIRELIX ACETATE	69	glimepiride	26
fosfomycin tromethamine	12	GARDASIL 9	145	glipizide	26
fosinopril sodium	32	gatifloxacin (ophth)	133	glipizide-metformin hcl	24
fosinopril sodium & hydrochlorothiazide	33	GAZYVA	38	GLOBAL EASE INJECT PEN NEEDLES 29GX12MM	104
fosphenytoin sodium	20	gemcitabine hcl	37	GLOBAL EASE INJECT PEN NEEDLES 31GX8MM	104
FOSRENOL	74	GEMCITABINE HYDROCHLORIDE	37	GLOBAL EASE INJECT PEN NEEDLES 32GX4MM	104
FRAGMIN	17	gemfibrozil	31	GLOBAL EASE INJECT PEN NEEDLES 31GX5MM	104
FREDS PHARMACY AUTOLET LANCING DEVICE	85	GEMZAR	37		
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM	104	GENERESS FE	54		
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM	104	GENOTROPIN	70		
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM	104				

GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	104	GLUCAGEN DIAGNOSTIC.....	67	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	105
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16".....	104	GLUCAGEN HYPOKIT.....	25	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	105
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	104	GLUCAGON EMERGENCY KIT.....	25	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	104	GLUCOCOM HIGH CONTROL.....	85	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	104	GLUCOCOM LANCETS 28G.....	85	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	104	GLUCOCOM LANCETS 30G.....	85	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104	GLUCOCOM LANCETS 33G.....	85	GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	105
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	104	GLUCOPHAGE.....	25	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	104	GLUCOPHAGE XR.....	25	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	104	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	105	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	105	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	106
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	GNP LANCETS.....	85
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	GNP LANCETS 21G.....	85
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	105	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105	GNP LANCETS MICRO THIN 33G.....	85
GLOBAL INJECT EASE LANCETS 28G.....	85	GLUCOTROL.....	26	GNP LANCETS SUPER THIN 30G.....	85
GLOBAL INJECT EASE LANCETS 30G.....	85	GLUCOTROL XL.....	26	GNP LANCETS THIN.....	85
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	105	glyburide.....	26	GNP LANCETS THIN 26G.....	85
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16".....	105	glyburide micronized.....	26	GNP MICRO THIN LANCETS 33G.....	85
GLOBAL LANCING DEVICE.....	85	glyburide-metformin.....	24	GNP PRENATAL.....	130
		glycine (gu irrigant).....	74	GNP SUPER THIN LANCETS/30G.....	85
		glycopyrrolate.....	141	GNP ULTICARE PEN NEEDLES/31GX5/16".....	106
		GLYNASE.....	26	GNP ULTICARE PEN NEEDLES/32GX 5/32".....	106
		GLYSET.....	24	GNP ULTICARE PEN NEEDLES/32GX1/4".....	106
		GLYXAMBI.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	106
		GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16".....	105		

GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	106	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....	106	HAEMOLANCE PLUS.....	86
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	106	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....	106	HAEMOLANCE PLUS HIGH FLOW.....	86
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	106	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....	106	HAEMOLANCE PLUS LOW FLOW.....	86
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	106	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....	106	HAEMOLANCE PLUS MAX FLOW.....	86
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	106	GOODSENSE PRENATAL VITAMINS.....	130	HAEMOLANCE PLUS PEDIATRIC FLOW.....	86
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	106	granisetron hcl.....	27	HALAVEN.....	42
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	106	GRANIX.....	76	halcinonide.....	65
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	106	GRATESTK.....	3	HALCION.....	77
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	106	griseofulvin microsize.....	28	HALDOL.....	45
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	106	griseofulvin ultramicrosize.....	28	HALDOL DECANOATE 100.....	45
GOJJI BLOOD KETONE TEST STRIPS.....	67	guanfacine hcl.....	32	HALDOL DECANOATE 50.....	45
GOJJI LANCING DEVICE/CLEAR CAP.....	85	guanfacine hcl (adhd).....	2	halobetasol propionate.....	65
GOJJI STERILE LANCETS 30G.....	86	GUANIDINE HCL.....	35	HALOG.....	65
GOLYTELY.....	78	GVOKE PFS.....	25	haloperidol.....	45
GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....	106	GYNAZOLE-1.....	146	haloperidol decanoate.....	45
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	86	GYNE-LOTRIMIN.....	146	haloperidol lactate.....	45
GOODSENSE LANCETS MICRO-THIN 33G.....	86	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	106	HARVONI.....	49
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	86	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	107	HAVRIX.....	145
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	86	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	107	HEALTH CARE LANCING DEVICE.....	86
GOODSENSE LANCETS ULTRA-THIN 30G.....	86	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	107	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	107
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	86	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	107	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	107
GOODSENSE LANCING DEVICE.....	86	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	86	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	107
		H-E-B INCONTROL LANCETS MICRO THIN 33G.....	86	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	107
		H-E-B INCONTROL LANCETS SUPER THIN 30G.....	86	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	107
		H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	86	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107
		H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	107	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	107
		HAEGARDA.....	75	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	107
		HAEMOLANCE.....	86	HEALTHWISE PEN NEEDLES 29GX12MM.....	107
		HAEMOLANCE LOW FLOW LANCETS.....	86	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	107
				HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	107
				HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	107

HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	107	HUMIRA PEN-CD/UC/HS STARTER	3,4	icatibant acetate	75
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	86	HUMIRA PEN-PS/UV STARTER	4	ICLUSIG	40
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	107	HUMULIN R U-500 (CONCENTRATED)	25	icosapent ethyl	30
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	107	HUMULIN R U-500 KWIKPEN	25	IDAMYCIN PFS	40
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	107	HY-VEE LANCETS	86	idarubicin hcl	40
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	107	HY-VEE THIN LANCETS	86	IFEX	36
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	107	HYCAMTIN	43	ifosfamide	36
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	86	hydralazine hcl	34	IFOSFAMIDE	36
HECTOROL	70	HYDREA	42	ILARIS	4
HEMANGEOL	51	HYDRO 35	66	ILEVRO	135
HEPARIN LOCK FLUSH	17	hydrochlorothiazide	68	ILUMYA	62
heparin sod (porcine) in d5w	17	hydrocodone bitartrate	7	imatinib mesylate	40
heparin sodium (porcine)	17	HYDROCODONE BITARTRATE/ACETAMINOPHEN	9	IMBRUVICA	40
HEPARIN SODIUM/NACL 0.45%	17	HYDROCODONE BITARTRATE/GUAIFENESIN	58	IMFINZI	38
HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	17	hydrocodone- acetaminophen	9	imipenem-cilastatin	11
HEPLISAV-B	145	hydrocodone-ibuprofen	9	imipramine hcl	24
HEPSERA	49	hydrocortisone	56	imipramine pamoate	24
HERCEPTIN	38	hydrocortisone (intrarectal)	10	imiquimod	66
HETLIOZ	77	hydrocortisone (rectal)	10	IMITREX	126,127
HIPREX	12	hydrocortisone (topical)	65	IMITREX STATDOSE REFILL	127
HIZENTRA	136	hydrocortisone acetate (rectal)	10	IMITREX STATDOSE SYSTEM	127
HM PRENATAL	130	HYDROCORTISONE ACETATE/LIDOCAINE HYDROCHLORIDE	65	IMLYGIC	43
HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	107	hydrocortisone butyrate	65	IMODIUM A-D	26
HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	107	hydrocortisone valerate	65	IMPAVIDO	11
HM ULTICARE SHORT PEN NEEDLES 31GX8MM	107	hydrocortisone w/acetic acid	136	IMURAN	129
HORIZANT	139	hydromorphone hcl	7	IN TOUCH LANCING DEVICE	86
HUMATROPE	70	HYDROMORPHONE HYDROCHLORIDE	7	IN TOUCH STERILE LANCETS30G	86
HUMATROPE COMBO PACK	70	hydroxychloroquine sulfate	35	INCRELEX	70
HUMIRA	4	hydroxyurea	42	INCRUSE ELLIPTA	14
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	hydroxyzine hcl	13	indapamide	68
HUMIRA PEN	3	hydroxyzine pamoate	13	INDERAL LA	51
		HYPERSAL	58	indomethacin	5
		HYQVIA	136	INFED	76
		HYSINGLA ER	7	INFINITY CONTROL SOLUTION HIGH	86
		HYZAAR	33	INFLECTRA	73
		ibandronate sodium	69	INLYTA	40
		ibuprofen	5	INREBIC	40
				INSPRA	34
				INSULIN SYRINGE/0.3ML/29G X 1"	107
				INSULIN SYRINGE/0.3ML/29G X 1/2"	108
				INSULIN SYRINGE/0.3ML/30G X 5/16"	108

INSULIN SYRINGE/0.3ML/31G X 5/16"	108	INSULIN SYRINGES/0.5ML/31GX5/16"	108	irbesartan	32
INSULIN SYRINGE/0.5ML/27G X 1/2"	108	INSULIN SYRINGES/1ML/27GX1/2"	108	irbesartan-hydrochlorothiazide	33
INSULIN SYRINGE/0.5ML/28G X 1/2"	108	INSULIN SYRINGES/1ML/27GX1/2"	108	IRESSA	40
INSULIN SYRINGE/0.5ML/30G X 1/2"	108	INSULIN SYRINGES/1ML/27GX1/2"	109	irinotecan hcl	43
INSULIN SYRINGE/0.5ML/30G X 5/16"	108	INSULIN SYRINGES/1ML/28GX1/2"	109	irrigation solutions, physiological	130
INSULIN SYRINGE/0.5ML/31G X 5/16"	108	INSULIN SYRINGES/1ML/29GX1/2"	109	ISENTRESS	47
INSULIN SYRINGE/1ML/28G X 1/2"	108	INSULIN SYRINGES/1ML/30GX1/2"	109	ISENTRESS HD	47
INSULIN SYRINGE/1ML/29G X 1/2"	108	INSULIN SYRINGES/1ML/31GX5/16"	109	ISOLYTE-P/DEXTROSE 5%	128
INSULIN SYRINGE/1ML/30G X 5/16"	108	INSUPEN 29G X 12MM	109	ISOLYTE-S	128
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	108	INSUPEN 31G X 5MM	109	isoniazid	35
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	108	INSUPEN 31G X 8MM	109	ISONIAZID	35
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	108	INSUPEN 32G X 4MM	109	isoniazid	36
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	108	INSUPEN PEN NEEDLES 32G X4MM	109	ISOPTO CARPINE	133
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	108	INSUPEN SENSITIVE 32GX6MM	109	ISORDIL TITRADOSE	13
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	108	INSUPEN ULTRAFIN 29GX12MM	109	isosorbide dinitrate	13
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16"	108	INSUPEN ULTRAFIN 30GX8MM	109	isosorbide mononitrate	13
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	108	INSUPEN ULTRAFIN 31GX6MM	109	isotretinoin	59
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	108	INSUPEN ULTRAFIN 31GX8MM	109	isradipine	52
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	108	INTELENCE	47	ISTODAX (OVERFILL)	40
INSULIN SYRINGE/U-100/1ML/29G X 1/2"	108	INTRAROSA	146	itraconazole	28,29
INSULIN SYRINGE/U-100/1ML/30G X 5/16"	108	INTRON A	42	ivermectin	11
INSULIN SYRINGE/U-100/1ML/31G X 5/16"	108	INTUNIV	2	IXEMPRA KIT	42
INSULIN SYRINGES/0.5ML/27GX1/2"	108	INVANZ	11	JADENU	27
INSULIN SYRINGES/0.5ML/28GX1/2"	108	INVEGA	45	JADENU SPRINKLE	27
INSULIN SYRINGES/0.5ML/29GX1/2"	108	INVIRASE	47	JAKAFI	40
INSULIN SYRINGES/0.5ML/30GX5/16"	108	INVOKAMET	24	JANUMET	24
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	INVOKANA	26	JANUMET XR	24
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	IONOSOL-MB/DEXTROSE 5%	128	JANUVIA	25
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	IOPIDINE	133	JARDIANCE	26
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	IPOL INACTIVATED IPV	145	JENTADUETO	24
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	ipratropium bromide	14	JENTADUETO XR	24
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	ipratropium bromide (nasal)	132	JEVTANA	42
INSULIN SYRINGES/0.5ML/31GX 5/16"	108	ipratropium-albuterol	16	JUBLIA	60
				JULUCA	47
				JYNARQUE	71
				K-TAB	128
				K-Y ME & YOU EXTRA LUBRICATED	79
				K-Y ME & YOU INTENSE	79
				KADCYLA	38
				KADIAN	7
				KALETRA	47
				KALYDECO	140
				KAMELEON LUBRICATED	79
				KAPVAY	2

KAZANO.....	24	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	109	KROGER LANCETS ULTRATHIN30G.....	86
KCL 0.3%/D5W/NACL 0.9%.....	128	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	KROGER LANCING DEVICE.....	86
KEFLEX.....	53	KITABIS PAK.....	3	KROGER PEN NEEDLES 29G X12MM.....	109
KENALOG-40.....	56	KLARITY-A.....	133	KROGER PEN NEEDLES 31G X8MM.....	109
KEPIVANCE.....	42	KLARON.....	59	KROGER PEN NEEDLES 31GX1/4".....	109
KEPPRA.....	19	KLONOPIN.....	18	KROGER PEN NEEDLES/31G X1/4".....	109
KEPPRA XR.....	19	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	109	KROGER PEN NEEDLES/31G X3/16".....	109
KERYDIN.....	60	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	109	KROGER PEN NEEDLES/31G X5/16".....	110
ketoconazole.....	29	KP PRENATAL MULTIVITAMINS.....	130	KROGER PEN NEEDLES/32G X5/32".....	110
ketoconazole (topical).....	60	KRINTAFEL.....	35	KRYSTEXXA.....	75
KETONE.....	67	KROGER AUTOLET LANCING DEVICE.....	86	KUVAN.....	70
KETONE TEST STRIPS.....	67	KROGER HEALTHPRO TWIST LANCETS/26G.....	86	KYLEENA.....	56
ketoprofen.....	5	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	109	KYPROLIS.....	40
ketorolac tromethamine.....	5	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	109	labetalol hcl.....	51
ketorolac tromethamine (ophth).....	135	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	109	LAC-HYDRIN.....	66
KETOSTIX.....	67	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	109	LAC-HYDRIN TWELVE.....	66
ketotifen fumarate (ophth).....	135	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	109	LACRISERT.....	133
KEVEYIS.....	68	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	109	lactated ringer's.....	128
KEVZARA.....	4	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	109	lactated ringer's (irrigation).....	130
KEYTRUDA.....	38	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	109	lactic acid (ammonium lactate).....	66
KHAPZORY.....	42	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	109	lactulose.....	78
KHEDEZLA.....	23	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	109	lactulose (encephalopathy).....	73
KIMONO COLORS.....	79	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	109	LAMICTAL.....	19
KIMONO LUBRICATED.....	79	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	109	LAMICTAL CHEWABLE DISPERSIBLE.....	19
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	79	KROGER LANCETS.....	86	LAMICTAL ODT.....	19
KIMONO PLUS SPERMICIDE LUBRICATED.....	79	KROGER LANCETS 21G.....	86	lamivudine.....	47
KIMONO PLUS SPERMICIDE/LUBRICATED	79	KROGER LANCETS MICRO THIN33G.....	86	lamivudine (hbv).....	49
KIMONO PS LUBRICATED.....	79	KROGER LANCETS SUPER THIN.....	86	lamivudine-zidovudine.....	47
KIMONO PS PLUS SPERMICIDE/LUBRICATED	79	KROGER LANCETS THIN 26G.....	86	lamotrigine.....	19
KIMONO SENSATION LUBRICATED.....	79			LANCET DEVICE ADJUSTABLE.....	86
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	80			LANCET DEVICE WITH EJECTOR.....	87
KIMONO SPECIAL.....	80			LANCETS.....	87
KINERET.....	4			LANCETS 26G TWIST TOP.....	87
KINNEY LANCETS.....	86			LANCETS 28G.....	87
KINNEY THIN LANCETS.....	86			LANCETS 30G.....	87
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	109			LANCETS 30G TWIST TOP.....	87
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	109			LANCETS 30G/TWIST TOP.....	87
				LANCETS 31G TWIST TOP.....	87

LANCETS 33G UNIVERSAL DESIGN.....	87	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	110	LEVAQUIN.....	72
LANCETS MICRO THIN 33G.....	87	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	110	LEVEMIR.....	25
LANCETS SAFETY SEAL 21G.....	87	LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	110	LEVEMIR FLEXTOUCH.....	25
LANCETS SAFETY SEAL 26G.....	87	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	110	levetiracetam.....	19
LANCETS SAFETY SEAL 28G.....	87	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	110	levobunolol hcl.....	133
LANCETS SAFETY SEAL 30G.....	87	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	110	levocetirizine dihydrochloride.....	29,30
LANCETS SUPER THIN 28G.....	87	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	110	levofloxacin.....	72
LANCETS THIN.....	87	LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	110	levofloxacin (ophth).....	133
LANCETS TWIST TOP.....	87	LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	110	levofloxacin in d5w.....	72
LANCETS ULTRA FINE.....	87	LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	110	levonorgestrel & eth estradiol.....	54
LANCETS ULTRA THIN.....	87	LEDIPASVIR/SOFOSBUVIR.....	49	levonorgestrel (emergency oc).....	56
LANCETS ULTRA THIN 30G.....	87	leflunomide.....	5	levonorgestrel-eth estradiol (triphasic).....	54
LANCETSBULLSEYE SAFETY.....	87	LENVIMA 10 MG DAILY DOSE.....	41	levonorgestrel-ethinyl estradiol (91-day).....	54
LANCING DEVICE.....	87	LENVIMA 12MG DAILY DOSE.....	41	levonorgestrel-ethinyl estradiol (continuous).....	55
LANCING DEVICE ADJUSTABLE.....	87	LENVIMA 14 MG DAILY DOSE.....	41	levorphanol tartrate.....	7
LANOXIN.....	52	LENVIMA 18 MG DAILY DOSE.....	41	levothyroxine sodium.....	141
lansoprazole.....	142	LENVIMA 20 MG DAILY DOSE.....	41	LEXAPRO.....	22
lanthanum carbonate.....	74	LENVIMA 24 MG DAILY DOSE.....	41	LEXIVA.....	48
LANZO.....	87	LENVIMA 4 MG DAILY DOSE.....	41	LIALDA.....	73
lapatinib ditosylate.....	41	LENVIMA 8 MG DAILY DOSE.....	41	LIBERTY CONTROL SOLUTION HIGH.....	87
LARTRUVO.....	38	LETAIRIS.....	53	LIBERTY MEDICAL LANCETS 30G.....	87
LASIX.....	68	letrozole.....	39	LIBERTY MINI LANCING DEVICE.....	87
LASTACRAFT.....	135	leucovorin calcium.....	42	LIBRAX.....	141
latanoprost.....	135	LEUKERAN.....	36	LIBTAYO.....	38
LATUDA.....	45	LEUKINE.....	76	lidocaine.....	66
LEADER ADVANCED LANCING DEVICE.....	87	leuprolide acetate.....	39	lidocaine hcl.....	66
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	110	levalbuterol hcl.....	16	lidocaine hcl (local anesth.).....	78
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16".....	110	levalbuterol tartrate.....	16	lidocaine hcl (mouth-throat).....	130
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	110			lidocaine-prilocaine.....	66
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	110			LIDODERM.....	66
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	110			LIFESCAN UNISTIK 2 DEEP PENETRATION.....	87
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	110			LIFESCAN UNISTIK II LANCETS.....	87
				LILETTA.....	56
				LINCOCIN.....	12
				lincomycin hcl.....	12
				lindane.....	67
				linezolid.....	12
				LINZESS.....	73
				liothyronine sodium.....	141
				LIPITOR.....	31

LIPOFEN.....	31	LITETOUCH LANCETS MICRO THIN 33G.....	87	LORTAB.....	9
lisinopril.....	32	LITETOUCH PEN NEEDLES 29GX12.7MM.....	111	losartan potassium.....	32
lisinopril & hydrochlorothiazide.....	33	LITETOUCH PEN NEEDLES 31G X 6MM.....	111	losartan potassium & hydrochlorothiazide.....	33
LITE TOUCH LANCETS.....	87	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	111	LOSEASONIQUE.....	55
LITE TOUCH LANCING PEN.....	87	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	111	LOTEMAX.....	134
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	110	LITETOUCH PEN NEEDLES/31G X 3/16".....	111	LOTENSIN.....	32
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	110	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	111	LOTENSIN HCT.....	33
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	110	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	111	loteprednol etabonate.....	134
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	110	LITHIUM.....	44	LOTREL.....	33
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	110	lithium carbonate.....	44	LOTRIMIN AF.....	60
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	110	LITHOBID.....	44	LOTRIMIN AF JOCK ITCH.....	60
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	110	LIVALO.....	31	LOTRIMIN ULTRA.....	60
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110	LIVE BETTER ADVANCED LANCING DEVICE.....	87	LOTRISONE.....	60
LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110	LIVE BETTER LANCET SUPERTHIN 30G.....	87	LOTRONEX.....	73
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	110	LIVE BETTER LANCET ULTRATHIN 28G.....	87	lovastatin.....	31
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110	LO LOESTRIN FE.....	55	LOVAZA.....	30
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	111	LOCOID.....	65	LOVENOX.....	17,18
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	111	LODINE.....	5	loxapine succinate.....	45
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	111	LODOSYN.....	43	LUCEMYRA.....	137
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	111	LOMOTIL.....	26	luliconazole.....	60
LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	111	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	111	LUMIGAN.....	135
		LONGS LANCETS STANDARD.....	87	LUMIZYME.....	70
		LONGS LANCETS THIN.....	87	LUMOXITI.....	38
		LONGS LANCETS ULTRA THIN.....	87	LUNESTA.....	77
		loperamide hcl.....	27	LUPANETA PACK.....	70
		LOPID.....	31	LUPRON DEPOT (1- MONTH).....	39
		lopinavir-ritonavir.....	48	LUPRON DEPOT (3- MONTH).....	39
		LOPRESSOR.....	51	LUPRON DEPOT (4- MONTH).....	39
		LOPRESSOR HCT.....	33	LUPRON DEPOT (6- MONTH).....	39
		LOPROX.....	60	LUPRON DEPOT-PED (1- MONTH).....	70
		LOPROX SHAMPOO.....	60	LUPRON DEPOT-PED (3- MONTH).....	70
		loratadine.....	30	LUXIQ.....	65
		loratadine & pseudoephedrine.....	58	LUZU.....	60
		lorazepam.....	13	LYNPARZA.....	41
		LORBRENA.....	41	LYRICA.....	19
				LYRICA CR.....	139
				LYSODREN.....	39
				LYSTEDA.....	77
				M-M-R II.....	145
				M-NATAL PLUS.....	130
				MACROBID.....	12
				MACRODANTIN.....	12

mafenide acetate	63	MAXITROL	134	MEDLANCE PLUS UNIVERSAL LANCETS 21G	88
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	111	MAXX LUBRICATED	80	MEDLANCE PLUS/LITE 25G	88
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	111	MAXX PLUS SPERMICIDE LUBRICATED	80	MEDLANCE/EXTRA	88
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	111	MAXZIDE	68	MEDLANCE/LITE	88
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	111	MAXZIDE-25	68	MEDLANCE/UNIVERSAL	88
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	111	MAYZENT	138	MEDROL	56,57
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	111	MAYZENT STARTER PACK	138	MEDROL DOSEPAK	56
magnesium sulfate	128	meclizine hcl	27	medroxyprogesterone acetate	137
MALARONE	35	meclofenamate sodium	5	medroxyprogesterone acetate (contraceptive)	56
malathion	67	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	112	mefenamic acid	5
maprotiline hcl	21	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	112	mefloquine hcl	35
MARATHON MEDICAL PENTIPS29GX12MM	111	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	87	MEGACE ES	137
MARATHON MEDICAL PENTIPS31GX5MM	111	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	87	megestrol acetate	39
MARATHON MEDICAL PENTIPS31GX8MM	111	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	87	megestrol acetate (appetite)	137
MARATHON MEDICAL PENTIPS32GX4MM	111	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	87	MEIJER COLOR LANCETS UNIVERSAL 33G	88
MARCAINE	78	MEDICHOICE SAFETY LANCETEXTRA	88	MEIJER LANCETS	88
MARINOL	28	MEDICHOICE SAFETY LANCETNORMAL	88	MEIJER LANCETS THIN	88
MARPLAN	22	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	112	MEIJER LANCETS UNIVERSAL21G	88
MARQIBO	42	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	112	MEIJER LANCETS UNIVERSAL30G	88
MATULANE	42	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	112	MEIJER LANCETS UNIVERSAL33G	88
MAVENCLAD	138	MEDISENSE THIN LANCETS	88	MEIJER PEN NEEDLES 29G X12MM	112
MAVYRET	49	MEDLANCE PLUS EXTRA LANCETS 21G	88	MEIJER PEN NEEDLES 31G X6MM	112
MAXALT	127	MEDLANCE PLUS LANCETS	88	MEIJER PEN NEEDLES 31G X8MM	112
MAXALT-MLT	127	MEDLANCE PLUS LANCETS LITE 25G	88	MEIJER SUPER THIN LANCETS	88
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	111	MEDLANCE PLUS LANCETS 25G	88	MEKINIST	41
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	111	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	88	MEKTOVI	41
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"	111	MEDLANCE PLUS SUPERLITE 30G	88	meloxicam	5
MAXICOMFORT II PEN NEEDLES/31G X 1/4"	111	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	88	melphalan	36
MAXICOMFORT INSULIN SYRINGES 27G X 1/2"	111			melphalan hcl	36
MAXIDEX	134			memantine hcl	138
MAXIPIME	54			MENACTRA	143
				MENEST	72
				MENOSTAR	72
				MENQUADFI	143
				MENVEO	143
				meperidine hcl	7
				meprobamate	13
				MEPRON	11
				mercaptopurine	37

meropenem.....	11	mexiletine hcl.....	14	MM INSULIN SYRINGE/U-	
MERREM.....	11	micalofungin sodium.....	28	100/1ML/31G X 5/16".....	112
mesalamine.....	73	MICARDIS.....	32	MM LANCING DEVICE.....	88
mesna.....	42	MICARDIS HCT.....	33	MM PEN NEEDLES 31G X	
MESNEX.....	42	miconazole nitrate		1/4".....	112
MESTINON.....	35	vaginal.....	146	MM PEN NEEDLES 31G X	
MESTINON TIMESPAN.....	35	MICRODOT PEN		3/16".....	112
metaproterenol sulfate.....	16	NEEDLE/31G X 6 MM.....	112	MM PEN NEEDLES 31G X	
metaxalone.....	131	MICRODOT PEN		5/16".....	112
metformin hcl.....	25	NEEDLE/32G X 4 MM.....	112	MM PEN NEEDLES 32G X	
methadone hcl.....	7	MICROLET LANCETS.....	88	5/32".....	112
METHADONE HCL.....	7	MICROLET NEXT.....	88	MM TWIST LANCETS.....	88
methadone hcl.....	7	MICROTAINER SAFETY		MOBIC.....	5
METHADOSE.....	7	FLOW		modafinil.....	2,3
METHADOSE SUGAR-FREE.....	7	LANCET/STERILE/SINGLE-		MODERIBA 1200 DOSE	
methamphetamine hcl.....	1	USE.....	88	PACK.....	49
methazolamide.....	68	MICROZIDE.....	68	moexipril hcl.....	32
methenamine hippurate.....	12	midodrine hcl.....	146	mometasone furoate.....	65
methimazole.....	140	miglitol.....	24	mometasone furoate	
METHITEST.....	10	miglustat.....	75	(nasal).....	132
methocarbamol.....	131	MIGRANAL.....	126	MONISTAT SOOTHING CARE	
METHOTREXATE.....	4	MILLIPRED.....	57	ITCH RELIEF.....	65
methotrexate sodium.....	37	MILLIPRED DP.....	57	MONOJECT INSULIN	
methoxsalen rapid.....	62	MINASTRIN 24 FE.....	55	SYRINGE/1ML.....	112
methscopolamine bromide.....	141	MINI LANCING DEVICE.....	88	MONOJECT INSULIN	
methylclothiazide.....	68	MINIPRESS.....	32	SYRINGE/1ML/31G X	
methyl dopa.....	32	MINIVELLE.....	72	5/16".....	112
METHYLIN.....	2	MINOCIN.....	140	MONOJECT INSULIN	
methylphenidate hcl.....	2	minocycline hcl.....	140	SYRINGE/DETACH	
methylprednisolone.....	57	minoxidil.....	34	NEEDLE/1ML/25G X 5/8".....	112
methylprednisolone acetate.....	57	MIRAPEX.....	44	MONOJECT INSULIN	
methylprednisolone sod		MIRCERA.....	76	SYRINGE/DETACH	
succ.....	57	MIRCETTE.....	55	NEEDLE/1ML/27G X 1/2".....	112
metipranolol.....	133	MIRENA.....	56	MONOJECT INSULIN	
metoclopramide hcl.....	73	mirtazapine.....	21	SYRINGE/PERM	
metolazone.....	68	MIRVASO.....	67	NEEDLE/1ML/28G X 1/2".....	112
metoprolol &		misoprostol.....	142	MONOJECT INSULIN	
hydrochlorothiazide.....	33	MITIGARE.....	75	SYRINGE/SAFETY/PERM	
metoprolol succinate.....	51	mitomycin.....	40	NEEDLE/0.3ML/29G X 1/2".....	112
metoprolol tartrate.....	51	mitoxantrone hcl.....	40	MONOJECT INSULIN	
METROCREAM.....	66	MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	
METROGEL.....	66	100/0.3ML/30G X 5/16".....	112	NEEDLE/0.5ML/29G X 1/2".....	112
METROGEL-VAGINAL.....	146	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
METROLOTION.....	66	100/0.3ML/31G X 5/16".....	112	SYRINGE/SAFETY/PERM	
metronidazole.....	11	MM INSULIN SYRINGE/U-		NEEDLE/1ML/29G X 1/2".....	112
metronidazole (topical).....	66	100/1/2ML/30G X 5/16".....	112	MONOJECT INSULIN	
metronidazole vaginal.....	146	MM INSULIN SYRINGE/U-		SYRINGE/SAFE/PERM	
		100/1/2ML/31G X 5/16".....	112	NEEDLE/1ML/29G X 1/2".....	112
		MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
		100/1ML/30G X 5/16".....	112	SYRINGE/SOFTPACK/1ML/27G	
				X 1/2".....	113
				MONOJECT INSULIN	
				SYRINGE/SOFTPACK/U-	
				100/0.5ML/28G X 1/2".....	113

MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	113	MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE.....	72	NAGLAZYME.....	71
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	113	moxifloxacin hcl.....	72	nalbuphine hcl.....	10
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	113	moxifloxacin hcl (ophth) ..	134	NALFON.....	5
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	113	MOZOBIL.....	77	naloxone hcl.....	27
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML.....	113	MPD SAFETY LANCET 21G/1.8MM.....	88	naltrexone hcl.....	27
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	113	MPD SAFETY LANCET 28G/1.8MM.....	88	NAMENDA.....	138
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	113	MPD SAFETY LANCET 30G/1.8MM.....	88	NAMENDA TITRATION PAK.....	138
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	113	MPD SAFETY LANCETS 23G/1.8MM.....	88	NAPROSYN.....	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	113	MS CONTIN.....	8	naproxen.....	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	113	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	113	naproxen sodium.....	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	113	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	113	naratriptan hcl.....	127
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	113	MS INSULIN SYRINGE/1ML/31G X 5/16".....	113	NARCAN.....	27
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	113	MULPLETA.....	76	NARDIL.....	22
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	113	MULTAQ.....	14	NAROPIN.....	78
MONOLET LANCETS.....	88	MULTI PRENATAL.....	130	NASACORT ALLERGY 24HR.....	132
MONOLET OPD LANCETS.....	88	MULTI-LANCET DEVICE.....	88	NASACORT ALLERGY 24HR CHILDRENS.....	132
MONOLETTOR SAFETY LANCETS.....	88	mupirocin.....	60	NASONEX.....	132
montelukast sodium.....	14	MUSTARGEN.....	36	NATAACYN.....	134
MONUROL.....	12	MVASI.....	38	NATAZIA.....	55
MORPHABOND ER.....	7	MYALEPT.....	70	nateglinide.....	26
morphine sulfate.....	7	MYAMBUTOL.....	36	NATROBA.....	67
MORPHINE SULFATE.....	7	MYCAMINE.....	28	NATURE-THROID.....	141
morphine sulfate.....	7,8	MYCOBUTIN.....	36	NATURE-THROID NT-2.5.....	141
MOTOFEN.....	27	mycophenolate mofetil.....	129	NAVELBINE.....	42,43
MOVIPREP.....	78	mycophenolate sodium.....	129	NAYZILAM.....	18
		MYDRIACYL.....	133	NEBUPENT.....	11
		MYFORTIC.....	129	NEBUSAL.....	58
		MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	88	nefazodone hcl.....	23
		MYLERAN.....	36	NEO-SYNALAR.....	60
		MYLOTARG.....	38	neomycin sulfate.....	3
		MYRBETRIQ.....	143	neomycin-bacitracin zn- polymyxin.....	134
		MYSOLINE.....	19	neomycin-polymy- dexameth.....	134
		nabumetone.....	5	neomycin-polymyxin-hc (ophth).....	134
		nadolol.....	51	neomycin-polymyxin-hc (otic).....	136
		nafticillin sodium.....	137	NEONATAL COMPLETE.....	130
		naftifine hcl.....	61	NEONATAL PLUS.....	130
		NAFTIN.....	61	NEONATAL VITAMIN.....	130
				NEORAL.....	129
				NEOSPORIN.....	134
				NEOSTIGMINE METHYLSULFATE.....	35
				NESINA.....	25
				NEULASTA.....	76

NEULASTA ONPRO KIT	76	NIX CREME RINSE	67	NOVOLIN 70/30 FLEXPEN	26
NEUPOGEN	76	NIZATIDINE	141	NOVOLIN 70/30 FLEXPEN RELION	26
NEUPRO	44	nizatidine	141	NOVOLIN 70/30 RELION	26
NEURONTIN	19	NIZORAL	61	NOVOLIN N	26
NEVANAC	135	NORCO	9	NOVOLIN N RELION	26
nevirapine	48	NORDITROPIN FLEXPRO 70		NOVOLIN R	26
NEXAVAR	41	norelgestromin-ethinyl estradiol	55	NOVOLIN R RELION	26
NEXIUM	142	norethin acet & estrad-fe	55	NOVOLOG	26
NEXIUM 24HR	142	norethindrone & eth estradiol	55	NOVOLOG FLEXPEN	26
NEXPLANON	56	norethindrone & ethinyl estradiol-fe	55	NOVOLOG MIX 70/30	26
niacin	147	norethindrone	55	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	26
niacin (antihyperlipidemic)	31	(contraceptive)	56	NOVOLOG PENFILL	26
NIACIN TR	147	norethindrone acet & eth estra	55	NOVOTWIST 32GX5MM	113
niacinamide	147	norethindrone acetate	137	NOXAFIL	29
NIASPAN	31	norethindrone acetate-ethinyl estradiol	72	NPLATE	76
nicardipine hcl	52	norethindrone acetate-ethinyl estradiol-fe	55	NUBEQA	39
NICODERM CQ	139	norethindrone-eth estradiol (triphasic)	55	NUCALA	14
NICORETTE	139	norgestimate-ethinyl estradiol	55	NUCYNTA	8
NICORETTE MINI	139	norgestimate-ethinyl estradiol (triphasic)	55	NUCYNTA ER	8
NICORETTE STARTER KIT	139	norgestrel & ethinyl estradiol	55	NUDEXTA	139
nicotine	139			NULOJIX	129
nicotine polacrilex	139			NUTROPIN AQ NUSPIN 10	70
NICOTINE TRANSDERMAL SYSTEM	139			NUVARING	55
NICOTROL INHALER	139			NUVIGIL	3
NICOTROL NS	139			nystatin	28
nifedipine	52			nystatin (mouth-throat)	130
NILANDRON	39			nystatin (topical)	61
nilutamide	39			nystatin-triamcinolone	61
nimodipine	52			O-CAL FA	131
NINLARO	41			OCREVUS	139
NIPENT	42			octreotide acetate	71
nisoldipine	52			OCUFLOX	134
nitisinone	71			ODEFSEY	48
NITRO-BID	13			ODOMZO	38
NITRO-DUR	13			OFEV	140
nitrofurantoin	12			ofloxacin	72
nitrofurantoin macrocrystal	12			ofloxacin (ophth)	134
nitrofurantoin monohyd macro	12			ofloxacin (otic)	136
nitroglycerin	13			olanzapine	45
NITROGLYCERIN	13			olmesartan medoxomil	32
NITROSTAT	13			olmesartan medoxomil-amlodipine-hydrochlorothiazide	33
NIVA-PLUS	131			olmesartan medoxomil-hydrochlorothiazide	33
NIVESTYM	76			olopatadine hcl	135

olopatadine hcl (nasal).....	132	ORAPRED ODT.....	57	pamidronate disodium.....	69
OLUMIANT.....	4	ORENCIA.....	5	PANOXYL-4 CREAMY	
OLUX.....	65	ORENCIA CLICKJECT.....	5	WASH.....	59
omega-3-acid ethyl esters...	30	ORENITRAM.....	53	PANRETIN.....	61
omeprazole.....	142	ORFADIN.....	71	pantoprazole sodium.....	142
omeprazole magnesium...	142	ORKAMBI.....	140	PARAGARD INTRAUTERINE	
omeprazole-sodium		orphenadrine citrate.....	132	COPPER CONTRACEPTIVE	
bicarbonate.....	142	ORTHO MICRONOR.....	56	T380A.....	55
OMNIFLEX DIAPHRAGM...	80	ORTHO TRI-CYCLEN.....	55	parenteral electrolytes.....	128
OMNIPRED.....	134	ORTHO TRI-CYCLEN LO.....	55	paricalcitol.....	71
OMNITROPE.....	70	ORTHO-CYCLEN.....	55	PARLODEL.....	44
ON CALL LANCETS.....	89	ORTHO-NOVUM 1/35.....	55	PARNATE.....	22
ON CALL LANCING		ORTHO-NOVUM 7/7/7.....	55	paromomycin sulfate.....	3
DEVICE.....	89	oseltamivir phosphate.....	50	paroxetine hcl.....	22
ON CALL PLUS LANCETS.....	89	OSENI.....	24	PASER.....	36
ON CALL PLUS LANCING		OSMOPREP.....	78	PATADAY.....	135
DEVICE.....	89	OSPHENA.....	70	PATANASE.....	132
ONCASPAR.....	42	OTEZLA.....	5	PATANOL.....	135
ondansetron.....	27	OTOVEL.....	136	PAXIL.....	22,23
ondansetron hcl.....	27	OVIDE.....	67	PAXIL CR.....	22
ONE VITE WOMENS		OXACILLIN sodium.....	137	PC LANCETS SUPER THIN	
PRENATALVITAMIN.....	131	oxaliplatin.....	36	30G.....	89
ONE VITE WOMENS		oxandrolone.....	10	PC UNIFINE PENTIPS 29G	
PRENATALVITAMIN PLUS.....	131	oxaprozin.....	5	X1/2".....	113
ONETOUCH CLUB LANCETS		OXAYDO.....	8	PC UNIFINE PENTIPS 31G	
FINE POINT.....	89	OXAZEPAM.....	13	X5MM MINI.....	113
ONETOUCH DELICA LANCETS		OXBRYTA.....	76	PC UNIFINE PENTIPS 31G	
EXTRA FINE 33G.....	89	oxcarbazepine.....	19	X6MM ULTRA SHORT.....	113
ONETOUCH DELICA LANCETS		OXERVATE.....	134	PC UNIFINE PENTIPS 31G	
FINE 30G.....	89	oxiconazole nitrate.....	61	X8MM SHORT.....	113
ONETOUCH DELICA LANCING		OXISTAT.....	61	PEDIAPRED.....	57
DEVICE.....	89	OXSORALEN ULTRA.....	62	peg 3350-kcl-nacl-na sulfate-na	
ONETOUCH DELICA PLUS		oxybutynin chloride.....	143	ascorbate-ascorbic acid.....	78
LANCETS EXTRA FINE		oxycodone hcl.....	8	peg 3350-kcl-sod bicarb-sod	
33G.....	89	oxycodone w/		chloride-sod sulfate.....	78
ONETOUCH DELICA PLUS		acetaminophen.....	9	PEGANONE.....	20
LANCETS FINE 30G.....	89	oxycodone-ibuprofen.....	9	PEGASYS.....	49
ONETOUCH DELICA PLUS		OXYCONTIN.....	8	PEGASYS PROCLICK.....	49
LANCING DEVICE.....	89	oxymorphone hcl.....	8	PEGINTRON.....	49
ONETOUCH FINEPOINT		paclitaxel.....	43	PEN NEEDLES 29G X	
LANCETS.....	89	paliperidone.....	45	12MM.....	113
ONETOUCH ULTRASOFT		palonosetron hcl.....	27	PEN NEEDLES 29GX1/2".....	113
LANCETS.....	89	PALYNZIQ.....	71	PEN NEEDLES	
ONETOUCH VERIO CONTROL		PAMELOR.....	24	29GX12MM.....	113
SOLUTION HIGH.....	89	pamidronate disodium.....	69	PEN NEEDLES 30GX5/16".....	113
ONFI.....	18	PAMIDRONATE		PEN NEEDLES 30GX8MM.....	114
ONGLYZA.....	25	DISODIUM.....	69	PEN NEEDLES 31G X 1/4"	
ONIVYDE.....	43			SHORT.....	114
OPANA.....	8			PEN NEEDLES 31G X	
OPDIVO.....	38			3/16".....	114
OPSUMIT.....	53			PEN NEEDLES 31G X	
ORACEA.....	67			5MM.....	114
ORAP.....	139				

PEN NEEDLES 31G X 6MM.....	114	PERCOCET.....	9	pioglitazone hcl.....	25
PEN NEEDLES 31G X 8MM.....	114	PERFECT LANCETS 30G.....	89	pioglitazone hcl-glimepiride.....	24
PEN NEEDLES 31GX5/16".....	114	PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	89	pioglitazone hcl-metformin hcl.....	24
PEN NEEDLES 31GX6MM (1/4").....	114	PERIDEX.....	130	PIP LANCETS/28G.....	89
PEN NEEDLES 31GX8MM.....	114	perindopril erbumine.....	32	PIP LANCETS/30G.....	89
PEN NEEDLES 31GX8MM (5/16").....	114	PERJETA.....	38	piperacillin sodium-tazobactam sodium.....	137
PEN NEEDLES 32G X 4MM.....	114	permethrin.....	67	PIQRAY 200MG DAILY DOSE.....	41
PEN NEEDLES 32G X 5MM.....	114	perphenazine.....	46	PIQRAY 250MG DAILY DOSE.....	41
PEN NEEDLES 32G X 6MM.....	114	perphenazine-amitriptyline	138	PIQRAY 300MG DAILY DOSE.....	41
PEN NEEDLES 32GX4MM.....	114	PERSERIS.....	45	piroxicam.....	5
PEN NEEDLES/29G X 1/2".....	114	PHARMACIST CHOICE ULTRA THIN LANCETS.....	89	PLAN B ONE-STEP.....	56
PEN NEEDLES/31G X 1/4".....	114	PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	89	PLAQUENIL.....	35
PEN NEEDLES/31G X 3/16".....	114	PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	89	PLASMA-LYTE A.....	128
PEN NEEDLES/31G X 5/16".....	114	PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	89	PLASMA-LYTE-148.....	128
PEN NEEDLES/31G X 6MM.....	114	PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	89	PLAVIX.....	75
PEN NEEDLES/32G X 5/32".....	114	PHARMACY COUNTER LANCETS.....	89	PLEGISOL.....	52
penicillamine.....	129	phenazopyridine hcl.....	74	PLEGRIDY.....	139
penicillin g potassium.....	136	phendimetrazine tartrate.....	1	PLEGRIDY STARTER PACK.....	139
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	136	phenelzine sulfate.....	22	PNEUMOVAX 23.....	143
PENICILLIN G PROCAINE.....	136	PHENERGAN.....	30	PNEUMOVAX 23/1 DOSE.....	143
penicillin g sodium.....	136	phenobarbital.....	77	podofilox.....	66
penicillin v potassium.....	136	phenoxybenzamine hcl.....	32	polymyxin b sulfate.....	12
PENLAC NAIL LACQUER.....	61	phentermine hcl.....	2	polymyxin b-trimethoprim.....	134
PENTAM 300.....	11	PHENYTEK.....	20	POLYTRIM.....	134
pentamidine isethionate.....	11	phenytoin.....	20	POMALYST.....	39
pentazocine w/ naloxone.....	10	phenytoin sodium.....	21	PORTRAZZA.....	38
PENTIPS 29G X 12MM.....	114	phenytoin sodium extended.....	21	potassium acetate.....	128
PENTIPS 29GX12MM.....	114	PHOSLYRA.....	74	potassium bicarb & chloride.....	128
PENTIPS 31G X 5MM.....	114	PHOSPHOLINE IODIDE.....	133	potassium bicarbonate.....	128
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PENTIPS 31GX5MM.....	114	PICATO.....	62	POTASSIUM CHLORIDE.....	128
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PENTIPS 32GX4MM.....	114	pimecrolimus.....	66	potassium chloride in nacl.....	128
pentoxifylline.....	75	pimozide.....	139	potassium chloride microencapsulated crystals er.....	128
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POTELIGEO.....	38	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	115	PRENATAL VITAMINS.....	131
PRADAXA.....	18	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	115	PRENATAL VITAMINS PLUS LOW IRON.....	131
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PRANDIN.....	26	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	115	PREPLUS.....	131
prasugrel hcl.....	75	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	115	PREPOPIK.....	78
PRAVACHOL.....	31	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	115	PRESSURE ACTIVATED SAFETYLANCET 21G.....	89
pravastatin sodium.....	31	PREFERRED PLUS LANCETS COLORED 21G.....	89	PREVACID.....	142
praziquantel.....	11	PREFERRED PLUS LANCETS SUPER THIN 30G.....	89	PREVACID 24HR.....	142
prazosin hcl.....	32	PREFERRED PLUS LANCETS THIN 26G.....	89	PREVENT SAFETY PEN NEEDLES 31GX1/4".....	115
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PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	114	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	115	PREZCOBIX.....	48
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	114	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	115	PREZISTA.....	48
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	114	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM.....	115	PRIFTIN.....	36
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	114	pregabalin.....	19	PRILOSEC OTC.....	142
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	114	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	69	primaquine phosphate.....	35
PRECISION THINS GP LANCET.....	89	PREMARIN.....	72	PRIMAQUINE PHOSPHATE.....	35
PRECISION XTRA.....	67	PREMIUM CONDOMS LUBRICATED.....	80	PRIMAXIN IV.....	11
PRECOSE.....	24	PREMPHASE.....	72	primidone.....	19
PRED FORTE.....	134	PREMPRO.....	72	PRINIVIL.....	32
PRED MILD.....	134	PRENATAL.....	131	PRISTIQ.....	23
prednicarbate.....	65	PRENATAL LOW IRON.....	131	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	115
prednisolone.....	57	PRENATAL MULTIVITAMIN.....	131	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	115
prednisolone acetate (ophth).....	135	PRENATAL ONE DAILY.....	131	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	115
PREDNISOLONE ACETATE P-F.....	135	PRENATAL PLUS.....	131	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	115
prednisolone sodium phosphate.....	57	PRENATAL VITAMIN.....	131	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	115
PREDNISOLONE SODIUM PHOSPHATE.....	135	PRENATAL VITAMIN & MINERAL.....	131	PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	115
prednisone.....	57			PRO COMFORT LANCETS 30G.....	89
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PRO COMFORT PEN NEEDLES/32G X 6MM.....	115	PROZAC.....	23	QC PEN NEEDLES 31G X 6MM.....	116
PROAIR HFA.....	16	PRUDOXIN.....	62	QC PEN NEEDLES 31G X 8MM.....	116
probenecid.....	75	PSORCON.....	65	QC PRENATAL.....	131
procainamide hcl.....	14	PSS SELECT GP LANCETS.....	89	QC UNIFINE PENTIPS 32GX4MM.....	116
PROCARDIA.....	52	PSS SELECT SAFETY LANCETS.....	89	QC UNILET LANCETS 28G/ULTRA THIN.....	90
PROCARDIA XL.....	52	PTS PANELS KETONE TEST.....	67	QC UNILET LANCETS 33G/MICRO THIN.....	90
prochlorperazine.....	46	PULMICORT.....	15	QUALAQUIN.....	35
prochlorperazine maleate.....	46	PULMICORT FLEXHALER.....	15	QUARTETTE.....	55
PROCRIPT.....	76	PULMOZYME.....	140	QUDEXY XR.....	19
PROCTOCORT.....	10	PURE COMFORT PEN NEEDLE 32G X6MM.....	115	QUESTRAN.....	31
PRODIGY CONTROL SOLUTIONHIGH.....	89	PURE COMFORT PEN NEEDLE/32G X 5MM.....	115	QUESTRAN LIGHT.....	30
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	115	PURE COMFORT PEN NEEDLE/32G X4MM.....	115	quetiapine fumarate.....	45
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	115	PUSH BUTTON SAFETY LANCETS 21G.....	90	quinapril hcl.....	32
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	115	PUSH BUTTON SAFETY LANCETS 28G.....	90	quinapril-hydrochlorothiazide.....	34
PRODIGY LANCING DEVICE.....	89	PX ADVANCED LANCING DEVICE.....	90	quinidine sulfate.....	14
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	89	PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	115	quinine sulfate.....	35
PRODIGY SAFETY LANCETS.....	89	PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	116	QVAR REDIHALER.....	15
PRODIGY TWIST TOP LANCETS.....	89	PX LANCET AUTO INJECTOR.....	90	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G90	
progesterone micronized.....	137	PX LANCETS ULTRA THIN.....	90	RA E-ZJECT LANCETS 28G90	
PROGLYCEM.....	25	PX LANCETS ULTRA THIN 28G.....	90	RA E-ZJECT LANCETS THIN 26G.....	90
PROGRAF.....	129	PX MINI PEN NEEDLES 31GX5MM.....	116	RA E-ZJECT LANCETS THIN 28G.....	90
PROLASTIN-C.....	140	PX PEN NEEDLE 29GX12MM.....	116	RA E-ZJECT LANCETS ULTRATHIN 30G.....	90
PROLEUKIN.....	42	PX PEN NEEDLE 31GX8MM.....	116	RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	116
PROLIA.....	69	PX PRENATAL MULTIVITAMINS.....	131	RA INSULIN SYRINGE/1ML/29G X 1/2".....	116
PROMACTA.....	76	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	116	RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	116
promethazine hcl.....	30	pyrazinamide.....	36	RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16".....	116
PROMETRIUM.....	137	PYRIDIDIUM.....	74	RA LANCING DEVICE.....	90
propafenone hcl.....	14	pyridostigmine bromide.....	35	RA PEN NEEDLES 31G X 5MM3/16".....	116
proparacaine hcl.....	134	pyrimethamine.....	35	RA PEN NEEDLES 31G X 8MM5/16".....	116
propranolol hcl.....	51	QC ADVANCED LANCING DEVICE.....	90	RA PRENATAL.....	131
propylthiouracil.....	140	QC LANCETS SUPER THIN.....	90	RA PRENATAL FORMULA/FOLICACID.....	131
PROSCAR.....	74	QC LANCETS ULTRA THIN.....	90	rabeprazole sodium.....	142
PROTONIX.....	142			raloxifene hcl.....	70
PROTOPIC.....	66			ramelteon.....	77
protriptyline hcl.....	24				
PROVENGE.....	38				
PROVENTIL HFA.....	16				
PROVERA.....	137				

ramipril.....	32	RELION 2-IN-1 LANCING DEVICE 30G.....	90	RELION ULTRA THIN PLUS LANCETS 32G.....	90
RANEXA.....	12	RELION INSULIN SYRINGE 1ML/31GX15/64".....	116	RELION ULTRA THIN PLUS LANCETS 33G.....	90
ranitidine hcl.....	141,142	RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2".....	116	RELISTOR.....	74
ranolazine.....	12,13	RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	116	RELIPAX.....	127
RAPAFLO.....	74	RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	116	REMERON.....	21
RAPAMUNE.....	129	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	116	REMERON SOLTAB.....	21
rasagiline mesylate.....	44	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	116	REMICADE.....	73
RAZADYNE.....	138	RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	116	REMODULIN.....	53
RAZADYNE ER.....	138	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	116	RENFLEXIS.....	73
READYLANCE SAFETY LANCETS/21G/2.2MM.....	90	RELION INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	116	REVELA.....	74
READYLANCE SAFETY LANCETS/23G/1.8MM.....	90	RELION INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	116	REOPRO.....	75
READYLANCE SAFETY LANCETS/26G/1.8MM.....	90	RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	116	repaglinide.....	26
READYLANCE SAFETY LANCETS/28G/1.8MM.....	90	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	116	repaglinide-metformin hcl.....	24
READYLANCE SAFETY LANCETS/30G/1.6MM.....	90	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	116	REPATHA.....	31
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	116	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	116	REPATHA SURECLICK.....	31
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	116	RELION KETONE.....	67	REQUIP.....	44
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	116	RELION KETONE TEST STRIPS.....	67	REQUIP XL.....	44
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	116	RELION LANCETS MICRO- THIN33G.....	90	RESCRIPTOR.....	48
REALITY LANCETS.....	90	RELION LANCETS STANDARD 21G.....	90	RESECTISOL.....	74
REALITY LATEX CONDOMS/LUBRICATED..	80	RELION LANCETS THIN 26G.....	90	RESTASIS.....	134
REALITY LATEX/ULTRA TEXTURED.....	80	RELION LANCETS ULTRA- THIN30G.....	90	RESTASIS MULTIDOSE..	134
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REALITY TRIGGER LANCETS.....	90	RELION MINI PEN NEEDLES 31GX6MM.....	116	RETACRIT.....	76
REBETOL.....	49	RELION PEN NEEDLES 29GX12MM.....	116	RETEVMO.....	41
REBIF.....	139	RELION PEN NEEDLES 31GX5/16".....	117	RETIN-A.....	59
REBIF REBIDOSE.....	139	RELION PEN NEEDLES 31GX6MM.....	117	RETIN-A MICRO.....	59
REBIF REBIDOSE TITRATIONPACK.....	139	RELION PEN NEEDLES 31GX8MM.....	117	RETIN-A MICRO PUMP...	59
REBIF TITRATION PACK..	139	RELION PEN NEEDLES 32G X5/32".....	117	RETROVIR.....	48
RECLAST.....	69	RELION PEN NEEDLES 32GX4MM.....	117	RETROVIR IV INFUSION...	48
RECOMBIVAX HB.....	145	RELION PEN NEEDLES/31G X1/4".....	117	REVATIO.....	53
RECTIV.....	10	RELION SHORT PEN NEEDLES31GX8MM.....	117	REVLIMID.....	129
REGIMEX.....	2	RELION ULTRA THIN LANCETS/30G.....	90	REXALL LANCETS ULTRA THIN.....	90
REGLAN.....	73	RELION ULTRA THIN LANCETS30G.....	90	REXULTI.....	46
REGRANEX.....	67			REYATAZ.....	48
RELENZA DISKHALER.....	50			RIBASPHERE.....	50
RELION 2-IN-1 LANCET DEVICES 30G.....	90			RIBASPHERE RIBAPAK...	50
RELION 2-IN-1 LANCING DEVICE 25G.....	90			ribavirin (hepatitis c).....	50

RIGHTEST GC300 HIGH CONTROL	90	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	91	SAMSCA	71
RIGHTEST GD500 LANCING DEVICE	90	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	91	SANDIMMUNE	129
RIGHTEST GL300 LANCETS	90	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	117	SANDOSTATIN	71
RILUTEK	132	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	117	SANDOSTATIN LAR DEPOT	71
riluzole	132	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	117	SANTYL	66
rimantadine hydrochloride	50	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	117	SAPHRIS	46
ringer's	128	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	117	sapropterin dihydrochloride	71
ringer's irrigation	130	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	117	SAPS HEALTH CARE TWIST TOP LANCETS	91
RINVOQ	4	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	117	SAPS HEALTH TWIST TOP LANCETS 30G	91
risedronate sodium	69	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	117	SAPSCARE TWIST TOP LANCETS 30G	91
RISPERDAL	45	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	117	SAVELLA	138
RISPERDAL CONSTA	45	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	117	SAVELLA TITRATION PACK	138
risperidone	45	SAFETY LANCET 21G/PRESSURE ACTIVATED	91	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	117
RITALIN	3	SAFETY LANCET 23G/PRESSURE ACTIVATED	91	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	117
RITALIN LA	3	SAFETY LANCET 28G/PRESSURE ACTIVATED	91	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	117
ritonavir	48	SAFETY LANCET 30G/PRESSURE ACTIVATED	91	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	117
RITUXAN	38	SAFETY LANCETS	91	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	117
rivastigmine tartrate	138	SAFETY LANCETS 21G	91	SB LANCETS THIN	91
rizatriptan benzoate	127	SAFETY LANCETS 28G	91	SB LANCETS ULTRA THIN	91
ROBAXIN	132	SAFETY LET LANCETS	91	scopolamine	27
ROBAXIN-750	132	SAFETY SEAL LANCETS 28G	91	SEASONIQUE	55
ROCALTROL	71	SAFETY SEAL LANCETS 30G	91	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	117
ROMIDEPSIN	41	SAFYRAL	55	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	117
ropinirole hydrochloride	44	SAIZEN	70	SEGLUROMET	24
rosuvastatin calcium	31	SAIZENPREP	70	SELECT-LITE LANCING DEVICE	91
ROTARIX	145	RECONSTITUTIONKIT	70	selegiline hcl	44
ROTATEQ	145	SALAGEN	130	selenium sulfide	63
ROXICET	9	salsalate	6	SELZENTRY	48
ROXICODONE	8			SENSIPAR	71
ROXYBOND	8			SEREVENT DISKUS	16
ROZEREM	77			SEROQUEL	46
ROZLYTREK	41			SEROQUEL XR	46
RUCONEST	75			SEROSTIM	70
rufinamide	19			sertraline hcl	23
RUXIENCE	38			sevelamer carbonate	74
RUZURGI	35			SHINGRIX	145
RYTHMOL SR	14			SHOPKO AUTOLET LANCING DEVICE	91
SABRIL	20				
SAFE-T-LANCE LOW FLOW 25G	90				
SAFE-T-LANCE NORMAL FLOW21G	91				
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	91				

SHOPKO ON-THE-GO		SIMULECT.....	129	SOLU-CORTEF.....	57
COMFORTLANCETS 30G...	91	simvastatin.....	31	SOLU-MEDROL.....	57
SHOPKO UNIFINE PENTIPS		SINEMET.....	44	SOLUS V2 CONTROL HIGH	91
PEN		SINEMET CR.....	44	SOLUS V2 LANCING	
NEEDLES/MICRO/32GX4MM		SINGLE-LET.....	91	DEVICE.....	91
	117	SINGULAIR.....	14	SOLUS V2 PRESSURE	
SHOPKO UNIFINE PENTIPS		sirolimus.....	129	ACTIVATED SAFETY LANCETS	
PEN		SIRTURO.....	36	28G.....	91
NEEDLES/MINI/31GX5MM		SIVEXTRO.....	12	SOLUS V2 TWIST LANCETS	
	117	SKELAXIN.....	132	30G.....	92
SHOPKO UNIFINE PENTIPS		SKLICE.....	67	SOMA.....	132
PEN		SKYLA.....	56	SOMATULINE DEPOT.....	71
NEEDLES/SHORT/31GX8MM		SKYRIZI.....	62	SOMAVERT.....	69
	117	SLO-NIACIN.....	147	SOOLANTRA.....	67
SHOPKO UNIFINE PENTIPS		SLYND.....	56	SORBITOL.....	74
PLUS PEN		SM MICRO THIN LANCETS		SORBITOL-MANNITOL.....	74
NEEDLES/MICRO/REMOVR/32		33G.....	91	SORBITOL/MANNITOL	
GX4MM.....	117	SM PRENATAL		IRRIGATION.....	74
SHOPKO UNIFINE PENTIPS		VITAMINS.....	131	SORIATANE.....	62
PLUS PEN		SM TRUEDRAW LANCING		sotalol hcl.....	51
NEEDLES/MINI/REMOVER/31G		DEVICE.....	91	sotalol hcl (afib/afI).....	51
X5MM.....	117	SMART DIABETES VANTAGE		SOVALDI.....	50
SHOPKO UNIFINE PENTIPS		LANCING DEVICE.....	91	spinosad.....	67
PLUS PEN		SMART SENSE COLOR		SPIRIVA HANDIHALER.....	14
NEEDLES/REMOVER/29GX12M		LANCETS UNIVERSAL		SPIRIVA RESPIMAT.....	14
M.....	117	33G.....	91	spironolactone.....	68
SHOPKO UNIFINE PENTIPS		SMART SENSE STANDARD		spironolactone &	
PLUS PEN		LANCETS UNIVERSAL		hydrochlorothiazide.....	68
NEEDLES/SHORT/REMOVR/31		21G.....	91	SPORANOX.....	29
GX8MM.....	118	SMART SENSE SUPER THIN		SPORANOX PULSEPAK.....	29
SHOPKO UNILET LANCETS		LANCETS UNIVERSAL		SPRAVATO 56MG DOSE.....	22
SUPER THIN 30G.....	91	30G.....	91	SPRAVATO 84MG DOSE.....	22
SHOPKO UNILET LANCETS		SMART SENSE THIN		SPRYCEL.....	41
ULTRA THIN 28G.....	91	LANCETSUNIVERSAL		STALEVO 100.....	44
SHUR-SEAL.....	146	26G.....	91	STALEVO 125.....	44
SIDE BUTTON SAFETY		SMARTEST LANCETS		STALEVO 150.....	44
LANCET21G.....	91	28G.....	91	STALEVO 200.....	44
SIGNIFOR.....	71	SODIUM ACETATE.....	127	STALEVO 50.....	44
sildenafil citrate.....	52	sodium acetate.....	127	STALEVO 75.....	44
sildenafil citrate (pulmonary		sodium chloride.....	129	stannous fluoride.....	130
hypertension).....	53	sodium chloride (gu		STARLIX.....	26
SILENOR.....	77	irrigant).....	74	stavudine.....	48
SILIQ.....	62	sodium chloride (inhalant).....	58	STEGLATRO.....	26
silodosin.....	74	sodium citrate & citric acid.....	74	STELARA.....	63,73
SILVADENE.....	63	sodium phenylbutyrate.....	71	STENDRA.....	52
silver sulfadiazine.....	63	sodium polystyrene		STERILANCE TL.....	92
SIMBRINZA.....	133	sulfonate.....	130	STIMATE.....	71
SIMCOR.....	31	SOFOSBUVIR/VELPATASVIR		STIVARGA.....	41
SIMPLE DIAGNOSTICS		50		
LANCING DEVICE.....	91	solifenacin succinate.....	143		
SIMPONI.....	4	SOLIRIS.....	75		
SIMPONI ARIA.....	4	SOLOSEC.....	3		

STRATTERA.....	2	SURE COMFORT INSULIN		SURE-JECT INSULIN	
streptomycin sulfate.....	3	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.3ML/29G X	
STRIBILD.....	48	1/2".....	118	1/2".....	118
STRIVERDI RESPIMAT.....	16	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STROMECTOL.....	11	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.3ML/30G X	
SUBOXONE.....	10	5/16".....	118	5/16".....	118
SUBSYS.....	8	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUCRAID.....	67	SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/0.3ML/31G X	
sucralfate.....	142	5/16".....	118	5/16".....	119
SULAR.....	52	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulconazole nitrate.....	61	SYRINGE/U-100/1ML/28G X		SYRINGE/U-100/0.5ML/28G X	
sulfacetamide sodium (acne).....	59	1/2".....	118	1/2".....	119
sulfacetamide sodium		SURE COMFORT INSULIN		SURE-JECT INSULIN	
(ophth).....	134	SYRINGE/U-100/1ML/29G X		SYRINGE/U-100/0.5ML/29G X	
sulfacetamide sodium w/		1/2".....	118	1/2".....	119
sulfur.....	59	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulfacetamide sodium-sulfur in		SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/0.5ML/30G X	
urea vehicle.....	59	5/16".....	118	5/16".....	119
SULFADIAZINE.....	140	SURE COMFORT INSULIN		SURE-JECT INSULIN	
sulfamethoxazole-trimethoprim		SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/1ML/28G X	
.....	11	5/16".....	118	1/2".....	119
SULFAMYLLON.....	63	SURE COMFORT LANCETS		SURE-JECT INSULIN	
sulfasalazine.....	73	18G.....	92	SYRINGE/U-100/1ML/29G X	
sulindac.....	5	SURE COMFORT LANCETS		1/2".....	119
SUMADAN WASH.....	59	21G.....	92	SURE-JECT INSULIN	
sumatriptan.....	127	SURE COMFORT LANCETS		SYRINGE/U-100/1ML/30G X	
sumatriptan succinate.....	127	23G.....	92	5/16".....	119
SUNOSI.....	2	SURE COMFORT LANCETS		SURE-JECT INSULIN	
SUPER THIN LANCETS.....	92	28G.....	92	SYRINGE/U-100/1ML/31G X	
SUPRAX.....	54	SURE COMFORT LANCETS		5/16".....	119
SUPREP BOWEL PREP KIT.....	78	30G.....	92	SURE-LANCE FLAT	
SURE COMFORT INSULIN		SURE COMFORT LANCING		LANCETS.....	92
SYRINGE/U-100/0.3ML/29G X		PEN.....	92	SURE-LANCE LANCETS	
1/2".....	118	SURE COMFORT PEN		26G.....	92
SURE COMFORT INSULIN		NEEDLES29GX1/2"		SURE-LANCE THIN LANCETS	
SYRINGE/U-100/0.3ML/30G X		12.7MM.....	118	28G.....	92
1/2".....	118	SURE COMFORT PEN		SURE-LANCE ULTRA THIN	
SURE COMFORT INSULIN		NEEDLES30GX5/16"		LANCETS.....	92
SYRINGE/U-100/0.3ML/30G X		SHORT.....	118	SURE-PEN.....	92
1/2".....	118	SURE COMFORT PEN		SURE-TOUCH LANCETS	
SURE COMFORT INSULIN		NEEDLES31GX3/16"		UNIVERSAL.....	92
SYRINGE/U-100/0.3ML/30G X		(5MM).....	118	SURELITE LANCETS.....	92
5/16".....	118	SURE COMFORT PEN		SURESTEP PRO HIGH	
SURE COMFORT INSULIN		NEEDLES31GX5/16"		GLUCOSECONTROL.....	92
SYRINGE/U-100/0.3ML/31G X		(8MM).....	118	SURMONTIL.....	24
5/16".....	118	SURE COMFORT PEN		SUSTIVA.....	48
SURE COMFORT INSULIN		NEEDLES32GX5/32".....	118	SUTENT.....	41
SYRINGE/U-100/0.3ML/31G X		SURE COMFORT PEN		SYLATRON.....	42
5/16".....	118	NEEDLES32GX6MM.....	118	SYMBICORT.....	16
SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES		SYMFI.....	48
SYRINGE/U-100/0.5ML/28G X		29GX1/2" 12.7MM.....	118	SYMFI LO.....	48
1/2".....	118	SURE-FINE PEN NEEDLES		SYMLINPEN 120.....	24
SURE COMFORT INSULIN		31GX3/16" 5MM.....	118	SYMLINPEN 60.....	24
SYRINGE/U-100/0.5ML/29G X		SURE-FINE PEN NEEDLES			
1/2".....	118	31GX5/16" 8MM.....	118		

SYMTUZA.....	48	TECHLITE INSULIN		telmisartan-hydrochlorothiazide	
SYNALAR.....	65	SYRINGEU-100/0.3ML/30G X		34
SYNAREL.....	70	5/16".....	119	temazepam.....	77
SYNERA.....	66	TECHLITE INSULIN		TEMIXYS.....	48
SYNJARDY.....	24	SYRINGEU-100/0.3ML/31G X		TEMODAR.....	36,37
SYNJARDY XR.....	24	5/16".....	119	TEMOVATE.....	65
SYNRIBO.....	42	TECHLITE INSULIN		temozolomide.....	37
SYNTHROID.....	141	SYRINGEU-100/0.5ML/29G X		temsirolimus.....	41
SYPRINE.....	129	1/2".....	119	TENIPOSIDE.....	43
TABLOID.....	37	TECHLITE INSULIN		tenofovir disoproxil fumarate.....	48
TABRECTA.....	41	SYRINGEU-100/0.5ML/30G X		TENORETIC 100.....	34
TACLONEX.....	65	5/16".....	119	TENORETIC 50.....	34
tacrolimus.....	129	TECHLITE INSULIN		TENORMIN.....	51
tacrolimus (topical).....	66	SYRINGEU-100/0.5ML/31G X		TEPADINA.....	37
tadalafil.....	52	5/16".....	119	terazosin hcl.....	32
tadalafil (pulmonary		TECHLITE INSULIN		terbinafine hcl.....	28
hypertension).....	53	SYRINGEU-100/1ML/29G X		terbutaline sulfate.....	16
TAFINLAR.....	41	1/2".....	119	terconazole vaginal.....	146
TAGAMET HB.....	142	TECHLITE INSULIN		TESSALON PERLES.....	57
TAKHZYRO.....	75	SYRINGEU-100/1ML/30G X		TESTIM.....	10
TALTZ.....	63	1/2".....	119	TESTOSTERONE	
TALZENNA.....	41	TECHLITE INSULIN		CYPIONATE.....	10
TAMIFLU.....	50	SYRINGEU-100/1ML/31G X		testosterone cypionate.....	10
tamoxifen citrate.....	39	15/64".....	119	testosterone enanthate.....	10
tamsulosin hcl.....	74	TECHLITE INSULIN		tetrabenazine.....	138
TANZEUM.....	25	SYRINGEU-100/1ML/31G X		tetracycline hcl.....	140
TAPAZOLE.....	140	5/16".....	119	TGT LANCET MICRO THIN	
TARCEVA.....	41	TECHLITE LANCETS.....	92	33G.....	92
TARGADOX.....	140	TECHLITE LANCETS 30G.....	92	TGT LANCET THIN 26G.....	92
TARGRETIN.....	42,62	TECHLITE PEN NEEDLES		TGT LANCET ULTRA THIN	
TARKA.....	34	29GX 12 MM.....	119	30G.....	92
TASIGNA.....	41	TECHLITE PEN NEEDLES		TGT LANCING DEVICE.....	92
TASMAR.....	43	31GX 5MM.....	119	THALOMID.....	129
tavorole.....	61	TECHLITE PEN		theophylline.....	16
TAXOL.....	43	NEEDLES/31GX 5MM.....	119	THERANATAL CORE	
TAXOTERE.....	43	TECHLITE PEN		NUTRITION.....	131
tazarotene.....	63	NEEDLES/31GX 6 MM.....	119	THINLETS GP LANCETS.....	92
TAZORAC.....	63	TECHLITE PEN		thioridazine hcl.....	46
TAZVERIK.....	41	NEEDLES/31GX 8MM.....	119	thiotepa.....	37
TECENTRIQ.....	38	TECHLITE PEN		thiothixene.....	46
TECFIDERA.....	139	NEEDLES/32GX 4MM.....	119	THYMOGLOBULIN.....	130
TECFIDERA STARTER		TECHLITE PEN		thyroid.....	141
PACK.....	139	NEEDLES/32GX 6MM.....	120	tiagabine hcl.....	20
TECHLITE AST LANCETS.....	92	TEFLARO.....	54	TIAZAC.....	52
TECHLITE INSULIN SYRINGEU-		TEGRETOL.....	19	TIBSOVO.....	41
100/0.3ML/29G X 1/2".....	119	TEGRETOL-XR.....	20	TICE BCG.....	42
TECHLITE INSULIN SYRINGEU-		TEGSEDI.....	139	TIGAN.....	27
100/0.3ML/30G X 1/2".....	119	TEKTURNA.....	34	tigecycline.....	140
		telmisartan.....	32		
		telmisartan-amlodipine.....	34		

TIGECYCLINE.....	140	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	120	TRELEGY ELLIPTA.....	16
TIKOSYN.....	14	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	120	TRELSTAR MIXJECT.....	39
timolol maleate.....	51	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	120	TREMFYA.....	63
timolol maleate (ophth).....	133	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	120	treprostinil.....	53
TIMOPTIC.....	133	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	120	TRESIBA.....	26
TIMOPTIC-XE.....	133	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	120	TRESIBA FLEXTOUCH.....	26
TIVICAY.....	48	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	120	tretinoin.....	59
tizanidine hcl.....	132	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	120	tretinoin (chemotherapy).....	42
TOBI.....	3	TOPICORT.....	65	tretinoin microsphere.....	59
TOBRADEX.....	135	topiramate.....	20	TREXALL.....	37
tobramycin.....	3	TOPOTECAN HCL.....	43	TRI-NORINYL 28.....	55
tobramycin (ophth).....	134	topotecan hcl.....	43	triamcinolone acetonide.....	57
tobramycin sulfate.....	3	TOPROL XL.....	51	triamcinolone acetonide (mouth).....	130
tobramycin- dexamethasone.....	135	toremifene citrate.....	39	triamcinolone acetonide (nasal).....	132
TOBREX.....	134	TORISEL.....	41	triamcinolone acetonide (topical).....	65
TODAY SPONGE.....	146	torsemide.....	68	triamcinolone acetonide- dimethicone-silicone.....	65
TODAYS HEALTH ADVANCED LANCING DEVICE.....	92	TOVIAZ.....	143	triamterene.....	68
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	120	TRACLEER.....	53	triamterene & hydrochlorothiazide.....	68
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	120	TRADJENTA.....	25	triazolam.....	77
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	120	tramadol hcl.....	8	TRIBENZOR.....	34
TODAYS HEALTH SUPER THINLANCETS 30G.....	92	tramadol-acetaminophen.....	9	TRICARE.....	131
TODAYS HEALTH ULTRA THINLANCETS 28G.....	92	trandolapril.....	32	TRICOR.....	31
TOFRANIL.....	24	trandolapril-verapamil hcl.....	34	TRIDESILON.....	66
tolazamide.....	26	tranexamic acid.....	77	trientine hcl.....	129
tolbutamide.....	26	TRANSDERM SCOP.....	27	trifluoperazine hcl.....	46
tolcapone.....	43	TRANSDERM-SCOP.....	28	trifluridine.....	134
tolmetin sodium.....	5	TRANXENE T.....	13	trihexyphenidyl hcl.....	43
TOLSURA.....	29	tranylcyromine sulfate.....	22	TRIKAFTA.....	140
tolterodine tartrate.....	143	TRAVATAN Z.....	135	TRILEPTAL.....	20
tolvaptan.....	71	TRAVEL LANCETS 30G.....	92	trimethobenzamide hcl.....	28
TOPAMAX.....	20	TRAVEL LANCETS ADVANCED 28G.....	92	trimethoprim.....	11
TOPAMAX SPRINKLE.....	20	travoprost.....	135	trimipramine maleate.....	24
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	120	trazodone hcl.....	23	TRINTELLIX.....	23
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	120	TREANDA.....	37	TRIOSTAT.....	141
TOPCARE LANCETS MICRO- THIN 33G.....	92	TRECATOR.....	36	TRIUMEQ.....	48
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	120			TRIZIVIR.....	48

TRUE COMFORT PEN NEEDLES31G X 5MM.....	120	TRUEPLUS LANCETS 28G.....	92	TRUSTEX/RIA LUBRICATED/SPERMICIDE	80
TRUE COMFORT PEN NEEDLES31G X 6MM.....	120	TRUEPLUS LANCETS 28G SUPER THIN.....	92	TRUVADA.....	48
TRUE COMFORT PEN NEEDLES32G X 4MM.....	120	TRUEPLUS LANCETS 30G.....	92	TURALIO.....	41
TRUE COMFORT TWIST TOP LANCETS 30G.....	92	TRUEPLUS LANCETS 30G ULTRA THIN.....	92	TWINRIX.....	145
TRUE METRIX BLOOD GLUCOSETEST STRIPS.....	67	TRUEPLUS LANCETS 33G.....	92	TWYNSTA.....	34
TRUE METRIX CONTROL SOLUTION LEVEL 3.....	92	TRUEPLUS LANCETS 33G MICRO THIN.....	92	TYBLUME.....	55
TRUEDRAW LANCING DEVICE.....	92	TRUEPLUS LANCETS 33G 29GX12MM.....	121	TYBOST.....	48
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM.....	120	TRUEPLUS PEN NEEDLES 31GX5MM.....	121	TYGACIL.....	140
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM.....	120	TRUEPLUS PEN NEEDLES 31GX6MM.....	121	TYKERB.....	41
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM.....	120	TRUEPLUS PEN NEEDLES 31GX8MM.....	121	TYLENOL/CODEINE #3.....	9
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM.....	120	TRUEPLUS PEN NEEDLES 32GX4MM.....	121	TYLENOL/CODEINE #4.....	9
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM.....	120	TRUEPLUS SAFETY LANCETS 28G.....	92	TYMLOS.....	69
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	120	TRUETRACK TEST.....	67	TYSABRI.....	139
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	120	TRULICITY.....	25	UCERIS.....	10
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	121	TRUSOPT.....	135	UDENYCA.....	76
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	121	TRUSTEX COLOR CONDOMS + LUBE.....	80	ULESFIA.....	67
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	121	TRUSTEX LUBRICATED.....	80	ULORIC.....	75
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	121	TRUSTEX LUBRICATED EXTRALARGE.....	80	ULTI-LANCE AUTOMATIC/ CLEAR TIP.....	92
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	121	TRUSTEX LUBRICATED EXTRASTRENGTH.....	80	ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2".....	121
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	121	TRUSTEX LUBRICATED/RIBBED/STUDD ED.....	80	ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2".....	121
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	121	TRUSTEX LUBRICATED/SPERMICIDE	80	ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2".....	121
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	121	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....	80	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	121
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	121	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....	80	ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2".....	121
TRUEPLUS LANCETS 26G.....	92	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....	80	ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2".....	121
		TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDD ED.....	80	ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2".....	121
		TRUSTEX/RIA LUBRICATED.....	80	ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16".....	121
		TRUSTEX/RIA LUBRICATED SPERMICIDE.....	80	ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	121
				ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	121
				ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	121

ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	121	ULTICARE MICRO PEN NEEDLES/32G X 5/32"....	122	ULTILET INSULIN SYRINGE/1ML/31G X 8MM	123
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	121	ULTICARE MINI PEN NEEDLES 31GX6MM.....	122	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	123
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	121	ULTICARE MINI PEN NEEDLES ULTI-FINE IV.	122	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	123
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	122	ULTICARE MINI PEN NEEDLES/31G X 6MM....	122	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	123
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	122	ULTICARE MINI PEN NEEDLES/32G X 1/4"....	122	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	123
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	122	ULTICARE MINI PEN NEEDLES31GX6MM.....	122	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	123
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	122	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE....	122	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	123
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	122	ULTICARE PEN NEEDLES 31GX 5MM.....	122	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	123
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	122	ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	122	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	123
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	122	ULTICARE PEN NEEDLES/29GX 12.7MM	122	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	123
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	122	ULTICARE SHORT PEN NEEDLES 31GX8MM.....	122	ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	123
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	122	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.	123	ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	123
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	122	ULTICARE SHORT PEN NEEDLES/31G X 8MM....	123	ULTILET LANCETS.....	93
ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16".....	122	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA.....	123	ULTILET LANCETS 33G....	93
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VALUMARK PEN NEEDLES 31GX 6MM.....	125	VIBRAMYCIN.....	140	VOL-PLUS.....	131
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		VIDA MIA AUTOLET LANCINGDEVICE.....	93	VORAXAZE.....	42
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WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM	126	XOPENEX HFA	16	ZIAGEN	49
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM	126	XOSPATA	41	ZIANA	59
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		YONDELIS	37	zoledronic acid	69
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		ZALTRAP	38	zolmitriptan	127
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				zolpidem tartrate	77
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ZYRTEC ALLERGY	30
ZYRTEC CHILDRENS ALLERGY	30
ZYRTEC-D ALLERGY/CONGESTION	58
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FROM |  **sunshine health.**
Insured by Celtic Insurance Company

Statement of Non-Discrimination

Ambetter from Sunshine Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Sunshine Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Sunshine Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ambetter from Sunshine Health at 1-877-687-1169 (Relay FL 1-800-955-8770).

If you believe that Ambetter from Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Grievance/Appeals Unit Sunshine Health, 1301 International Parkway, Suite 400, Sunrise, Florida 33323, 1-877-687-1169 (Relay Florida 1-800-955-8770), Fax, 1-866-534-5972. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Sunshine Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Sunshine Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1169 (Relay Florida 1-800-955-8770).
French Creole:	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-877-687-1169 (Relay Florida 1-800-955-8770).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Sunshine Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1169 (Relay Florida 1-800-955-8770).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Sunshine Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1169 (Relay Florida 1-800-955-8770).
Chinese:	如果您, 或是您正在協助的對象, 有關於 Ambetter from Sunshine Health 方面的問題, 您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話, 請撥電話 1-877-687-1169 (Relay Florida 1-800-955-8770)。
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Sunshine Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1169 (Relay Florida 1-800-955-8770).
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Sunshine Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1169 (Relay Florida 1-800-955-8770).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Sunshine Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1169 (Relay Florida 1-800-955-8770).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Sunshine Health ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1169 (Relay Florida 1-800-955-8770).
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Sunshine Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-877-687-1169 (Relay Florida 1-800-955-8770).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Sunshine Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1169 (Relay Florida 1-800-955-8770) an.
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Sunshine Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1169 (Relay Florida 1-800-955-8770) 로 전화하십시오.
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów za pośrednictwem Ambetter from Sunshine Health, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-877-687-1169 (Relay Florida 1-800-955-8770).
Gujarati:	જ તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Sunshine Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. કૃપાપિયા સહિ વાત કરવા માટે 1-877-687-1169 (Relay Florida 1-800-955-8770) ઉપર કોલ કરો.
Thai:	หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีความถามเกี่ยวกับAmbetter from Sunshine Health ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่าน!โดยไม่เสียค่าใช้จ่ายใด!ฯลฯทั้งสิ้น!หากต้องการใช้บริการถาม!กรุณาโทรศัพท์ติดต่อที่หมายเลข! 1-877-687-1169 (Relay Florida 1-800-955-8770).