



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

2021 Prescription Drug List

Effective January 1, 2021



[Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com)

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. Specialty drugs are used to treat complex, chronic conditions and may require special handling, storage, or clinical management. Prescription drugs covered under the specialty tier require fulfillment at a pharmacy that participates in Ambetter's "specialty" or "hemophilia" networks. For additional information on which pharmacies are within our "specialty" or "hemophilia" networks, please consult Ambetter website's pharmacy information section.

Prior Authorization for Non-Formulary Drugs

To obtain prior authorization for a non-formulary drug, your provider must fill out the Prior Authorization form. Enolve 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 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 1.875 MG-1.875 MG-1.875 MG-1.875 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 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, 5 MG-5 MG-5 MG-5 MG (Use amphetamine-dextroamphetamine)	NF	QL(3 ea daily)
ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG (Use amphetamine-dextroamphetamine)	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 amphetamine-dextroamphetamine)	NF	QL(1 ea daily)
ADDERALL XR CP24 3.75 MG-3.75 MG-3.75 MG-3.75 MG (Use amphetamine-dextroamphetamine)	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 amphetamine-dextroamphetamine)	NF	QL(2 ea daily)
ADZENYS ER SUER (Use amphetamine)	NF	
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	1	QL(1 ea daily)
amphetamine-dextroamphetamine cp24 3.75 mg-3.75 mg-3.75 mg-3.75 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
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	1	QL(2 ea daily)
amphetamine-dextroamphetamine tabs 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 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, 5 mg-5 mg-5 mg-5 mg	1	QL(3 ea daily)
amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg	1	QL(2 ea daily)
DESOXYN TABS (Use methamphetamine hcl)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use dextroamphetamine sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use phentermine hcl)	NF	PA
phendimetrazine tartrate tabs 35 mg	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps 15 mg, 30 mg, 37.5 mg</i>	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA; QL(2 ea daily)
CONTRACE TB12	3	PA; QL(4 ea daily)
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 25 mg, 40 mg, 18 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, 25 MG, 40 MG, 18 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)
DAYTRANA PTCH	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl cp24 35 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 40 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 2.5 mg, 10 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, 20 mg, 60 mg, 10 mg, 30 mg, 50 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 10 mg, 20 mg</i>	1	QL(5 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL(6 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl 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 10 MG, 20 MG (<i>Use methylphenidate hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (<i>Use methylphenidate hcl</i>)	NF	QL(6 ea daily); AL(At least 6 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
GRASTEK SUBL	3	PA
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
ARIKAYCE SUSP	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin in saline soln 0.9 %-0.8 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml, 1 mg/ml-0.9 %</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
HUMATIN CAPS (<i>Use paromomycin sulfate</i>)	NF	
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	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 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEN 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-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

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-PEDIATRIC UC STARTER PACK 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; 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)
HUMIRA PSKT 10 MG/0.1ML, 10 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PSKT 20 MG/0.2ML, 20 MG/0.4ML	4	PA; SL(0.143 ea daily)
Antirheumatic - Enzyme Inhibitors		
RINVOQ TB24	4	PA; QL(1 ea daily)
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 ea daily); SP
XELJANZ XR TB24	4	PA; QL(1 ea daily)
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; QL(0.286 ea daily); SP
Interleukin-1beta Blockers		
ILARIS SOLN	4	PA; QL(0.072 ml daily) 180 rtl pack lmt day(s),
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS 100 MG, 50 MG, 200 MG (Use celecoxib)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (Use celecoxib)	NF	PA; QL(1 ea daily)
celecoxib caps 100 mg, 50 mg, 200 mg	1	PA; QL(2 ea daily)
celecoxib caps 400 mg	1	PA; QL(1 ea daily)
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs 50 mg	1	
diclofenac sodium tb24	1	
diclofenac sodium tbec	1	
diclofenac w/ misoprostol tbec	1	
EC-NAPROSYN TBEC 500 MG (Use naproxen)	NF	
etodolac caps 200 mg, 300 mg	1	
etodolac tabs 400 mg, 500 mg	1	
FELDENE CAPS (Use piroxicam)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps 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 <i>etodolac</i>)	NF	
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	ST; Must try ibuprofen. ;QL(5 ea daily)
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC TABS (Use <i>meloxicam</i>)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NALFON TABS 600 MG (Use <i>fenoprofen calcium</i>)	NF	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use <i>naproxen</i>)	NF	PA
NAPROSYN TABS 500 MG (Use <i>naproxen</i>)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	PA
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use <i>leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA; QL(0.15 ml daily)
ENBREL SOLN 25 MG/0.5ML	4	PA; QL(0.146 ml daily)
ENBREL SOLR 25 MG	4	PA; QL(0.286 ea daily); SP
ENBREL SOSY 25 MG/0.5ML	4	PA; QL(0.146 ml daily); SP
ENBREL SOSY 50 MG/ML	4	PA; QL(0.28 ml daily); SP
ENBREL SURECLICK SOAJ	4	PA; QL(0.143 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325 mg-50 mg, 50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps 40 mg-50 mg-300 mg, 40 mg-50 mg-325 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg, 40 mg-50 mg-325 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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	
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
<i>codeine sulfate tabs 30 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	

Drug Name	Drug Tier	Requirements/ Limits
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)
DURAGESIC PT72 (Use <i>fentanyl</i>)	NF	QL(0.34 ea daily)
<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 td 12 mcg/hr, 100 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 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL(2 ea daily)
HYDROCODONE BITARTRATE ER CP12	3	PA; QL(2 ea daily)
<i>hydrocodone bitartrate t24a 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	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	

Drug Name	Drug Tier	Requirements/ Limits
HYSINGLA ER T24A (Use hydrocodone bitartrate)	3	QL(2 ea daily)
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (Use morphine sulfate)	NF	PA; QL(2 ea daily)
levorphanol tartrate tabs 2 mg	1	New starts limited to 7 day supply
meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml	1	
meperidine hcl soln or 50 mg/5ml	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
meperidine hcl tabs or 50 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
methadone hcl conc or 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln ij 10 mg/ml	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use methadone hcl)	1	
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	1	QL(100 ml daily)
methadone hcl tabs or 10 mg	1	QL(10 ea daily)
methadone hcl tabs or 5 mg	1	QL(4 ea daily)
methadone hcl tbso or 40 mg	1	QL(2 ea daily)
METHADOSE CONC (Use methadone hcl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use methadone hcl)	NF	QL(10 ml daily)
MORPHABOND ER T12A 100 MG, 30 MG, 60 MG	3	PA; QL(1 ea daily)
MORPHABOND ER T12A 15 MG	3	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
morphine sulfate cp24 or 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml	1	
MORPHINE SULFATE SOLN IV 10 MG/ML (Use morphine sulfate)	NF	
morphine sulfate soln or 10 mg/5ml	1	New starts limited to 7 day supply;QL(100 ml daily)
morphine sulfate soln or 20 mg/5ml	1	New starts limited to 7 day supply;QL(50 ml daily)
morphine sulfate tabs or 15 mg	1	
morphine sulfate tabs or 15 mg, 30 mg	1	New starts limited to 7 day supply;QL(6 ea daily)
morphine sulfate tbc or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	QL(2 ea daily)
MS CONTIN TBCR (Use morphine sulfate)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use oxymorphone hcl)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 80 mg, 10 mg, 20 mg, 40 mg	3	QL(2 ea daily)
oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	3	QL(2 ea daily)
oxymorphone hcl tabs 10 mg, 5 mg	1	PA; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxymorphone hcl tb12 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL(2 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	1	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 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 ea daily)
SUBSYS LIQD 800 MCG	3	PA; QL(8 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
XTAMPZA ER C12A	2	QL(2 ea daily)
ZOHYDRO ER CP12	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 mg/5ml, 120 mg/5ml-12 mg/5ml</i>	1	New starts limited to 7 day supply;QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 15 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 30 mg-300 mg, 300 mg-30 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tabs 300 mg-60 mg, 60 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 320.5 mg-16 mg-30 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-300 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-40 mg-50 mg-325 mg, 325 mg-30 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
FIORICET/CODEINE CAPS (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	New starts limited to 7 day supply
FIORINAL/CODEINE #3 CAPS (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5 mg/5ml-108 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml, 5 mg/10ml-217 mg/10ml, 7.5 mg/15ml-325 mg/15ml</i>	1	New starts limited to 7 day supply;QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 7.5 mg-300 mg, 300 mg-5 mg, 5 mg-300 mg</i>	1	New starts limited to 7 day supply;QL(13 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen tabs 5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-7.5 mg, 7.5 mg-325 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, 5 mg-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg, 7.5 mg-200 mg</i>	1	New starts limited to 7 day supply;QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply;QL(60 ml daily)
NORCO TABS (<i>Use hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 7.5 mg-325 mg, 10 mg-325 mg, 325 mg-10 mg, 325 mg-5 mg, 5 mg-325 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 7.5 MG-325 MG, 10 MG-325 MG, 5 MG-325 MG (<i>Use oxycodone w/ acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
ULTRACET TABS (<i>Use tramadol-acetaminophen</i>)	NF	New starts limited to 7 day supply;QL(8 ea daily)
Opioid Partial Agonists		
BUNAVAIL FILM 0.3 MG-2.1 MG, 2.1 MG-0.3 MG	3	PA; QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	3	PA; QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	3	PA; QL(1 ea daily)
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	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate film 2 mg-8 mg, 3 mg-12 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl 0.5 mg-2 mg, 2 mg-0.5 mg, 2 mg-8 mg, 8 mg-2 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
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (<i>Use buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (<i>Use buprenorphine</i>)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone hcl tabs</i>	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-0.5 MG, 4 MG-1 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 2 MG-8 MG, 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	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 (<i>Use testosterone</i>)	NF	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (<i>Use testosterone cypionate</i>)	NF	
METHITEST TABS	3	
TESTIM GEL (<i>Use testosterone</i>)	NF	
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	1	
<i>testosterone cypionate soln ij 200 mg/ml</i>	1	
<i>testosterone cypionate soln im 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate soln</i>	1	
VOGELXO GEL (<i>Use testosterone</i>)	NF	
VOGELXO PUMP GEL (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		

Drug Name	Drug Tier	Requirements/Limits
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT CREA (<i>Use hydrocortisone (rectal)</i>)	NF	
PROCTOCORT SUPP (<i>Use hydrocortisone acetate (rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	QL(2 gm daily)
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
<i>albendazole tabs</i>	1	PA
ALBENZA TABS (<i>Use albendazole</i>)	NF	PA
BILTRICIDE TABS (<i>Use praziquantel</i>)	NF	PA
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 or 3 mg</i>	1	
<i>praziquantel tabs</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
STROMEKTOL 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	
<i>trimethoprim tabs</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	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
Antiprotozoal Agents		
ALINIA SUSR 100 MG/5ML	2	PA
ALINIA TABS 500 MG (<i>Use nitazoxanide</i>)	2	PA
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use atovaquone</i>)	NF	
<i>nitazoxanide tabs or</i>	1	PA
Carbapenems		
<i>ertapenem sodium solr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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)
VANCOCIN HCL CAPS (<i>Use vancomycin hcl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg, 1 gm, 10 gm, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	3	
Lincosamides		

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use clindamycin palmitate hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 600 MG/4ML, 900 MG/6ML, 300 MG/2ML, 9 GM/60ML (<i>Use clindamycin phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln</i>	1	
LINCOCIN SOLN (<i>Use lincomycin hcl</i>)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		
AZACTAM SOLR (<i>Use aztreonam</i>)	NF	
<i>aztreonam solr</i>	1	
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use linezolid</i>)	NF	
ZYVOX TABS OR 600 MG (<i>Use linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK (<i>Use fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG (<i>Use ranolazine</i>)	NF	QL(2 ea daily)
RANEXA TB12 500 MG (<i>Use ranolazine</i>)	NF	QL(3 ea daily)
<i>ranolazine tb12 1000 mg</i>	1	QL(2 ea daily)
<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	

Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.1 MG/HR, 0.4 MG/HR, 0.2 MG/HR, 0.6 MG/HR (Use nitroglycerin)	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, 0.4 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 30 mg, 7.5 mg, 15 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	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use hydroxyzine pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use lorazepam)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
<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 10 mg, 15 mg, 30 mg</i>	1	
TRANXENE T TABS (Use clorazepate dipotassium)	NF	
VALIUM TABS (Use diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use alprazolam)	NF	QL(4 ea daily)
XANAX XR TB24 (Use alprazolam)	NF	
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use disopyramide phosphate)	NF	
<i>procainamide hcl soln 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	4	PA
FASENRA SOSY	4	PA
NUCALA SOAJ	4	PA
NUCALA SOLR	4	PA
NUCALA SOSY	4	PA
XOLAIR SOLR 150 MG	4	PA; 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	QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SPIRIVA RESPIMAT AERS	2	QL(0.14 gm daily)
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)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rti MAX day(s) supply, 180 rti lmt day(s),30 mail MAX day(s) supply, 180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	QL(1 ea daily)
Steroid Inhalants		
ARNUITY ELLIPTA 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)

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Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NF	
ADVAIR HFA AERO	2	
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	NF	
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	NF	
AIRDUO RESPICLICK 55/14 AEPB 14 MCG/ACT-55 MCG/ACT (Use fluticasone-salmeterol)	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 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
<i>arformoterol tartrate nebu</i>	1	PA; QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU (Use arformoterol tartrate)	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 250 mcg/dose-50 mcg/dose, 50 mcg/act-250 mcg/act, 50 mcg/dose-100 mcg/dose, 50 mcg/dose-250 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)
PROAIR HFA AERS (Use albuterol sulfate)	NF	
PROVENTIL HFA AERS (Use albuterol sulfate)	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (Use budesonide-formoterol fumarate dihydrate)	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	QL(2 ea daily)
UTIBRON NEOHALER CAPS	3	PA
VENTOLIN HFA AERS (Use albuterol sulfate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
XOPENEX CONCENTRATE NEBU (Use <i>levalbuterol hcl</i>)	NF	PA
XOPENEX HFA AERO (Use <i>levalbuterol tartrate</i>)	3	PA; Limit 2 inhalers per month; QL(1 gm daily)
XOPENEX NEBU (Use <i>levalbuterol hcl</i>)	NF	PA; QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline soln 80 mg/15ml</i>	1	QL(56 ml daily)
<i>theophylline tb12 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Use <i>warfarin sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
BEVYXXA CAPS	3	QL(42 ea per 42 days retail, 42 ea per 42 days mail)
ELIQUIS STARTER PACK TBPK	2	QL(2.47 ea daily)
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO STARTER PACK TBPK	2	1 rtl MAX fill, 365 rtl day(s) supply,
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 MG, 2.5 MG	2	QL(2 ea daily)
Heparins And Heparinoid-Like Agents		

Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 10 MG/0.8ML (Use <i>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 (Use <i>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 (Use <i>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 (Use <i>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
<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

Drug Name	Drug Tier	Requirements/Limits
<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 (Use heparin sodium (porcine) lock flush)	NF	
<i>heparin sod (porcine) in d5w soln 5 %-40 unit/ml</i>	1	
<i>heparin sodium (porcine) soln 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN 0.45 %-12500 UNIT/250ML	1	
LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use enoxaparin sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (Use enoxaparin sodium)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use enoxaparin sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use enoxaparin sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use enoxaparin sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP

Drug Name	Drug Tier	Requirements/Limits
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 (Use diazepam (anticonvulsant))	3	
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (Use clonazepam)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (Use clobazam)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use clobazam)	NF	PA; QL(2 ea daily)
VALTOCO LIQD	4	PA; QL(10 ea per 30 days retail)
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 (Use rufinamide)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG (Use rufinamide)	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG (Use rufinamide)	2	PA; QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 (Use carbamazepine)	NF	
CARBATROL CP12 200 MG (Use carbamazepine)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (Use carbamazepine)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use levetiracetam)	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/Limits
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use levetiracetam)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (Use levetiracetam)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (Use levetiracetam)	NF	QL(6 ea daily)
KEPPRA XR TB24 (Use levetiracetam)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (Use lamotrigine)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (Use lamotrigine)	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (Use lamotrigine)	NF	QL(1 ea daily)
LAMICTAL TABS (Use lamotrigine)	NF	
<i>lamotrigine chew 25 mg</i>	1	QL(20 ea daily)
<i>lamotrigine chew 5 mg</i>	1	QL(100 ea daily)
<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)
<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 pregabalin)	NF	PA; QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 225 MG, 300 MG (<i>Use pregabalin</i>)	NF	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML (<i>Use pregabalin</i>)	NF	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use gabapentin</i>)	NF	
<i>oxcarbazepine susp 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 (<i>Use topiramate</i>)	NF	
<i>rufinamide susp 40 mg/ml</i>	1	PA; QL(80 ml daily)
<i>rufinamide tabs 200 mg</i>	1	PA; QL(2 ea daily)
<i>rufinamide tabs 400 mg</i>	1	PA; QL(8 ea daily)
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	
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)

Drug Name	Drug Tier	Requirements/Limits
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, 25 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 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, 25 mg</i>	1	QL(4 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 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		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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>)	NF	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
<i>vigabatrin tabs</i>	4	PA; QL(6 ea daily); SP
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	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use ethosuximide</i>)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (<i>Use ethosuximide</i>)	NF	QL(30 ml daily)
Valproic Acid		
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE TBEC (<i>Use 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 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NF	QL(1.5 ea daily)
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 (<i>Use bupropion hcl</i>)	NF	
<i>maprotiline hcl tabs</i>	3	
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (<i>Use bupropion hcl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 300 MG (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (<i>Use phenelzine sulfate</i>)	NF	
PARNATE TABS (<i>Use tranylcypromine sulfate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
N-Methyl-D-aspartic acid (NMDA) Receptor		
SPRAVATO 56MG DOSE SOPK	4	PA
SPRAVATO 84MG DOSE SOPK	4	PA
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(4 ea daily)
CELEXA TABS 20 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(2 ea daily)
CELEXA TABS 40 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(4 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	QL(2 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	QL(2 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(4 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)

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

Drug Name	Drug Tier	Requirements/Limits
PROZAC CAPS 20 MG (Use <i>fluoxetine hcl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>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 (Use <i>sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>sertraline hcl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use <i>sertraline hcl</i>)	NF	QL(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; QL(0.18 ea daily)
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use <i>duloxetine hcl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	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, 60 mg, 30 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep or 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (Use <i>venlafaxine hcl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (Use <i>venlafaxine hcl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (Use <i>venlafaxine hcl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA TITRATION PACK C4PK	3	PA
KHEDEZLA TB24 (Use desvenlafaxine)	NF	
PRISTIQ TB24 100 MG (Use desvenlafaxine succinate)	NF	QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use desvenlafaxine succinate)	NF	QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 37.5 mg	1	QL(4 ea daily)
venlafaxine hcl cp24 75 mg	1	QL(5 ea daily)
venlafaxine hcl tabs 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL(3 ea daily)
venlafaxine hcl tb24 150 mg	1	QL(2 ea daily)
venlafaxine hcl tb24 225 mg	1	ST; QL(1 ea daily)
venlafaxine hcl tb24 75 mg, 37.5 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	
amoxapine tabs	3	
ANAFRANIL CAPS (Use clomipramine hcl)	NF	PA
clomipramine hcl caps	1	PA
desipramine hcl tabs	1	
doxepin hcl caps	1	
doxepin hcl conc	1	
imipramine hcl tabs	1	
imipramine pamoate caps	1	
NORPRAMIN TABS (Use desipramine hcl)	NF	

Drug Name	Drug Tier	Requirements/ Limits
nortriptyline hcl caps	1	
nortriptyline hcl soln	1	
PAMELOR CAPS (Use nortriptyline hcl)	NF	
protriptyline hcl tabs	1	
TOFRANIL TABS (Use imipramine hcl)	NF	
trimipramine maleate caps	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	1	QL(3 ea daily)
GLYSET TABS (Use miglitol)	NF	
miglitol tabs	1	
PRECOSE TABS (Use acarbose)	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 (Use pioglitazone hcl-metformin hcl)	NF	QL(2 ea daily)
DUETACT TABS (Use pioglitazone hcl-glimepiride)	NF	QL(1 ea daily)
glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg, 500 mg-2.5 mg	1	QL(2 ea daily)
glipizide-metformin hcl tabs 5 mg-500 mg	1	QL(4 ea daily)
glyburide-metformin tabs 1.25 mg-250 mg, 250 mg-1.25 mg	1	QL(2 ea daily)
glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24 100 MG-1000 MG	2	QL(1 ea daily)
JANUMET XR TB24 50 MG-1000 MG, 50 MG-500 MG, 500 MG-50 MG	2	QL(2 ea daily)
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	QL(2 ea daily)
SYNJARDY XR TB24 10 MG-1000 MG, 12.5 MG-1000 MG, 5 MG-1000 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 25 MG-1000 MG	2	QL(1 ea daily)
TRIJARDY XR TB24	2	
XIGDUO XR TB24 10 MG-1000 MG, 10 MG-500 MG, 5 MG-500 MG	3	PA; QL(1 ea daily)
XIGDUO XR TB24 2.5 MG-1000 MG	3	QL(2 ea daily)
XIGDUO XR TB24 5 MG-1000 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	2	PA; QL(0.5 ml daily)
Biguanides		
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg</i>	1	QL(3 ea daily)
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)
<i>glucagon (rdna) kit</i>	1	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT (<i>Use glucagon (rdna)</i>)	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (<i>Use diazoxide</i>)	NF	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>alogliptin benzoate tabs</i>	1	QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS (<i>Use alogliptin benzoate</i>)	NF	
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
OZEMPIC SOPN 2 MG/1.5ML	2	PA; QL(0.054 ml daily)
OZEMPIC SOPN 2 MG/1.5ML, 4 MG/3ML	2	PA; QL(0.108 ml daily)
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)

Drug Name	Drug Tier	Requirements/Limits
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	3	PA
APIDRA SOLOSTAR SOPN	3	PA
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	
HUMULIN R U-500 KWIKPEN SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 FLEXPEN RELION SUPN	2	
NOVOLIN 70/30 FLEXPEN SUPN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	
NOVOLIN R SOLN	2	
NOVOLOG FLEXPEN SOPN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 SUSP	2	
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	2	
TRESIBA SOLN	2	
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 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 <i>nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	2	QL(1 ea daily)
STEGLATRO TABS	2	QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (Use <i>glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use <i>glimepiride</i>)	NF	QL(2 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 <i>glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (Use <i>glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLYNASE TABS (<i>Use glyburide micronized</i>)	NF	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 (<i>Use loperamide hcl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NF	
<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 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox tbso 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone tabs</i>	1	
EXJADE TBDO (<i>Use deferasirox</i>)	NF	PA; SP
FERRIPROX TABS 500 MG (<i>Use deferiprone</i>)	3	
JADENU SPRINKLE PACK (<i>Use deferasirox</i>)	NF	PA
JADENU TABS (<i>Use deferasirox</i>)	NF	PA; SP
Antidotes and Specific Antagonists		
<i>deferoxamine mesylate solr</i>	4	PA
DESFERAL SOLR (<i>Use deferoxamine mesylate</i>)	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
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)
TRANSDERM-SCOP PT72 (<i>Use scopolamine</i>)	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
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NF	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps</i>	1	PA
<i>aprepitant caps 125 mg, 40 mg</i>	1	PA; QL(0.067 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
<i>aprepitant misc</i>	1	PA
EMEND CAPS OR 40 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND SOLR IV 150 MG (<i>Use fosaprepitant dimeglumine</i>)	4	PA
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	NF	PA
<i>fosaprepitant dimeglumine solr</i>	4	PA
VARUBI TBPK	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use 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 (<i>Use 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	

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use 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)
<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 (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (<i>Use itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (<i>Use 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	

Drug Name	Drug Tier	Requirements/Limits
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	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	
<i>diphenhydramine hcl liqd or 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use fexofenadine hcl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (<i>Use 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 (<i>Use desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	1	
CLARITIN CAPS (<i>Use loratadine</i>)	1	
CLARITIN CHEW (<i>Use loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (<i>Use loratadine</i>)	1	

Drug Name	Drug Tier	Requirements/Limits
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP (Use loratadine)	1	
CLARITIN TABS (Use loratadine)	1	
desloratadine tabs 5 mg	1	QL(1 ea daily)
desloratadine tbdp 2.5 mg	1	QL(1 ea daily)
fexofenadine hcl susp 30 mg/5ml	1	QL(30 ml daily)
fexofenadine hcl tabs 180 mg	1	QL(1 ea daily)
fexofenadine hcl tabs 60 mg	1	QL(2 ea daily)
levocetirizine dihydrochloride soln 2.5 mg/5ml	1	QL(10 ml daily); RX/OTC
levocetirizine dihydrochloride tabs 5 mg	1	QL(1 ea daily); RX/OTC
loratadine caps	1	
loratadine chew	1	
loratadine soln	1	
loratadine syrp	1	
loratadine tabs	1	
loratadine tbdp	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use levocetirizine dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use cetirizine hcl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZYRTEC CHILDRENS ALLERGY SOLN (Use cetirizine hcl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use promethazine hcl)	NF	
promethazine hcl soln	1	
promethazine hcl supp	1	
promethazine hcl syrp	1	
promethazine hcl tabs	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrp	1	
cyproheptadine hcl tabs	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	1	QL(1 ea daily)
VYTORIN TABS (Use ezetimibe-simvastatin)	NF	QL(1 ea daily)
Antihyperlipidemics - Misc.		
icosapent ethyl caps	1	PA; QL(4 ea daily)
LOVAZA CAPS (Use omega-3-acid ethyl esters)	NF	QL(4 ea daily)
omega-3-acid ethyl esters caps	1	QL(4 ea daily)
VASCEPA CAPS 0.5 GM	3	PA
VASCEPA CAPS 1 GM	3	PA; QL(4 ea daily)
Bile Acid Sequestrants		
cholestyramine light pack 4 gm	1	QL(6 ea daily)
cholestyramine light powd 4 gm/dose	1	QL(24 gm daily)
cholestyramine pack 4 gm	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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)
QUESTRAN PACK 4 GM (<i>Use cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (<i>Use cholestyramine</i>)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (<i>Use colesevelam hcl</i>)	NF	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (<i>Use colesevelam hcl</i>)	NF	QL(7 ea daily)
Fibric Acid Derivatives		
<i>choline fenofibrate cpdr</i>	1	QL(1 ea daily)
<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 (<i>Use fenofibric acid</i>)	NF	
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAPS (<i>Use fenofibrate</i>)	NF	
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use fenofibrate</i>)	NF	QL(1 ea daily)
TRILIPIX CPDR (<i>Use choline fenofibrate</i>)	NF	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use rosuvastatin calcium</i>)	NF	QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 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 (<i>Use pravastatin sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	3	QL(1 ea daily)
<i>simvastatin tabs 5 mg, 80 mg, 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZETIA TABS (<i>Use ezetimibe</i>)	NF	QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i> 1000 mg, 500 mg, 750 mg	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA; QL(0.25 ml daily)
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 (<i>Use quinapril hcl</i>)	NF	
ALTACE CAPS (<i>Use ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i> 10 mg, 2.5 mg, 20 mg, 5 mg	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	

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLIN 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)
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</i> or 100 mg, 25 mg, 50 mg	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)

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-2 PTWK (Use clonidine)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (Use clonidine)	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	
MINIPRESS CAPS (Use prazosin hcl)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (Use quinapril-hydrochlorothiazide)	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 candesartan cilexetil-hydrochlorothiazide)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (Use irbesartan-hydrochlorothiazide)	NF	
AZOR TABS (Use amlodipine besylate-olmesartan medoxomil)	NF	ST

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tabs</i>	1	
BENICAR HCT TABS (Use olmesartan medoxomil-hydrochlorothiazide)	NF	
<i>bisoprolol & hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide tabs</i>	1	
DIOVAN HCT TABS (Use valsartan-hydrochlorothiazide)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
EXFORGE HCT TABS	2	
EXFORGE TABS (Use amlodipine besylate-valsartan)	NF	
<i>fosinopril sodium & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS 12.5 MG-100 MG, 25 MG-100 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR TABS 12.5 MG-50 MG (Use losartan potassium & hydrochlorothiazide)	NF	QL(2 ea daily)
<i>irbesartan-hydrochlorothiazide tabs</i>	1	
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
LOPRESSOR HCT TABS (Use metoprolol & hydrochlorothiazide)	NF	
<i>losartan potassium & hydrochlorothiazide tabs 100 mg-12.5 mg, 100 mg-25 mg, 12.5 mg-100 mg, 25 mg-100 mg</i>	1	QL(1 ea daily)
<i>losartan potassium & hydrochlorothiazide tabs 12.5 mg-50 mg, 50 mg-12.5 mg</i>	1	QL(2 ea daily)
LOTENSIN HCT TABS (Use benazepril & hydrochlorothiazide)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
LOTREL CAPS (<i>Use amlodipine besylate-benazepril hcl</i>)	NF	
<i>metoprolol & hydrochlorothiazide tabs</i>	1	
MICARDIS HCT TABS (<i>Use telmisartan-hydrochlorothiazide</i>)	NF	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs</i>	1	ST
<i>olmesartan medoxomil-hydrochlorothiazide tabs</i>	1	
<i>quinapril-hydrochlorothiazide tabs 10 mg-12.5 mg, 12.5 mg-10 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	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
COARTEM TABS	2	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(24 ea per fill retail, 24 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
MALARONE TABS (Use atovaquone-proguanil hcl)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(12 ea per fill retail, 12 ea per fill mail) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
Antimalarials		
chloroquine phosphate tabs	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
mefloquine hcl tabs	1	Covered for malaria treatment only. Limit 1 fill every 180 days; QL(5 ea daily) 1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
PLAQUENIL TABS (Use hydroxychloroquine sulfate)	NF	
primaquine phosphate tabs	3	
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	NF	
pyrimethamine tabs	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (Use quinine sulfate)	NF	PA;
quinine sulfate caps	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN (Use pyridostigmine bromide)	NF	
MESTINON TABS (Use pyridostigmine bromide)	NF	
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
pyridostigmine bromide soln 60 mg/5ml	1	
pyridostigmine bromide tabs 60 mg	1	
pyridostigmine bromide tbcr 180 mg	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		

Drug Name	Drug Tier	Requirements/ Limits
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	1	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
<i>isoniazid soln</i>	1	
<i>isoniazid syrp</i>	1	
<i>isoniazid tabs</i>	1	
MYAMBUTOL TABS (Use <i>ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (Use <i>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 (Use <i>rifampin</i>)	NF	
RIFADIN SOLR (Use <i>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 (Use <i>melphalan hcl</i>)	NF	
ALKERAN TABS (Use <i>melphalan</i>)	NF	
BELRAPZO SOLN	4	PA
BENDAMUSTINE HYDROCHLORIDE SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
BENDEKA SOLN	4	PA
BICNU SOLR (Use <i>carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (Use <i>busulfan</i>)	NF	PA; SP
<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>	1	PA
<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 (Use <i>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	
MYLERAN TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>temozolomide</i>)	NF	PA; SP
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 (Use <i>nelarabine</i>)	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

Drug Name	Drug Tier	Requirements/ Limits
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<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	
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium soln ij 250 mg/10ml, 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
<i>nelarabine soln</i>	4	PA; 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		
CYRAMZA SOLN	4	PA
INLYTA TABS	4	PA; QL(2 ea daily); SP
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Anti-HER2 Agents		
HERCEPTIN SOLR	4	PA; SP
PERJETA SOLN	4	PA; SP
TUKYSA TABS	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
DARZALEX SOLN	4	PA
EMPLICITI SOLR	4	PA
GAZYVA SOLN	4	PA
IMFINZI SOLN	4	PA
KADCYLA SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
KEYTRUDA SOLN	4	PA
LIBTAYO SOLN	4	PA
LUMOXITI SOLR	4	PA
MYLOTARG SOLR	4	PA
OPDIVO SOLN 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	4	PA
POTELIGEO SOLN	4	PA
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
TECENTRIQ SOLN 1200 MG/20ML	4	PA
YERVOY SOLN	4	PA; SP
Antineoplastic - EGFR Inhibitors		
ERBITUX SOLN	4	PA; SP
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
IRESSA TABS	4	PA
PORTRAZZA SOLN	4	PA
TARCEVA TABS (<i>Use erlotinib hcl</i>)	NF	PA; QL(1 ea daily); SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
VECTIBIX SOLN 400 MG/20ML	4	PA
VIZIMPRO TABS	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)

Drug Name	Drug Tier	Requirements/Limits
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 250 mg</i>	4	PA; QL(4 ea daily); SP
<i>abiraterone acetate tabs 500 mg</i>	4	PA; QL(2 ea daily)
<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
<i>exemestane tabs</i>	4	QL(1 ea daily); SP
FARESTON TABS (<i>Use toremifene citrate</i>)	NF	
FASLODEX SOLN (<i>Use fulvestrant</i>)	NF	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

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Drug Name	Drug Tier	Requirements/Limits
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
XTANDI CAPS 40 MG	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 (<i>Use abiraterone acetate</i>)	4	PA; QL(2 ea daily)
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT TABS 100 MG, 200 MG, 300 MG	4	PA; SL(1 ea daily)
LARTRUVO SOLN	4	PA
Antineoplastic - XPO1 Inhibitors		

Updated December 1, 2021

Drug Name	Drug Tier	Requirements/Limits
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 2 mg/ml, 200 mg/100ml</i>	4	PA; SP
<i>doxorubicin hcl solr 50 mg, 10 mg</i>	4	PA; SP
ELLENCES 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

Drug Name	Drug Tier	Requirements/Limits
<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>)	NF	PA; SP
Antineoplastic Combinations		
KISQALI FEMARA 200 DOSE TBPK	3	PA
KISQALI FEMARA 400 DOSE TBPK	3	PA
KISQALI FEMARA 600 DOSE TBPK	3	PA
VYXEOS SUSR	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NF	PA; QL(1 ea daily); SP
ALECENSA CAPS	4	PA; QL(4 ea daily)
ALUNBRIG TABS	4	PA; QL(1 ea daily)
ALUNBRIG TBPK	4	PA; QL(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;
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

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>everolimus tabs 10 mg, 5 mg, 7.5 mg, 2.5 mg</i>	4	PA; QL(1 ea daily); SP
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
IBRANCE CAPS	3	PA
IBRANCE TABS	3	PA
ICLUSIG TABS 10 MG, 30 MG, 45 MG	4	PA; QL(1 ea daily)
ICLUSIG TABS 15 MG	4	PA; QL(2 ea daily)
<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)
INREBIC CAPS	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
KISQALI TBPK	3	PA
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
PEMAZYRE TABS	4	PA; QL(1 ea daily)
PIQRAY 200MG DAILY DOSE TBPK	4	PA
PIQRAY 250MG DAILY DOSE TBPK	4	PA
PIQRAY 300MG DAILY DOSE TBPK	4	PA
QINLOCK TABS	4	PA
RETEVMO CAPS	4	PA
ROMIDEPSIN SOLR 10 MG	4	PA; SP
ROZLYTREK CAPS	4	PA
RUBRACA TABS	4	PA; QL(4 ea daily)
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
<i>sunitinib malate caps 12.5 mg, 25 mg, 50 mg</i>	4	PA; QL(1 ea daily); SP
SUTENT CAPS 12.5 MG, 25 MG, 50 MG (<i>Use sunitinib malate</i>)	4	PA; QL(1 ea daily); SP
TABRECTA TABS	4	PA
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TALZENNA CAPS	4	PA
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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
VERZENIO TABS	4	PA
VITRAKVI CAPS	4	PA
VITRAKVI SOLN	4	PA
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
XOSPATA TABS	4	PA
ZEJULA CAPS	4	PA; QL(3 ea daily)
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
Antineoplastic Enzymes		
ERWINASE SOLR	4	PA; SP
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

Drug Name	Drug Tier	Requirements/Limits
<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
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	
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
ELITEK SOLR	4	PA
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote/Protective Agents		
KHAPZORY SOLR	4	PA
<i>leucovorin calcium solr ij 500 mg, 100 mg, 200 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium tabs or 25 mg, 5 mg, 10 mg, 15 mg</i>	1	
<i>mesna soln</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
MESNEX SOLN IV 100 MG/ML (Use mesna)	4	PA
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML (Use docetaxel)	NF	PA; SP
DOCETAXEL CONC 80 MG/4ML (Use docetaxel)	NF	
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (Use docetaxel)	4	PA; SP
ETOPOPHOS SOLR	4	PA; SP
<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 (Use vinorelbine tartrate)	NF	PA; SP
NAVELBINE SOLN 50 MG/5ML (Use vinorelbine tartrate)	NF	PA
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 6 mg/ml</i>	4	PA

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

Drug Name	Drug Tier	Requirements/ Limits
LODOSYN TABS (<i>Use carbidopa</i>)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (<i>Use benztropine mesylate</i>)	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (<i>Use entacapone</i>)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (<i>Use tolcapone</i>)	3	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl tabs</i>	1	
APOKYN SOCT	4	PA;
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
<i>carbidopa-levodopa-entacapone tabs</i>	1	
CARBIDOPA/LEVODOPA ODT TBDP	1	
MIRAPEX TABS 0.125 MG (<i>Use pramipexole dihydrochloride</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MIRAPEX TABS 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (<i>Use bromocriptine mesylate</i>)	NF	
PARLODEL TABS (<i>Use bromocriptine mesylate</i>)	NF	
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	QL(4 ea daily)
<i>pramipexole dihydrochloride tabs 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
REQUIP XL TB24 12 MG, 8 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG (<i>Use ropinirole hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 3 mg, 1 mg, 2 mg, 4 mg, 5 mg, 0.5 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 (<i>Use carbidopa-levodopa</i>)	NF	
SINEMET TABS (<i>Use carbidopa-levodopa</i>)	NF	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 100 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 125 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 150 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (<i>Use carbidopa-levodopa-entacapone</i>)	NF	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (<i>Use 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 (<i>Use lithium carbonate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS 120 MG, 20 MG, 40 MG, 60 MG	3	PA; QL(1 ea daily)
LATUDA TABS 80 MG	3	PA; QL(2 ea daily)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG (<i>Use paliperidone</i>)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (<i>Use paliperidone</i>)	NF	QL(2 ea daily)
<i>paliperidone tb24 1.5 mg, 3 mg, 9 mg</i>	1	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (<i>Use risperidone</i>)	NF	QL(8 ml daily)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>Use risperidone</i>)	NF	QL(4 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (<i>Use haloperidol decanoate</i>)	NF	QL(0.036 ml daily)
HALDOL SOLN (<i>Use haloperidol lactate</i>)	NF	
<i>haloperidol decanoate soln</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
<i>asenapine maleate subl 10 mg, 5 mg</i>	1	PA; QL(2 ea daily)
<i>asenapine maleate subl 2.5 mg</i>	1	PA; QL(4 ea daily)
<i>clozapine tabs 200 mg, 50 mg, 100 mg, 25 mg</i>	1	
<i>clozapine tbdp 100 mg</i>	1	QL(9 ea daily)
<i>clozapine tbdp 12.5 mg, 150 mg</i>	1	QL(6 ea daily)
<i>clozapine tbdp 200 mg</i>	1	QL(4 ea daily)
<i>clozapine tbdp 25 mg</i>	1	QL(3 ea daily)
CLOZARIL TABS (<i>Use clozapine</i>)	NF	
FAZACLO TBDP 100 MG (<i>Use clozapine</i>)	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG (<i>Use clozapine</i>)	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG (<i>Use clozapine</i>)	1	QL(6 ea daily)
FAZACLO TBDP 200 MG (<i>Use clozapine</i>)	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
FAZACLO TBDP 25 MG (<i>Use clozapine</i>)	NF	QL(3 ea daily)
<i>loxapine succinate caps</i>	1	
<i>olanzapine solr im 10 mg</i>	1	QL(0.215 ea daily)
<i>olanzapine tabs or 10 mg, 15 mg, 20 mg, 7.5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 2.5 mg, 5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg</i>	1	QL(2 ea daily)
<i>olanzapine tbdp or 20 mg</i>	1	QL(1 ea daily)
<i>quetiapine fumarate tabs 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL(4 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tabs 300 mg, 400 mg</i>	1	QL(2 ea daily); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily)
SAPHRIS SUBL 10 MG, 5 MG (<i>Use asenapine maleate</i>)	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (<i>Use asenapine maleate</i>)	3	PA; QL(4 ea daily)
SAPHRIS SUBL 5 MG	3	PA; QL(2 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (Use olanzapine)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use olanzapine)	NF	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 10 mg, 100 mg, 200 mg, 25 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	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (Use aripiprazole)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 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

Drug Name	Drug Tier	Requirements/Limits
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</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, 300 mg</i>	1	QL(1 ea daily)
<i>atazanavir sulfate caps 200 mg</i>	1	QL(2 ea daily)
ATRIPLA TABS (Use efavirenz-emtricitabine-tenofovir disoproxil fumarate)	NF	QL(1 ea daily)
BIKTARVY TABS	2	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (Use lamivudine-zidovudine)	3	
COMPLERA TABS	2	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	2	QL(1 ea daily)
DESCOVY TABS	2	PA; QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr 400 mg</i>	1	QL(1 ea daily)
DOVATO TABS	2	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
<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 133 mg-200 mg, 167 mg-250 mg, 100 mg-150 mg, 150 mg-100 mg</i>	1	QL(1 ea daily,30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg, 300 mg-200 mg</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 300 mg-200 mg</i>	0	QL(1 ea daily,30 day(s) limit)
EMTRIVA CAPS 200 MG (Use <i>emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (Use <i>lamivudine</i>)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (Use <i>lamivudine</i>)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (Use <i>lamivudine</i>)	3	QL(1 ea daily)
EPZICOM TABS (Use <i>abacavir sulfate-lamivudine</i>)	2	QL(1 ea daily)
<i>etravirine tabs 100 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine tabs 200 mg</i>	1	QL(2 ea daily)
EVOTAZ TABS	2	QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	2	QL(1 ea daily)
INTELENCE TABS 100 MG (Use <i>etravirine</i>)	2	QL(4 ea daily)
INTELENCE TABS 200 MG (Use <i>etravirine</i>)	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE TABS	2	QL(4 ea daily)
ISENTRESS CHEW 100 MG, 25 MG	2	QL(6 ea daily)
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS PACK 100 MG	2	QL(8 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	2	QL(1 ea daily)
KALETRA SOLN 400 MG/5ML-100 MG/5ML (Use <i>lopinavir-ritonavir</i>)	3	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG, 25 MG-100 MG, 50 MG-200 MG (Use <i>lopinavir-ritonavir</i>)	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)

Drug Name	Drug Tier	Requirements/Limits
LEXIVA TABS 700 MG (Use fosamprenavir calcium)	3	QL(4 ea daily)
lopinavir-ritonavir soln 100 mg/5ml-400 mg/5ml	1	QL(12.5 ml daily)
lopinavir-ritonavir tabs 100 mg-25 mg, 50 mg-200 mg	1	QL(4 ea daily)
NEVIRAPINE SUSP 50 MG/5ML	1	QL(40 ml daily)
nevirapine tabs 200 mg	1	
nevirapine tb24 100 mg	1	QL(3 ea daily)
nevirapine tb24 400 mg	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)	3	QL(12 ea daily)
ODEFSEY TABS	2	QL(1 ea daily)
PIFELTRO TABS	2	QL(1 ea daily)
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, 300 MG (Use atazanavir sulfate)	3	QL(1 ea daily)
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50 MG	2	
ritonavir tabs	1	QL(12 ea daily)
RUKOBIA TB12	4	PA
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)
stavudine caps 15 mg, 20 mg, 30 mg, 40 mg	1	QL(2 ea daily)
STAVUDINE CAPS 15 MG, 30 MG	2	QL(2 ea daily)
STAVUDINE CAPS 20 MG, 40 MG	1	QL(2 ea daily)
STRIBILD TABS	2	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	3	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	3	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	3	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)
tenofovir disoproxil fumarate tabs	1	
TIVICAY TABS	2	QL(2 ea daily)
TRIUMEQ TABS	2	QL(1 ea daily)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	3	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TABS (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	2	QL(1 ea daily,30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	
VIDEX EC CPDR 200 MG (<i>Use didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG (<i>Use didanosine</i>)	3	
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	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use nevirapine</i>)	3	
VIRAMUNE XR TB24 (<i>Use nevirapine</i>)	3	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 (<i>Use tenofovir disoproxil fumarate</i>)	2	
ZIAGEN SOLN 20 MG/ML (<i>Use abacavir sulfate</i>)	3	QL(32 ml daily)
ZIAGEN TABS 300 MG (<i>Use abacavir sulfate</i>)	3	
<i>zidovudine caps</i>	1	
<i>zidovudine syrp</i>	1	
<i>zidovudine tabs</i>	1	
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VALCYTE TABS 450 MG (<i>Use valganciclovir hcl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDGE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDGE TABS 0.5 MG, 1 MG (<i>Use entecavir</i>)	NF	PA; QL(1 ea daily); SP
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 400 MG-100 MG, 50 MG-200 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 (<i>Use lamivudine (hbv)</i>)	3	QL(3 ea daily); SP
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	4	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
MAVYRET TABS 100 MG-40 MG	4	PA; QL(3 ea daily)
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
<i>ribavirin (hepatitis c) caps</i>	1	QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	QL(7 ea daily)
SOFOSBUVIR/VELPATAS VIR TABS	4	PA; QL(1 ea daily)
VEMLIDY TABS	4	PA; QL(1 ea daily); SP
VOSEVI TABS	4	PA; QL(1 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
<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)
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	1 rtl pack lmt amt, 30 rtl pack lmt day(s),

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>labetalol hcl soln iv 5 mg/ml</i>	1	
<i>labetalol hcl tabs or 100 mg, 200 mg, 300 mg</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	
BYSTOLIC TABS 2.5 MG, 10 MG, 5 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG (Use <i>nebivolol hcl</i>)	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
<i>nebivolol hcl tabs 2.5 mg, 10 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>nebivolol hcl tabs 20 mg</i>	1	PA; QL(2 ea daily)
TENORMIN TABS (Use <i>atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use <i>sotalol hcl (afib/afI)</i>)	NF	
BETAPACE TABS (Use <i>sotalol hcl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>nadolol</i>)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
<i>propranolol hcl soln or 40 mg/5ml, 20 mg/5ml</i>	1	
<i>propranolol hcl tabs or 10 mg, 20 mg, 80 mg, 40 mg, 60 mg</i>	1	
<i>sotalol hcl (afib/afI) tabs</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use <i>nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (Use <i>verapamil hcl</i>)	NF	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM TABS (Use <i>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	
<i>diltiazem hcl tabs or 120 mg, 30 mg, 60 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	

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use amlodipine besylate</i>)	NF	
PROCARDIA CAPS (<i>Use nifedipine</i>)	NF	
PROCARDIA XL TB24 (<i>Use nifedipine</i>)	NF	
SULAR TB24 (<i>Use nisoldipine</i>)	NF	
THIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>Use 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 (<i>Use verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (<i>Use verapamil hcl</i>)	1	
VERELAN PM CP24 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NF	
VERELAN PM CP24 300 MG (<i>Use 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 (<i>Use digoxin</i>)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Use digoxin</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardioplegic Solutions		
PLEGISOL SOLN (<i>Use 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 (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA; QL(2 ea daily)
Impotence Agents		
CIALIS TABS 5 MG (<i>Use 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 (<i>Use sildenafil citrate</i>)	NF	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		
<i>epoprostenol sodium solr</i>	4	PA
FLOLAN SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
<i>treprostinil soln</i>	4	PA; SP
VELETRI SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use ambrisentan</i>)	NF	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG (<i>Use bosentan</i>)	NF	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (<i>Use tadalafil (pulmonary hypertension)</i>)	NF	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(37.5 ml daily); SP
REVATIO SUSR OR 10 MG/ML (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(6 ml daily)
REVATIO TABS OR 20 MG (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NF	PA; QL(3 ea daily); SP
<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		

Drug Name	Drug Tier	Requirements/Limits
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)
Transthyretin 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 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 (<i>Use cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	1	
<i>cefaclor susr</i>	1	
CEFOTAN SOLR (<i>Use cefotetan disodium</i>)	NF	
<i>cefotetan disodium solr</i>	1	
<i>cefoxitin sodium solr 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 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
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</i>	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr ij 6 gm, 1 gm</i>	1	
<i>ceftriaxone sodium solr ij 250 mg, 500 mg, 1 gm, 2 gm</i>	1	
FORTAZ SOLR IJ 1 GM (Use <i>ceftazidime</i>)	NF	
FORTAZ SOLR IV 2 GM (Use <i>ceftazidime</i>)	NF	
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>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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>)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
GENERESS FE CHEW (Use <i>norethindrone & ethinyl estradiol-fe</i>)	NF	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOSEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
MINASTRIN 24 FE CHEW (Use <i>norethin acet & estrad-fe</i>)	NF	
MIRCETTE TABS (Use <i>desogestrel-ethinyl estradiol (biphasic)</i>)	NF	
NATAZIA TABS	0	
<i>norethin acet & estrad-fe caps</i>	0	
<i>norethin acet & estrad-fe chew</i>	0	
<i>norethin acet & estrad-fe tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use norgestimate-ethinyl estradiol (triphasic)</i>)	NF	
ORTHO-NOVUM 1/35 TABS (<i>Use norethindrone & eth estradiol</i>)	NF	
ORTHO-NOVUM 7/7/7 TABS (<i>Use norethindrone-eth estradiol (triphasic)</i>)	NF	
QUARTETTE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SAFYRAL TABS (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
SEASONIQUE TABS (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (<i>Use norethin acet & estrad-fe</i>)	NF	
TYBLUME CHEW	0	
YASMIN 28 TABS (<i>Use drospirenone-ethinyl estradiol</i>)	NF	
YAZ TABS (<i>Use drospirenone-ethinyl estradiol</i>)	NF	
Combination Contraceptives - Transdermal		

Drug Name	Drug Tier	Requirements/ Limits
<i>norelgestromin-ethinyl estradiol ptwk</i>	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
<i>etonogestrel-ethinyl estradiol ring</i>	0	
NUVARING RING (<i>Use etonogestrel-ethinyl estradiol</i>)	NF	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (<i>Use levonorgestrel (emergency oc)</i>)	NF	
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 (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NF	QL(1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use norethindrone (contraceptive)</i>)	NF	
SLYND TABS	0	PA; QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	QL(3 ea daily)
CELESTONE SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CELESTONE-SOLUSPAN SUSP (<i>Use betamethasone sod phosphate & acetate</i>)	NF	
CORTEF TABS (<i>Use 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 (<i>Use methylprednisolone acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/Limits
<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, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (<i>Use budesonide</i>)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (<i>Use triamcinolone acetonide</i>)	NF	
MEDROL DOSEPAK TBPK (<i>Use methylprednisolone</i>)	NF	
MEDROL TABS 16 MG, 32 MG, 4 MG, 8 MG (<i>Use methylprednisolone</i>)	NF	
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 TABS	3	
ORAPRED ODT TBDP (<i>Use prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 25 mg/5ml, 20 mg/5ml, 5 mg/5ml, 6.7 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 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 1000 MG, 125 MG, 40 MG (Use methylprednisolone sod succ)	NF	
<i>triamcinolone acetanide susp 40 mg/ml</i>	1	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use benzonatate)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg, 60 mg-120 mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg, 240 mg-180 mg</i>	1	QL(1 ea daily)
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
<i>loratadine & pseudoephedrine tb12 120 mg-5 mg, 5 mg-120 mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg, 240 mg-10 mg</i>	1	QL(1 ea daily)
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use cetirizine-pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use sodium chloride (inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
HYPERSAL NEBU 7 % (Use sodium chloride (inhalant))	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu 7 %	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 30 MG, 10 MG, 20 MG, 40 MG (Use isotretinoin)	NF	PA; AL(At least 12 yrs old)
adapalene crea 0.1 %	1	PA; AL(At least 12 yrs old)
adapalene gel 0.1 %	1	PA; AL(At least 12 yrs old); RX/OTC
adapalene gel 0.3 %	1	ST; AL(At least 12 yrs old)
adapalene-benzoyl peroxide gel	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZACLIN GEL (Use clindamycin phosphate- benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZACLIN WITH PUMP GEL (Use clindamycin phosphate-benzoyl peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use benzoyl peroxide- erythromycin)	NF	PA; AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL(At least 12 yrs old)
benzoyl peroxide foam 5.3 %	1	AL(At least 12 yrs old); RX/OTC
benzoyl peroxide foam 9.8 %	1	AL(At least 12 yrs old)
benzoyl peroxide gel 5 %, 10 %	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
benzoyl peroxide liqd 4 %, 7 %, 10 %	1	AL(At least 12 yrs old)
benzoyl peroxide- erythromycin gel	1	PA; AL(At least 12 yrs old)
CLEOCIN-T GEL (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	AL(At least 12 yrs old)
clindamycin phosphate (topical) foam	1	PA; AL(At least 12 yrs old)
clindamycin phosphate (topical) gel	1	AL(At least 12 yrs old)
clindamycin phosphate (topical) lotn	1	AL(At least 12 yrs old)
clindamycin phosphate (topical) soln	1	QL(4 ml daily); AL(At least 12 yrs old)
clindamycin phosphate (topical) swab	1	AL(At least 12 yrs old)
clindamycin phosphate- benzoyl peroxide (refrigerate) gel	1	PA; AL(At least 12 yrs old)
clindamycin phosphate- benzoyl peroxide gel 1 %-5 %	1	PA; AL(At least 12 yrs old)
clindamycin phosphate- tretinoin gel	1	ST; AL(At least 12 yrs old)
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)

Drug Name	Drug Tier	Requirements/ Limits
EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	ST; AL(At least 12 yrs old)
erythromycin (acne aid) pads	1	AL(At least 12 yrs old)
erythromycin (acne aid) soln	1	AL(At least 12 yrs old)
EVOCLIN FOAM (Use clindamycin phosphate (topical))	NF	PA; AL(At least 12 yrs old)
isotretinoin caps 30 mg, 10 mg, 20 mg, 40 mg	3	PA; AL(At least 12 yrs old)
KLARON LOTN (Use sulfacetamide sodium (acne))	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)
sulfacetamide sodium (acne) lotn	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur crea 5 %-10 %	1	AL(At least 12 yrs old)
sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %, 9 %-4.5 %	1	ST; AL(At least 12 yrs old)
sulfacetamide sodium-sulfur in urea vehicle emul	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NF	ST; AL(At least 12 yrs old)
tretinoin crea 0.05 %, 0.1 %, 0.025 %	1	AL(At least 12 yrs old - Up to 30 yrs old)
tretinoin gel 0.01 %, 0.025 %	1	AL(At least 12 yrs old - Up to 30 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
tretinoin microsphere gel 0.1 %	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
VELTIN GEL (Use clindamycin phosphate-tretinoin)	NF	ST; AL(At least 12 yrs old)
ZIANA GEL (Use clindamycin phosphate-tretinoin)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
diclofenac epolamine ptch	1	PA; QL(2 ea daily)
diclofenac sodium (topical) gel 1 %	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH (Use diclofenac epolamine)	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use diclofenac sodium (topical))	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
gentamicin sulfate (topical) crea	1	QL(1 gm daily)
gentamicin sulfate (topical) oint	1	
mupirocin oint	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
butenafine hcl crea	1	RX/OTC
ciclopirox gel ex 0.77 %	1	
ciclopirox olamine crea	1	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
ciclopirox olamine susp	1	
ciclopirox sham ex 1 %	1	
ciclopirox soln ex 8 %	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	QL(85 gm per fill retail,85 gm per fill mail)
ERTACZO CREA	3	
EXELDERM CREA (Use <i>sulconazole nitrate</i>)	3	
EXELDERM SOLN	3	
EXELDERM SOLN (Use <i>sulconazole nitrate</i>)	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN (Use <i>tavaborole</i>)	3	PA
<i>ketoconazole (topical) crea 2 %</i>	1	
<i>ketoconazole (topical) sham 2 %</i>	1	
LOPROX CREA (Use <i>ciclopirox olamine</i>)	NF	QL(90 gm per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
LOPROX SHAMPOO SHAM (Use <i>ciclopirox</i>)	NF	
LOPROX SUSP (Use <i>ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (Use <i>butenafine hcl</i>)	1	RX/OTC
LOTRISONE CREA (Use <i>clotrimazole w/ betamethasone</i>)	NF	
<i>luliconazole crea</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
LUZU CREA (Use <i>luliconazole</i>)	3	PA
<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,
NAFTIFINE HYDROCHLORIDE CREA (Use <i>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 CREA 2 % (Use <i>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 % (Use <i>naftifine hcl</i>)	NF	QL(3 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
NIZORAL SHAM (Use <i>ketoconazole (topical)</i>)	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin (topical) powd</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	Limit 1 Fill per 180 days; QL(3 gm daily)1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
OXISTAT CREA (<i>Use oxiconazole nitrate</i>)	NF	Limit 1 Fill per 180 days; QL(3 gm daily)1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	
PICATO GEL 0.015 %	2	QL(3 ea per fill retail, 3 ea per fill mail)1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
PICATO GEL 0.05 %	2	QL(2 ea per fill retail, 2 ea per fill mail)1 rtl MAX fill, 60 rtl day(s) supply, 1 mail MAX fill, 60 mail day(s) supply,
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA; Limit 1 fill every 180 days; QL(45 gm per fill retail, 45 gm per fill mail)1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
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 17.5 mg, 10 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	QL(3.34 gm daily)
COSENTYX SENSOREADY PEN SOAJ	4	PA; QL(0.072 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.036 ml daily)
COSENTYX SOSY 150 MG/ML	4	PA; QL(0.072 ml daily)
DOVONEX CREA (<i>Use calcipotriene</i>)	NF	PA; QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (<i>Use methoxsalen rapid</i>)	NF	QL(4 ea daily)
SKYRIZI PEN SOAJ	4	PA; QL(0.025 ml daily)
SKYRIZI PSKT 75 MG/0.83ML	4	PA; QL(0.025 ea daily)
SKYRIZI SOSY 150 MG/ML	4	PA; QL(0.025 ml daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOLN SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 45 MG/0.5ML	4	PA; QL(0.012 ml daily)
STELARA SOSY SC 90 MG/ML	4	PA; QL(0.018 ml daily); SP
<i>tazarotene crea</i>	1	PA
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use tazarotene</i>)	NF	PA
TAZORAC GEL 0.05 %, 0.1 %	2	
TREMFYA SOPN	4	PA; QL(0.018 ml daily)
TREMFYA SOSY	4	PA; QL(0.018 ml daily)
VECTICAL OINT (<i>Use calcitriol (topical)</i>)	1	QL(3.34 gm daily)
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	QL(0.18 gm daily)
ZOVIRAX CREA EX 5 % (<i>Use acyclovir topical</i>)	NF	
ZOVIRAX OINT EX 5 % (<i>Use acyclovir topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>Use silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (<i>Use 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 0.1 %</i>	1	
<i>betamethasone valerate foam 0.12 %</i>	1	QL(1.67 gm daily)
<i>betamethasone valerate lotn 0.1 %</i>	1	
<i>betamethasone valerate oint 0.1 %</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 (Use <i>clocortolone pivalate</i>)	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	QL(6 ml daily)
DERMA-SMOOTHIE/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-SMOOTHIE/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)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
<i>diflorasone diacetate crea</i>	1	PA
<i>diflorasone diacetate oint</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
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	
<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(2 gm daily)
<i>fluocinonide emulsified base crea</i>	1	QL(2 gm daily)
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	QL(2 gm daily)
<i>fluocinonide soln 0.05 %</i>	1	QL(2 ml daily)
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate lotn 0.05 %</i>	1	QL(6 ml daily)
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halcinonide crea</i>	1	PA
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA (Use <i>halcinonide</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use <i>hydrocortisone butyrate</i>)	NF	
LOCOID SOLN (Use <i>hydrocortisone butyrate</i>)	NF	
LUXIQ FOAM (Use <i>betamethasone valerate</i>)	NF	QL(1.67 gm daily)
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use <i>hydrocortisone (topical)</i>)	NF	RX/OTC
OLUX FOAM (Use <i>clobetasol propionate</i>)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	PA

Drug Name	Drug Tier	Requirements/Limits
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 0.005 %-0.064 % (<i>Use calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP 0.005 %-0.064 %, 0.064 %-0.005 % (<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 %</i>	1	
<i>triamcinolone acetonide (topical) crea 0.1 %</i>	1	QL(3.34 gm daily)
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (<i>Use desonide</i>)	NF	QL(4 gm daily)
Eczema Agents		
DUPIXENT SOPN 300 MG/2ML	4	PA
DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
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	PA; AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	PA; AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch ex 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 rti MAX fill, 30 rti 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	
<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	

Drug Name	Drug Tier	Requirements/ Limits
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>ivermectin (pediculicide) lotn</i>	1	PA; RX/OTC
IVERMECTIN LOTN EX 0.5 %	3	PA; RX/OTC
<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 (<i>Use ivermectin (pediculicide)</i>)	3	PA; RX/OTC
<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)
Diagnostic Tests		
CHEMSTRIP-K STRP	1	

Drug Name	Drug Tier	Requirements/ Limits
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 VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE TEST STRIPS STRP	1	
RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
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		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use 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 (<i>Use bumetanide</i>)	NF	QL(5 ea daily)
EDECRIN TABS (<i>Use ethacrynic acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln</i>	1	
<i>furosemide tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LASIX TABS (<i>Use furosemide</i>)	NF	
<i>torseamide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (<i>Use triamterene</i>)	NF	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
<i>triamterene caps</i>	1	QL(3 ea daily)
Thiazides and Thiazide-Like Diuretics		
<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>metolazone tabs</i>	1	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (<i>Use risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use ibandronate sodium</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
BONIVA TABS OR 150 MG (<i>Use ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln na 200 unit/act</i>	1	
<i>etidronate disodium tabs</i>	1	
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use alendronate sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<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 (<i>Use zoledronic acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<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
Corticotropin		

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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use sapropterin dihydrochloride</i>)	NF	PA
KUVAN TABS (<i>Use sapropterin dihydrochloride</i>)	NF	PA
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
<i>nitisinone caps</i>	4	PA; SP
ORFADIN CAPS 10 MG, 2 MG, 5 MG (<i>Use nitisinone</i>)	NF	PA; SP
PALYNZIQ SOSY	4	PA
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
ROCALTROL SOLN (<i>Use calcitriol</i>)	NF	
<i>sapropterin dihydrochloride pack</i>	4	PA
<i>sapropterin dihydrochloride tabs</i>	4	PA
SENSIPAR TABS (<i>Use cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (<i>Use paricalcitol</i>)	NF	
ZEMPLAR SOLN (<i>Use paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use desmopressin acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (<i>Use desmopressin acetate spray</i>)	NF	
DDAVP TABS OR 0.1 MG (<i>Use desmopressin acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (<i>Use desmopressin acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
DESMOPRESSIN ACETATE SOLN NA 1.5 MG/ML	4	PA; SP
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN LAR DEPOT KIT	4	PA
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
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 (<i>Use 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 TABS (<i>Use norethindrone acetate-ethinyl estradiol</i>)	NF	
<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	

Drug Name	Drug Tier	Requirements/Limits
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 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</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	
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 (<i>Use moxifloxacin hcl in sodium chloride</i>)	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %, 5 %-200 mg/100ml</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
LEVAQUIN TABS (Use <i>levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml, 500 mg/100ml-5 %</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use <i>ursodiol</i>)	NF	
URSO 250 TABS (Use <i>ursodiol</i>)	NF	
URSO FORTE TABS (Use <i>ursodiol</i>)	NF	
<i>ursodiol caps 300 mg</i>	1	
<i>ursodiol tabs 250 mg, 500 mg</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (Use <i>lubiprostone</i>)	2	PA; QL(2 ea daily)
<i>lubiprostone caps</i>	1	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>metoclopramide hcl soln or 10 mg/10ml, 5 mg/5ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 10 mg, 5 mg</i>	1	QL(6 ea daily)
REGLAN TABS (Use <i>metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (Use <i>mesalamine</i>)	NF	
ASACOL HD TBEC (Use <i>mesalamine</i>)	NF	QL(6 ea daily)
AVSOLA SOLR	4	PA
AZULFIDINE EN-TABS TBEC (Use <i>sulfasalazine</i>)	NF	
AZULFIDINE TABS (Use <i>sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (Use <i>mesalamine</i>)	NF	
COLAZAL CAPS (Use <i>balsalazide disodium</i>)	NF	
DELZICOL CPDR (Use <i>mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rtl lmt day(s),30 mail lmt day(s),
LIALDA TBEC (Use <i>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)

Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS SOLR	4	PA; 30 rti 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>alosetron hcl tabs</i>	1	QL(2 ea daily)
LINZESS CAPS	2	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use alosetron hcl</i>)	NF	QL(2 ea daily)
Peripheral Opioid Receptor Antagonists		
<i>alvimopan caps</i>	1	
ENTEREG CAPS (<i>Use alvimopan</i>)	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 (<i>Use lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NF	
RENVELA TABS (<i>Use sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate pack</i>	1	
<i>sevelamer carbonate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 10 meq, 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN IR 3 %, 3.3 %	1	
SORBITOL-MANNITOL SOLN	1	
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 (<i>Use 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 (<i>Use tamsulosin hcl</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps 8 mg, 4 mg</i>	1	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use alfuzosin hcl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 mg, 200 mg</i>	1	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS (<i>Use colchicine</i>)	NF	QL(1 ea daily)
<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>)	NF	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN (<i>Use icatibant acetate</i>)	NF	PA; QL(9 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<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;
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 (<i>Use clopidogrel bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
ZONTIVITY TABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use miglustat</i>)	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;

Drug Name	Drug Tier	Requirements/Limits
GRANIX SOLN	4	PA
GRANIX SOSY	4	PA
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
MULPLETA TABS	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NIVESTYM SOSY 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA
NPLATE SOLR 250 MCG, 500 MCG	4	PA; SP
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; SP
PROCRIT 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 rti lmt day(s),30 mail lmt day(s),
ZIEXTENZO SOSY	4	PA;
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS 1000 MG, 500 MG (<i>Use aminocaproic acid</i>)	NF	PA
<i>aminocaproic acid tabs or 1000 mg, 500 mg</i>	1	PA
CYKLOKAPRON SOLN (<i>Use tranexamic acid</i>)	NF	
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, 15 mg, 30 mg</i>	1	
Hypnotics - Tricyclic Agents		
<i>doxepin hcl (sleep) tabs</i>	1	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SILENOR TABS (<i>Use doxepin hcl (sleep)</i>)	NF	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (<i>Use zolpidem tartrate</i>)	NF	ST; Must try immediate release zolpidem.;QL(1 ea daily)
AMBIEN TABS (<i>Use zolpidem tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
DORAL TABS (<i>Use quazepam</i>)	NF	
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (<i>Use triazolam</i>)	NF	
LUNESTA TABS (<i>Use eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (<i>Use temazepam</i>)	NF	QL(1 ea daily)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 10 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tbcr or 6.25 mg, 12.5 mg</i>	1	ST; Must try immediate release zolpidem.;QL(1 ea daily)
Orexin Receptor Antagonists		

Drug Name	Drug Tier	Requirements/ Limits
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
<i>ramelteon tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (<i>Use ramelteon</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
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 (<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-5.86 gm-6.74 gm-22.74 gm-236 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	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	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (<i>Use azithromycin</i>)	NF	
ZITHROMAX TABS OR 250 MG (<i>Use azithromycin</i>)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (<i>Use azithromycin</i>)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (<i>Use 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 (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base cpep 250 mg</i>	3	
<i>erythromycin base tabs 250 mg, 500 mg</i>	3	
<i>erythromycin base tbec 333 mg, 500 mg, 250 mg</i>	1	
<i>erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate tabs 400 mg</i>	3	
Fidaxomicin		
DIFICID TABS 200 MG	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/SPERMICID E 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/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	

Drug Name	Drug Tier	Requirements/ Limits
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK SAFE-T-PRO PLUSLANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK 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	

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH SOLN	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
AGAMATRIX CONTROL HIGH SOLN	1	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 32G MISC	1	QL(6.6667 ea daily)
AIMSCO TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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 SUPER THIN/30G MISC	1	QL(6.6667 ea daily)
CAREONE LANCET 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)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER 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)
CVS LANCING DEVICE MISC	1	
CVS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	1	
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 SOLN	1	
DROPLET GENTEEL LANCING DEVICE MISC	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)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
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	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
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)

Drug Name	Drug Tier	Requirements/ Limits
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	
GENTEEL LANCING DEVICE/PRECIOUS PLATINUM MISC	1	
GENTEEL LANCING DEVICE/STATELY SILVER MISC	1	
GENTEEL PLUS LANCING DEVICE/BUFF BLACK MISC	1	
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE MISC	1	
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE MISC	1	
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK MISC	1	
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE MISC	1	
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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 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 LANCING SYSTEM DEVICE MISC	1	
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
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 ADVANCEDLANCING 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)

Drug Name	Drug Tier	Requirements/ Limits
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
INFINITY CONTROL SOLUTION HIGH SOLN	1	
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
KROGER AUTOLET LANCING DEVICE MISC	1	
KROGER HEALTHPRO TWIST LANCETS/26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS MICRO THIN33G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS MISC	1	QL(6.6667 ea daily)
KROGER LANCETS SUPER THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
KROGER LANCETS THIN MISC	1	QL(6.6667 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	QL(6.6667 ea daily)
KROGER LANCING DEVICE MISC	1	
LANCET DEVICE ADJUSTABLE MISC	1	
LANCET DEVICE WITH EJECTOR MISC	1	
LANCETS 26G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 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 EXTRA FINE 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)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY CONTROL SOLUTION HIGH SOLN	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETEXTRA MISC	1	QL(6.6667 ea daily)
MEDICHOICE SAFETY LANCETNORMAL MISC	1	QL(6.6667 ea daily)
MEDISENSE THIN LANCETS MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MOLOLET LANCETS MISC	1	QL(6.6667 ea daily)
MOLOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MOLOLETTOR 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)

Drug Name	Drug Tier	Requirements/ Limits
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCING DEVICE MISC	1	
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 DELICA SAFETY 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 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)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SAFETY LET LANCETS MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
SELECT-LITE LANCING DEVICE MISC	1	
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)

Drug Name	Drug Tier	Requirements/ Limits
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 CONTROL HIGH SOLN	1	
SOLUS V2 LANCING DEVICE MISC	1	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
SOLUS V2 TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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-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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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		
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/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
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
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)
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 3/16" MISC	1	QL(5 ea daily)
BD AUTOSHIELD 29G X 5/16" MISC	1	QL(5 ea daily)
BD AUTOSHIELD DUO 30G X 5MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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-100/1ML/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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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/31G X 5/16" MISC	1	QL(5 ea daily)
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

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

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	1	QL(5 ea daily)
BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64" 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)
CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G 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)

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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/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)

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

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" 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
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)

Drug Name	Drug Tier	Requirements/Limits
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/29G 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 SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/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 INSULIN SYRINGES/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1/2ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGES/3ML/31GX5/16" MISC	1	QL(5 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	1	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	1	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
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
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1M L/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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
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
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
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/31G X 5/16" MISC	1	QL(5 ea daily)
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)
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
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
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)

Drug Name	Drug Tier	Requirements/ Limits
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK INSULIN SYRINGE/0.5ML/30G X 1/2"/SHARPS C MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPACK/SYRINGE/NEEDLE/31G X 5/16"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
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)
ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" 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

Drug Name	Drug Tier	Requirements/ Limits
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
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
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
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
ZEVRIX INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEVRIX INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ZEVRIX INSULIN SYRINGE/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ZEVRIX INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ 120 MG/ML	2	PA; QL(0.07 ml daily)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 100 MG/ML	3	PA; QL(0.1 ml daily)
EMGALITY SOSY 120 MG/ML	2	PA; QL(0.07 ml daily)
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs or 1 mg-100 mg</i>	1	
<i>sumatriptan-naproxen sodium tabs</i>	3	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
TREXIMET TABS (<i>Use sumatriptan-naproxen sodium</i>)	NF	QL(10 ea per 30 days retail, 10 ea per 30 days mail)
Migraine Products		
D.H.E. 45 SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
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 (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 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 soln na 2.5 mg, 5 mg</i>	1	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tabs or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp or 2.5 mg, 5 mg</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/Limits
ZOMIG SOLN NA 2.5 MG, 5 MG (<i>Use zolmitriptan</i>)	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 (<i>Use sodium acetate</i>)	1	
<i>sodium acetate soln 2 meq/ml, 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
CALCIUM GLUCONATE SOLN IV 10 %	1	
<i>calcium gluconate soln iv 10 %</i>	1	
Electrolyte Mixtures		
DEXTROSE 5%/NACL 0.3% SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	
<i>dextrose in lactated ringers soln</i>	1	
DEXTROSE/SODIUM CHLORIDE SOLN (<i>Use dextrose w/ sodium chloride</i>)	NF	
ELLIOTTS B SOLN	4	PA
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-3 MEQ/L-3 MEQ/L-5 %-22 MEQ/L-23 MEQ/L-25 MEQ/L, 3 MEQ/L-3 MMOLE/L-5 %-20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L	1	

Drug Name	Drug Tier	Requirements/Limits
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-3 meq/l-4 meq/l-28 meq/l-130 meq/l, 20 mg/100ml-30 mg/100ml-310 mg/100ml-600 mg/100ml, 3 meq/l-130 meq/l-4 meq/l-28 meq/l-109 meq/l, 3 meq/l-4 meq/l-28 meq/l-109 meq/l-130 meq/l</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-M/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 0.45 %-20 meq/l, 0.9 %-40 meq/l, 0.15 %-0.9 %, 0.9 %-20 meq/l, 20 meq/l-0.9 %</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 2.7 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-129 MEQ/L-130 MEQ/L, 3 MEQ/L-5 %-24 MEQ/L-28 MEQ/L-130 MEQ/L-149 MEQ/L	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.45 %-20 MEQ/L (Use potassium chloride in nacl)	1	
ringer's soln	1	
Fluoride		
sodium fluoride chew 0.25 mg, 0.5 mg, 1 mg, 2.2 mg	0	QL(1 ea daily)
Magnesium		
magnesium sulfate soln ij 50 %	1	
Phosphate		
potassium phosphates soln 224 mg/ml-236 mg/ml	1	
Potassium		
K-TAB TBCR 10 MEQ (Use potassium chloride)	NF	
K-TAB TBCR 8 MEQ (Use potassium chloride)	1	
potassium acetate soln	1	
potassium bicarbonate tbef	1	
potassium chloride cpcr or 10 meq, 8 meq	1	
potassium chloride microencapsulated crystals er tbc 15 meq, 20 meq, 10 meq	1	
potassium chloride pack or 20 meq	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML (Use potassium chloride)	1	
potassium chloride soln iv 10 meq/50ml, 20 meq/50ml, 2 meq/ml	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV 20 MEQ/100ML, 20 MEQ/50ML (Use potassium chloride)	NF	
potassium chloride soln or 10 %	1	
potassium chloride tbc 10 meq, 8 meq	1	
Sodium		
sodium chloride soln ij 2.5 meq/ml	1	
sodium chloride soln iv 3 %, 5 %, 4 meq/ml, 0.45 %, 0.9 %	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NF	PA
DEPEN TITRATABS TABS (Use penicillamine)	NF	QL(8 ea daily)
penicillamine caps	1	PA
penicillamine tabs	1	QL(8 ea daily)
SYPRINE CAPS (Use trientine hcl)	NF	PA; QL(8 ea daily); SP
trientine hcl caps	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	PA;
THALOMID CAPS	4	PA; QL(3 ea daily); SP
Immunosuppressive Agents		
ATGAM INJ	4	PA; SP
AZATHIOPRINE SOLR IJ 100 MG	1	
azathioprine tabs or 100 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CELLCEPT CAPS 250 MG (Use mycophenolate mofetil)	NF	
CELLCEPT TABS 500 MG (Use mycophenolate mofetil)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
<i>cyclosporine soln</i>	1	
<i>everolimus (immunosuppressant) tabs 0.25 mg, 0.5 mg, 0.75 mg</i>	4	PA; QL(20 ea daily); SP
IMURAN TABS (Use azathioprine)	NF	
<i>mycophenolate mofetil caps or 250 mg</i>	1	
<i>mycophenolate mofetil tabs or 500 mg</i>	1	
<i>mycophenolate sodium tbec</i>	1	
MYFORTIC TBEC (Use mycophenolate sodium)	NF	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	
NULOJIX SOLR	4	PA; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use tacrolimus)	NF	
PROGRAF 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 (Use sirolimus)	NF	

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS OR 100 MG, 25 MG (Use cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use cyclosporine)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.5 MG, 0.75 MG (Use everolimus (immunosuppressant))	NF	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Potassium Removing Agents		
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl (mouth-throat) soln 4 %</i>	1	
Anti-infectives - Throat		
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF	
Dental Products		
<i>stannous fluoride conc mt 0.63 %</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use cevimeline hcl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use pilocarpine hcl (oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
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)

Drug Name	Drug Tier	Requirements/Limits
NEONATAL COMPLETE TABS 0.2 MG-1.84 MG-2 MG-2 MG-3 MG-5 MG-9.2 MG-10 MCG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1000 MCG-1200 MCG	2	QL(1 ea daily); RX/OTC
NEONATAL PLUS TABS	2	QL(1 ea daily); RX/OTC
NEONATAL VITAMIN TABS	2	QL(1 ea daily)
NIVA-PLUS TABS	2	QL(1 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT, 0.8 MG-1.5 MG-1.7 MG-2.6 MG-4 MCG-18 MG-27 MG-100 MG-263 MG-400 UNIT-4000 UNIT-25 MG-11 UNIT, 0.8 MG-1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-4000 UNIT, 1.5 MG-1.7 MG-2.6 MG-4 MCG-5 MG-10 MCG-18 MG-25 MG-27 MG-100 MG-200 MG-800 MCG-1200 MCG, 1.7 MG-1.8 MG-2.6 MG-8 MCG-20 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 1.7 MG-1.84 MG-2.6 MG-4 MCG-11 UNIT-18 MG-25 MG-27 MG-100 MG-160 MG-200 MG-400 UNIT-800 MCG-4000 UNIT, 8 MCG-1.7 MG-1.8 MG-2.6 MG-20 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT-25 MG, 8 MCG-20 MG-1.7 MG-1.8 MG-2.6 MG-25 MG-28 MG-30 UNIT-120 MG-200 MG-400 UNIT-800 MCG-4000 UNIT	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-2 MG-3 MG-10 MCG-10 MG-10 MG-12 MCG-20 MG-25 MG-27 MG-120 MG-200 MG-1200 MCG	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
PRENATRYL 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)

Drug Name	Drug Tier	Requirements/ Limits
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN-750 TABS (<i>Use methocarbamol</i>)	NF	
SKELAXIN TABS (<i>Use metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>Use carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (<i>Use tizanidine hcl</i>)	NF	
ZANAFLEX TABS (<i>Use tizanidine hcl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use dantrolene sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 100 mg, 25 mg, 50 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 (<i>Use 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 (<i>Use 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 (<i>Use 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 (<i>Use triamcinolone acetonide (nasal)</i>)	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (<i>Use triamcinolone acetonide (nasal)</i>)	NF	
NASONEX SUSP (<i>Use 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 (<i>Use 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		
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (<i>Use dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 2 %-0.5 %, 22.3 mg/ml-6.8 mg/ml, 5 mg/ml-20 mg/ml, 6.8 mg/ml-22.3 mg/ml</i>	1	
<i>levobunolol hcl 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 (<i>Use timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NF	
<i>tropicamide soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Miotics		
ISOPTO CARPINE SOLN (<i>Use pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (<i>Use brimonidine tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
<i>bacitracin (ophthalmic) oint</i>	3	
BLEPH-10 SOLN (<i>Use sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
KLARITY-A SOLN	3	
<i>levofloxacin (ophth) soln</i>	1	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (Use <i>ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use <i>polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	
TOBREX SOLN (Use <i>tobramycin (ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use <i>moxifloxacin hcl (ophth)</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use <i>gatifloxacin (ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use <i>proparacaine hcl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Nerve Growth Factors		
OXERVATE SOLN	4	PA
Ophthalmic Steroids		
ALREX SUSP	3	PA
<i>dexamethasone sodium phosphate (ophth) soln</i>	1	
<i>difluprednate emul</i>	1	PA
DUREZOL EMUL (Use <i>difluprednate</i>)	3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	PA
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NF	
FML OINT	3	PA
LOTEMAX GEL (Use <i>loteprednol etabonate</i>)	3	PA
LOTEMAX OINT	3	PA
LOTEMAX SUSP (Use <i>loteprednol etabonate</i>)	NF	PA
<i>loteprednol etabonate gel</i>	1	PA
<i>loteprednol etabonate susp</i>	1	PA
MAXIDEX SUSP	3	PA
MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NF	
MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
<i>neomycin-polymyxin-hc (ophth) susp</i>	1	
PRED FORTE SUSP (Use <i>prednisolone acetate (ophth)</i>)	NF	
PRED MILD SUSP	3	PA
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE ACETATE P-F SUSP	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX SUSP (Use <i>tobramycin-dexamethasone</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
ALOCRI SOLN	3	PA
ALOMIDE SOLN	3	PA
<i>azelastine hcl (ophth) soln</i>	1	
<i>bepotastine besilate soln</i>	3	PA
BEPREVE SOLN (<i>Use bepotastine besilate</i>)	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	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	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

Drug Name	Drug Tier	Requirements/ Limits
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>)	NF	
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>)	NF	
<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	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP (<i>Use ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetate soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	

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Drug Name	Drug Tier	Requirements/ Limits
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
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		

Drug Name	Drug Tier	Requirements/ Limits
<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		
<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-0.5 gm, 1 gm-2 gm, 2 gm-1 gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 10 gm-5 gm, 5 gm-10 gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN SUSR 62.5 MG/5ML-250 MG/5ML (Use amoxicillin & pot clavulanate)	NF	
AUGMENTIN TABS 125 MG-500 MG (Use amoxicillin & pot clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use ampicillin & sulbactam sodium)	NF	
UNASYN SOLR (Use ampicillin & sulbactam sodium)	NF	
ZOSYN SOLR 4.5 GM-36 GM, 0.375 GM-3 GM, 0.5 GM-4 GM, 2 GM-0.25 GM (Use piperacillin sodium-tazobactam sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>nafcillin sodium solr iv 10 gm</i>	1	
<i>oxacillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr iv 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use megestrol acetate (appetite))	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate tabs</i>	0	
<i>progesterone caps or 100 mg, 200 mg</i>	1	
PROMETRIUM CAPS (Use progesterone)	NF	
PROVERA TABS (Use medroxyprogesterone acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use disulfiram)	NF	
<i>disulfiram tabs</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 donepezil hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use donepezil hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide cp24 16 mg, 24 mg, 8 mg</i>	1	QL(1 ea daily)
<i>galantamine hydrobromide soln 4 mg/ml</i>	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 12 mg, 4 mg, 8 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use <i>memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NF	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (Use <i>galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline tabs</i>	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
AUSTEDO TABS	4	PA; QL(4 ea daily)
<i>tetrabenazine tabs</i>	4	PA; QL(3 ea daily); SP
XENAZINE TABS (Use <i>tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (Use <i>dalfampridine</i>)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA
AVONEX PEN AJKT	4	PA; QL(0.0714 ml daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 20 MG/ML (Use <i>glatiramer acetate</i>)	3	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (Use <i>glatiramer acetate</i>)	3	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
<i>dimethyl fumarate cpdr</i>	4	PA
<i>dimethyl fumarate misc</i>	4	PA
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS	4	PA
<i>glatiramer acetate sosy 20 mg/ml</i>	3	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosy 40 mg/ml</i>	3	PA; QL(0.429 ml daily); SP
MAVENCLAD TBPK	4	PA
MAYZENT STARTER PACK TBPK	4	PA
MAYZENT TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN SC	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY IM	4	PA; QL(0.036 ml daily)
PLEGRIDY SOSY SC	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

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NF	PA
TECFIDERA STARTER PACK MISC (<i>Use dimethyl fumarate</i>)	NF	PA
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
Postherpetic Neuralgia (PHN)/Neuropathic Pain		
LYRICA CR TB24 165 MG, 82.5 MG (<i>Use pregabalin (once-daily)</i>)	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG (<i>Use pregabalin (once-daily)</i>)	3	PA; QL(2 ea daily)
<i>pregabalin (once-daily) tb24 165 mg, 82.5 mg</i>	3	PA; QL(1 ea daily)
<i>pregabalin (once-daily) tb24 330 mg</i>	3	PA; QL(2 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	3	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
APO-VARENICLINE TABS	0	QL(2 ea daily)
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NF	QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	
<i>nicotine polacrilex gum</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	
VARENICLINE TARTRATE TABS	0	QL(2 ea daily)
Transthyretin Amyloidosis Agents		
TEGSEDI SOSY	4	PA
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
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, 200 MG-125 MG	4	PA; QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
TRIKAFTA TBPK 50 MG-100 MG	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	
TYGACIL SOLR (<i>Use tigecycline</i>)	NF	
Tetracyclines		
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) caps 75 mg</i>	1	
<i>doxycycline (monohydrate) tabs 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 50 mg</i>	1	
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG (<i>Use minocycline hcl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 100 mg, 50 mg, 75 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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 (<i>Use levothyroxine sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
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 0.4 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	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln 300 mg/5ml</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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 (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID AC TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (<i>Use famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 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 (<i>Use cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (<i>Use ranitidine hcl</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML (<i>Use sucralfate</i>)	NF	QL(40 ml daily)
CARAFATE TABS 1 GM (<i>Use 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)

Drug Name	Drug Tier	Requirements/Limits
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>esomeprazole magnesium tbec 20 mg</i>	1	QL(2 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 (Use <i>esomeprazole magnesium</i>)	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)
<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	
PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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 20 mg-1100 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 ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	1	QL(1 ea daily)
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (Use <i>tolterodine tartrate</i>)	NF	
DITROPAN XL TB24 (Use <i>oxybutynin chloride</i>)	NF	
ENABLEX TB24 (Use <i>darifenacin hydrobromide</i>)	NF	QL(1 ea daily)
<i>oxybutynin chloride 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	

Drug Name	Drug Tier	Requirements/ Limits
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>trosipium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>trosipium chloride tabs 20 mg</i>	1	
VESICARE TABS (<i>Use solifenacin succinate</i>)	NF	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24 25 MG, 50 MG	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	
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		
MENQUADFI SOLN	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
Viral Vaccines		
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,
AFLURIA QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
ENGERIX-B SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail 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 2021-2022 PRSY	0	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,

Drug Name	Drug Tier	Requirements/ Limits
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2021-2022 SUSY	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,
FLUBLOK QUADRIVALENT 2021-2022 SOSY	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,
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	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 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLULAVAL QUADRIVALENT 2021-2022 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 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 HIGH-DOSE PF 2021-2022 SUSY	0	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
FLUZONE QUADRIVALENT 2021-2022 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2021-2022 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
GARDASIL 9 SUSP	0	3 rtl MAX fill,365 rtl day(s) supply,
GARDASIL 9 SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
HAVRIX SUSP	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	2 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 18 yrs old)
TWINRIX SUSY	0	3 rtl MAX fill,365 rtl day(s) supply,
VAQTA SUSP	0	1 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	1 rtl pack lmt amt,999 rtl pack lmt day(s);; AL(At least 50 yrs old)
VAGINAL AND RELATED PRODUCTS		
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	
metronidazole vaginal gel	1	
miconazole nitrate vaginal supp 200 mg	1	
terconazole vaginal crea	1	
terconazole vaginal supp	1	
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL	0	PV
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENALIN SOLN IJ 30 MG/30ML (<i>Use epinephrine (anaphylaxis)</i>)	NF	
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml</i>	1	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail)2 rtl MAX fill,365 rtl day(s) supply,
<i>epinephrine (anaphylaxis) soaj 0.3 mg/0.3ml</i>	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NF	
EPIPEN-JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	2	QL(2 ea per fill retail,2 ea per fill mail)2 rtl MAX fill,365 rtl day(s) supply,2 mail MAX fill,365 mail day(s) supply,
Vasopressors		

Drug Name	Drug Tier	Requirements/ Limits
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 1.25 mg, 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (<i>Use ergocalciferol</i>)	0	
<i>ergocalciferol caps or 1.25 mg, 50000 unit</i>	0	
<i>ergocalciferol soln or 200 mcg/ml, 8000 unit/ml</i>	1	
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 250 mg, 50 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR (<i>Use niacin</i>)	1	

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atorvastatin calcium	30	ULTRAFINE II/0.3ML/31G X		5/8"	93
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ATRIPLA	46	ULTRAFINE II/0.5ML/31G X		1/2"	93
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23G	81	ULTRAFINE/0.5ML/30G X		FINE/0.3ML/31G X 8MM	93
AUSTEDO	127	1/2"	92	BD INSULIN SYRINGE ULTRA-	
AUTO-LANCET	81	bacitracin	11	FINE/0.5ML/30G X 12.7MM	93
AUTO-LANCET MINI	81	bacitracin (ophthalmic)	122	BD INSULIN SYRINGE ULTRA-	
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AUTOLET MINI	81	balsalazide disodium	72	FINE/1ML/31G X 8MM	93
AUTOLET PLUS	81	BALVERSA	39	BD INSULIN SYRINGE	
AVALIDE	32	BANZEL	17	ULTRAFINE HALF-	
AVANDIA	25	BAQSIMI ONE PACK	24	UNIT/0.3ML/31G X 5/16"	93
AVAPRO	31	BAQSIMI TWO PACK	24	BD INSULIN SYRINGE	
AVELOX	71	BARACLUDGE	49	ULTRAFINE/0.3ML/30G X	
AVODART	73	BASAGLAR KWIKPEN	25	1/2"	93
AVONEX	127	BAVENCIO	37	BD INSULIN SYRINGE	
AVONEX PEN	127	BAXDELA	71	ULTRAFINE/0.3ML/31G X	
AVSOLA	72	BD LO-DOSE INSULIN		5/16"	93
AYGESTIN	126	SYRINGE MICROFINE		BD INSULIN SYRINGE	
AYVAKIT	38	IV/0.5ML/28G X 1/2"	92	ULTRAFINE/0.5ML/30G X	
azacitidine	36	BD AUTOSHIELD 29G X		1/2"	93
AZACTAM	12	3/16"	92	BD INSULIN SYRINGE	
AZASITE	122	BD AUTOSHIELD 29G X		ULTRAFINE/0.5ML/31G X	
AZATHIOPRINE	117	5/16"	92	5/16"	93
azathioprine	117	BD AUTOSHIELD DUO 30G X		BD INSULIN SYRINGE	
azelaic acid	66	5MM	92	ULTRAFINE/U-100/0.3ML/29G X	
azelastine hcl	121	BD INSULIN SYRINGE LUER-		1/2"	93
azelastine hcl (ophth)	124	LOK/U-100/1ML	93	BD INSULIN SYRINGE	
		BD INSULIN SYRINGE		ULTRAFINE/U-100/0.5ML/29G X	
		MICROFINE IV/U-		1/2"	93
		100/0.5ML/28G X 1/2"	93	BD INSULIN SYRINGE	
				ULTRAFINE/U-100/1ML/29G X	
				1/2"	93

BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	93	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	94	BEVYXXA.....	16
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	94	bexarotene.....	41
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	93	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	94	BEYAZ.....	54
BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	93	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	94	bicalutamide.....	38
BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	93	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	94	BICNU.....	35
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	94	BELEODAQ.....	39	BIDIL.....	52
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	94	BELRAPZO.....	35	BIKTARVY.....	46
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	94	BELSOMRA.....	77	BILTRICIDE.....	10
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	94	BELVIQ.....	2	bimatoprost.....	124
BD LANCET ULTRAFINE 30G.....	81	benazepril & hydrochlorothiazide.....	32	bisacodyl.....	77
BD LANCET ULTRAFINE 33G.....	81	benazepril hcl.....	31	bisoprolol & hydrochlorothiazide.....	32
BD MICROTAINER LANCETS.....	81	BENDAMUSTINE HYDROCHLORIDE.....	35	bisoprolol fumarate.....	50
BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	94	BENDEKA.....	35	bleomycin sulfate.....	39
BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	94	BENICAR.....	31	BLEPH-10.....	122
BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	94	BENICAR HCT.....	32	BLINCYTO.....	37
BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	94	BENZAACLIN.....	58	BONIVA.....	68
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	94	BENZAACLIN WITH PUMP.....	58	BOOSTRIX.....	130
BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	94	BENZAMYCIN.....	58	BORTEZOMIB.....	39
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	94	benzonatate.....	57	bosentan.....	53
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	94	benzoyl peroxide.....	58	BOSULIF.....	39
BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	94	BENZOYL PEROXIDE CLEANSER.....	58	BOTOX.....	121
		benzoyl peroxide- erythromycin.....	58	BRAFTOVI.....	39
		benztropine mesylate.....	43	BREO ELLIPTA.....	15
		bepotastine besilate.....	124	BRILINTA.....	74
		BEPREVE.....	124	brimonidine tartrate.....	122
		BESPONSА.....	37	BRIVIACT.....	18
		betamethasone dipropionate (topical).....	63	bromfenac sodium (ophth).....	124
		betamethasone dipropionate augmented.....	63	bromocriptine mesylate.....	43
		betamethasone valerate.....	63	BROVANA.....	15
		BETAPACE.....	51	BRUKINSA.....	39
		BETAPACE AF.....	51	budesonide.....	56
		BETASERON.....	127	budesonide (inhalation).....	14
		betaxolol hcl.....	50	budesonide (nasal).....	121
		betaxolol hcl (ophth).....	122	budesonide-formoterol fumarate dihydrate.....	15
		bethanechol chloride.....	132	BULLSEYE MINI SAFETY LANCETS.....	81
		BEVESPI AEROSPHERE.....	15	BULLSEYE SAFETY LANCETS.....	81
				bumetanide.....	67
				BUMEX.....	67
				BUNAVAIL.....	9
				BUPHENYL.....	69
				BUPRENEX.....	9
				buprenorphine.....	9
				buprenorphine hcl.....	9

buprenorphine hcl-naloxone hcl dihydrate	9	CARAFATE	130	CARETOUCH INSULIN SYRINGE/0.5ML/30GX5/16"	95
bupropion hcl	21	CARBAGLU	69	CARETOUCH LANCING DEVICEWITH EJECTOR	81
bupropion hcl (smoking deterrent)	128	carbamazepine	18	CARETOUCH SAFETY LANCETS/26G	81
buspirone hcl	13	CARBATROL	18	CARETOUCH SAFETY LANCETS/28G	81
busulfan	35	carbidopa	42	CARETOUCH SAFETY LANCETS/30G	81
BUSULFEX	35	carbidopa-levodopa	43	CARETOUCH TWIST LANCETS 28G	81
butalbital-acetaminophen	5	carbidopa-levodopa-entacapone	43	CARETOUCH TWIST LANCETS 30G	81
butalbital-acetaminophen-caffeine	5	CARBIDOPA/LEVODOPA ODT	43	CARETOUCH TWIST LANCETS 33G	81
butalbital-acetaminophen-caffeine w/ codeine	8	carbinoxamine maleate	28	carisoprodol	120
butalbital-aspirin-caffeine	6	carboplatin	35	carmustine	35
butalbital-aspirin-caffeine w/cod	8	CARDIOCOM LANCING DEVICE	81	carteolol hcl (ophth)	122
BUTALBITAL/ACETAMINOPHEN	6	CARDIZEM	51	carvedilol	50
butenafine hcl	59	CARDIZEM CD	51	CASODEX	38
butorphanol tartrate	9	CARDIZEM LA	51	caspofungin acetate	27
BUTRANS	9	CARDURA	31	CATAPRES	31
BYSTOLIC	50	CAREONE ADVANCED LANCINGDEVICE	81	CATAPRES-TTS-1	31
cabergoline	70	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	94	CATAPRES-TTS-2	32
CABLIVI	74	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	94	CATAPRES-TTS-3	32
CADUET	52	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	94	CAYA	78
CAFERGOT	114	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	94	CAYSTON	12
CALAN SR	51	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	94	cefaclor	53
calcipotriene	62	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	94	cefadroxil	53
calcipotriene-betamethasone dipropionate	63	CAREONE LANCET SUPER THIN/30G	81	cefazolin sodium	53
calcitonin (salmon)	68	CAREONE LANCET THIN	81	cefdinir	54
calcitriol	69	CARESENS LANCETS	81	cefditoren pivoxil	54
calcitriol (topical)	62	CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"	94	cefepime hcl	54
calcium acetate (phosphate binder)	73	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	94	cefixime	54
calcium chloride (dihydrate)	116	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	94	CEFOTAN	53
CALCIUM GLUCONATE	116	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	94	cefotaxime sodium	54
calcium gluconate	116	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	94	cefotetan disodium	53
calcium polycarbophil	77	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	94	cefoxitin sodium	53
CAMPTOSAR	42	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	94	cefpodoxime proxetil	54
CANASA	72	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	94	cefprozil	53
CANCIDAS	27	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	94	ceftazidime	54
candesartan cilexetil	31	CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"	94	ceftriaxone sodium	54
candesartan cilexetil-hydrochlorothiazide	32	CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"	94	cefuroxime axetil	53
CAPASTAT SULFATE	35	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	94	cefuroxime sodium	53
capecitabine	36	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	94	CELEBEX	4
CAPRELSA	39	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	94	celecoxib	4
captopril	31	CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"	95	CELESTONE SOLUSPAN	56
CARAC	61			CELESTONE-SOLUSPAN	56
				CELEXA	21

CELLCEPT	118	CIPRO	71	CLEVER CHOICE COMFORT	
CELONTIN	20	CIPRO HC	124	EZINSULIN	
cephalexin	53	CIPRODEX	124	SYRINGE/0.5ML/28G X 1/2"	95
CERDELGA	75	ciprofloxacin	72	CLEVER CHOICE COMFORT	
CEREBYX	20	ciprofloxacin hcl	71	EZINSULIN	
CEREZYME	75	ciprofloxacin hcl (ophth)	122	SYRINGE/0.5ML/29G X 1/2"	95
cetirizine hcl	28	ciprofloxacin hcl (otic)	124	CLEVER CHOICE COMFORT	
cetirizine-pseudoephedrine	57	ciprofloxacin in d5w	72	EZINSULIN	
CETRAXAL	124	ciprofloxacin-dexamethasone	124	SYRINGE/0.5ML/30G X	
CETROTIDE	69	ciprofloxacin-fluocinolone		5/16"	95
cevimeline hcl	119	acetonide	124	CLEVER CHOICE COMFORT	
CHANTIX	128	cisplatin	35	EZINSULIN	
CHANTIX CONTINUING		citalopram hydrobromide	21	SYRINGE/0.5ML/31G X	
MONTHPAK	128	cladribine	36	5/16"	95
CHANTIX STARTING MONTH		CLARINEX	28	CLEVER CHOICE COMFORT	
PAK	128	clarithromycin	78	EZINSULIN	
CHEMET	26	CLARITIN	28	SYRINGE/1.0ML/30G X 1/2"	95
CHEMSTRIP-K	66	CLARITIN ALLERGY		CLEVER CHOICE COMFORT	
CHILDRENS ADVIL	4	CHILDRENS	28	EZINSULIN SYRINGE/1ML/28G	
CHILDRENS MOTRIN	4	CLARITIN CHILDRENS	28	X 1/2"	95
chloramphenicol sodium		CLARITIN REDITABS	29	CLEVER CHOICE COMFORT	
succinate	11	CLARITIN-D 12 HOUR	57	EZINSULIN SYRINGE/1ML/29G	
chlordiazepoxide hcl	13	CLARITIN-D 24 HOUR	57	X 1/2"	95
chlordiazepoxide hcl-clidinium		CLASSIC PRENATAL	119	CLEVER CHOICE COMFORT	
bromide	130	CLEANLET LANCETS		EZINSULIN SYRINGE/U-	
chlorhexidine gluconate (mouth-	119	28G	81	100/1ML/31GX5/16"	95
throat)		CLEMASTINE		CLEVER CHOICE GLUCOSE	
chloroquine phosphate	34	FUMARATE	28	CONTROL HIGH	81
chlorpromazine hcl	46	clemastine fumarate	28	CLIMARA	71
chlorthalidone	68	CLENPIQ	77	CLIMARA PRO	71
chlorzoxazone	120	CLEOCIN	12,134	CLINDAGEL	58
CHOLBAM	72	CLEOCIN PEDIATRIC		clindamycin hcl	12
cholecalciferol	135	GRANULES	12	clindamycin palmitate	
cholestyramine	29,30	CLEOCIN PHOSPHATE	12	hydrochloride	12
cholestyramine light	29	CLEOCIN-T	58	clindamycin phosphate	12
choline fenofibrate	30	CLEVER CHOICE COMFORT		clindamycin phosphate	
CHORIONIC		EZINSULIN		(topical)	58
GONADOTROPIN	69	SYRINGE/0.3ML/29G X		clindamycin phosphate	
CIALIS	52	1/2"	95	vaginal	134
ciclopirox	59	CLEVER CHOICE COMFORT		clindamycin phosphate-benzoyl	
ciclopirox olamine	59	EZINSULIN		peroxide	58
cidofovir	49	SYRINGE/0.3ML/30G X		clindamycin phosphate-benzoyl	
cilostazol	74	1/2"	95	peroxide (refrigerate)	58
CILOXAN	122	CLEVER CHOICE COMFORT		clindamycin phosphate-	
CIMDUO	46	EZINSULIN		tretinoin	58
cimetidine	130	SYRINGE/0.3ML/30G X		CLINIMIX 4.25%/DEXTROSE	
cimetidine hcl	130	5/16"	95	10%	121
cinacalcet hcl	69	CLEVER CHOICE COMFORT		CLINIMIX 4.25%/DEXTROSE	
CINRYZE	74	EZINSULIN		25%	122
		SYRINGE/0.3ML/31G X		CLINIMIX 4.25%/DEXTROSE	
		5/16"	95	5%	122

CLINIMIX 5%/DEXTROSE	COMFORT ASSIST INSULIN	COSENTYX SENSOREADY
25%.....122	SYRINGE/0.3ML/30G X	PEN.....62
CLINIMIX E 5%/DEXTROSE	5/16".....95	COSMEGEN.....39
20%.....122	COMFORT ASSIST INSULIN	COSOPT.....122
clobazam.....17	SYRINGE/0.3ML/31G X	COUMADIN.....16
clobetasol propionate.....63	5/16".....95	COZAAR.....31
clobetasol propionate emollient	COMFORT ASSIST INSULIN	CREON.....67
base.....63	SYRINGE/0.5ML/29G X	CRESEMBA.....28
clocortolone pivalate.....63	1/2".....95	CRESTOR.....30
CLODERM.....63	COMFORT ASSIST INSULIN	CRIVAN.....46
clofarabine.....36	SYRINGE/0.5ML/30G X	cromolyn sodium.....14
CLOLAR.....36	5/16".....95	cromolyn sodium (ophth)...124
clomipramine hcl.....23	COMFORT ASSIST INSULIN	crotamiton.....66
clonazepam.....17	SYRINGE/1ML/29G X 1/2" 95	CUBICIN.....11
clonidine.....32	COMFORT ASSIST INSULIN	CUBICIN RF.....11
clonidine hcl.....32	SYRINGE/1ML/30G X	CUPRIMINE.....117
clonidine hcl (adhd).....2	5/16".....95	CUTIVATE.....63
clopidogrel bisulfate.....74	COMFORT ASSIST INSULIN	CUVITRU.....125
clorazepate dipotassium.....13	SYRINGE/1ML/31G X	CVS LANCETS 21G.....81
clotrimazole.....118	5/16".....96	CVS LANCETS MICRO THIN
clotrimazole (topical).....60	COMFORT ASSURED	33G.....81
clotrimazole vaginal.....134	LANCETS MICRO THIN	CVS LANCETS MICRO-THIN
clotrimazole w/	33G.....81	33G.....81
betamethasone.....60	COMFORT ASSURED	CVS LANCETS ORIGINAL..81
clozapine.....45	LANCETS SUPER THIN	CVS LANCETS THIN 26G..81
CLOZARIL.....45	28G.....81	CVS LANCETS ULTRA THIN
COAGUCHEK LANCETS...81	COMFORT EZ INSULIN	30G.....81
COARTEM.....34	SYRINGE/U-100/0.5ML/31G X	CVS LANCETS ULTRA-THIN
CODEINE SULFATE.....6	5/16".....96	30G.....81
codeine sulfate.....6	COMFORT EZ INSULIN	CVS LANCING DEVICE...81
COGENTIN.....43	SYRINGE/U-100/1ML/31G X	CVS PRENATAL.....119
COLACE.....77	5/16".....96	CVS ULTRA THIN
COLAZAL.....72	COMFORT LANCETS...81	LANCETS.....81
colchicine.....74	COMPLERA.....46	cyanocobalamin.....75
colchicine w/ probenecid...74	COMTAN.....43	cyclobenzaprine hcl.....120
COLCRYS.....74	CONCERTA.....2	cyclophosphamide.....35
colesevelam hcl.....30	CONTOUR HIGH	cycloserine.....35
COLESTID.....30	CONTROL.....81	CYCLOSET.....24
COLESTID FLAVORED...30	CONTRAVE.....2	cyclosporine.....118
colestipol hcl.....30	CONZIP.....6	cyclosporine modified (for
COLY-MYCIN S.....124	COPAXONE.....127	microemulsion).....118
COLYTE-FLAVOR PACKS...77	COPIKTRA.....40	CYKLOKAPRON.....76
COMBIGAN.....122	CORDRAN.....63	CYMBALTA.....22
COMBIVIR.....46	COREG.....50	cyproheptadine hcl.....29
COMETRIQ.....39	CORGARD.....51	CYRAMZA.....36
COMFORT ASSIST INSULIN	CORLANOR.....53	CYSTADANE.....69
SYRINGE 0.3ML/29G X 1/2" 95	CORTEF.....56	CYSTAGON.....73
	CORTENEMA.....10	CYSTARAN.....124
	cortisone acetate.....56	cytarabine.....36
	CORTISPORIN-TC.....125	
	COSENTYX.....62	

CYTOMEL.....	129	DERMA-SMOOTH/FS		DIATHRIVE LANCING	
CYTOTEC.....	131	SCALP.....	63	DEVICE.....	82
CYTOVENE.....	49	DERMOTIC.....	125	DIATRUE GLUCOSE CONTROL	
D.H.E. 45.....	114	DESCOVY.....	46	SOLUTION LEVEL 3.....	82
dacarbazine.....	41	DESFERAL.....	26	diazepam.....	13
DACOGEN.....	36	desipramine hcl.....	23	diazepam (anticonvulsant)...	17
dactinomycin.....	39	desloratadine.....	29	diazoxide.....	24
dalfampridine.....	127	desmopressin acetate.....	70	DIBENZYLINE.....	31
DALIRESP.....	14	DESMOPRESSIN		DICLEGIS.....	27
danazol.....	10	ACETATE.....	70	diclofenac epolamine.....	59
DANTRIUM.....	121	desmopressin acetate.....	70	diclofenac potassium.....	4
dantrolene sodium.....	121	desmopressin acetate		diclofenac sodium.....	4
dapsone.....	11	spray.....	70	diclofenac sodium (actinic	
DAPTOMYCIN.....	11	desmopressin acetate spray		keratoses).....	61
daptomycin.....	11	refrigerated.....	70	diclofenac sodium (ophth) ..	124
DARAPRIM.....	34	desogestrel & ethinyl		diclofenac sodium (topical) ..	59
darifenacin hydrobromide ..	131	estradiol.....	54	diclofenac w/ misoprostol....	4
DARZALEX.....	37	desogestrel-ethinyl estradiol		dicloxacillin sodium.....	126
daunorubicin hcl.....	39	(biphasic).....	54	dicyclomine hcl.....	130
DAUNORUBICIN		desogestrel-ethinyl estradiol		didanosine.....	46,47
HYDROCHLORIDE.....	39	(triphasic).....	54	DIFFERIN.....	58
DAURISMO.....	37	desonide.....	63	DIFICID.....	78
DAYPRO.....	4	DESOWEN.....	63	diflorasone diacetate.....	63
DAYTRANA.....	2	desoximetasone.....	63	DIFLUCAN.....	28
DDAVP.....	70	DESOXYN.....	1	diflunisal.....	6
DEBACTEROL.....	119	desvenlafaxine succinate ..	22	difluprednate.....	123
decitabine.....	36	DETROL.....	131	digoxin.....	52
deferasirox.....	26	DETROL LA.....	131	dihydroergotamine	
deferiprone.....	26	dexamethasone.....	56	mesylate.....	114
deferoxamine mesylate.....	26	DEXAMETHASONE		DILANTIN.....	20
DELESTROGEN.....	71	INTENSOL.....	56	DILANTIN INFATABS.....	20
DELSTRIGO.....	46	dexamethasone sodium		DILANTIN-125.....	20
DELZICOL.....	72	phosphate.....	56	DILAUDID.....	6
demeclocycline hcl.....	129	dexamethasone sodium		diltiazem hcl.....	51
DEMEROL.....	6	phosphate (ophth).....	123	DILTIAZEM HCL.....	51
DENAVIR.....	62	dexchlorpheniramine		diltiazem hcl.....	51
DEPAKOTE.....	20	maleate.....	28	diltiazem hcl coated beads ..	51
DEPAKOTE ER.....	20	DEXEDRINE.....	1	diltiazem hcl extended release	
DEPEN TITRATABS.....	117	DEXILANT.....	131	beads.....	51
DEPO-ESTRADIOL.....	71	dexmethylphenidate hcl....	2	dimethyl fumarate.....	127
DEPO-MEDROL.....	56	dextroamphetamine sulfate .	1	DIOVAN.....	31
DEPO-PROVERA		DEXTROSE 5%/NACL		DIOVAN HCT.....	32
CONTRACEPTIVE.....	55	0.3%.....	116	DIPENTUM.....	72
DEPO-SUBQ PROVERA		dextrose in lactated		diphenhydramine hcl.....	28
104.....	56	ringers.....	116	diphenoxylate w/ atropine ...	26
DEPO-TESTOSTERONE.....	10	DEXTROSE/SODIUM		DIPROLENE.....	64
DERMA-SMOOTH/FS		CHLORIDE.....	116	DIPROLENE AF.....	64
BODY.....	63	DIACOMIT.....	18	dipyridamole.....	74
		DIASTAT ACUDIAL.....	17		
		DIASTAT PEDIATRIC.....	17		
		DIATHRIVE LANCETS.....	81		
		DIATHRIVE LANCETS ULTRA			
		THIN 30G.....	82		

disopyramide phosphate.....	13	DROPLET INSULIN SYRINGE		duloxetine hcl.....	22
disulfiram.....	126	U-100/0.5ML/31G X 5/16".....	96	DUPIXENT.....	65
DITROPAN XL.....	131	DROPLET INSULIN SYRINGE		DURAGESIC.....	6
divalproex sodium.....	20	U-100/1ML/30G X 1/2".....	96	DUREX EXTRA SENSITIVE.....	78
DIVIGEL.....	71	DROPLET INSULIN SYRINGE		DUREZOL.....	123
docetaxel.....	42	U-100/1ML/30G X 5/16".....	96	dutasteride.....	73
DOCETAXEL.....	42	DROPLET INSULIN SYRINGE		DYAZIDE.....	67
docetaxel.....	42	U-100/1ML/31G X 15/64".....	96	DYRENIUM.....	68
docusate calcium.....	77	DROPLET INSULIN SYRINGE		DYSPORT.....	121
docusate sodium.....	77	U-100/1ML/31G X 5/16".....	96	E-Z JECT LANCETS.....	82
dofetilide.....	14	DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X		E-Z JECT LANCETS 21G.....	82
donepezil hydrochloride.....	126	5/16".....	96	E-Z JECT LANCETS	
DOPTelet.....	75	DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X		COLOR.....	82
DORAL.....	76	1/2".....	96	E-Z JECT LANCETS SUPER	
dorzolamide hcl.....	124	DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X		THIN 30G.....	82
dorzolamide hcl-timolol		5/16".....	96	E-Z JECT LANCETS THIN	
maleate.....	122	DROPLET INSULIN SYRINGE/U-100/1ML/30G X		26G.....	82
DOVATO.....	47	1/2".....	96	E-ZJECT LANCETS MICRO-	
DOVONEX.....	62	DROPLET INSULIN SYRINGE/U-100/1ML/31G X		THIN 33G.....	82
doxazosin mesylate.....	32	15/64".....	96	E.E.S. GRANULES.....	78
doxepin hcl.....	23	DROPLET INSULIN SYRINGE/U-100/1ML/31G X		EASY COMFORT INSULIN	
doxepin hcl (antipruritic).....	61	5/16".....	96	SYRINGE/0.5ML/30G X	
doxepin hcl (sleep).....	76	DROPLET LANCETS ULTRA		5/16".....	96
doxercalciferol.....	70	THIN 30G.....	82	EASY COMFORT INSULIN	
DOXIL.....	39	DROPLET LANCING		SYRINGE/1ML/30G X 5/16".....	96
doxorubicin hcl.....	39	DEVICE.....	82	EASY COMFORT INSULIN	
doxorubicin hcl liposomal.....	39	DROPLET PERSONAL		SYRINGE/1ML/31G X 5/16".....	96
doxycycline (monohydrate).....	129	LANCETS30G.....	82	EASY COMFORT INSULIN	
doxycycline hyclate.....	129	drosiprenone-ethinyl		SYRINGE/U-100/0.5ML/30G X	
DOXYLAMINE-pyridoxine.....	27	estradiol.....	54	1/2".....	96
DRISDOL.....	135	drosiprenone-ethinyl estradiol-		EASY COMFORT INSULIN	
dronabinol.....	27	levomefolate calcium.....	54	SYRINGE/U-100/1ML/30G X	
DROPLET GENTEEL LANCING		DROXIA.....	75	1/2".....	97
DEVICE.....	82	DRUG MART ADJUSTABLE		EASY MINI EJECT LANCING	
DROPLET INSULIN SYRINGE		LANCING DEVICE.....	82	DEVICE.....	82
0.3ML/29G X 1/2".....	96	DRUG MART LANCETS		EASY MINI LANCING	
DROPLET INSULIN SYRINGE		THIN.....	82	DEVICE.....	82
0.5ML/29G X 1/2".....	96	DRUG MART ON-THE-GO		EASY PLUS II CONTROL	
DROPLET INSULIN SYRINGE		LANCETS GENTLE 30G.....	82	SOLUTION HIGH.....	82
1ML/29G X 1/2".....	96	DRUG MART UNILET		EASY STEP CONTROL	
DROPLET INSULIN SYRINGE		LANCETSSUPER THIN		SOLUTION HIGH.....	82
U-100/0.3/31G X 5/16".....	96	30G.....	82	EASY TALK CONTROL	
DROPLET INSULIN SYRINGE		DRUG MART UNILET		SOLUTION HIGH.....	82
U-100/0.3ML/30G X 1/2".....	96	LANCETSULTRA THIN		EASY TOUCH FLIPLOCK	
DROPLET INSULIN SYRINGE		28G.....	82	SAFETY INSULIN SYRINGE	
U-100/0.5ML/30G X 1/2".....	96	DRUG MART UNILET MICRO		1ML/29GX1/2".....	97
DROPLET INSULIN SYRINGE		THIN LANCETS 33G.....	82	EASY TOUCH FLIPLOCK	
U-100/0.3ML/30G X 5/16".....	96	DUAC.....	58	SAFETY INSULIN SYRINGE	
DROPLET INSULIN SYRINGE		DUAVEE.....	71	1ML/30GX1/2".....	97
U-100/0.5ML/30G X 1/2".....	96	DUETACT.....	23	EASY TOUCH FLIPLOCK	
DROPLET INSULIN SYRINGE		DULCOLAX.....	77	SAFETY INSULIN SYRINGE	
U-100/0.5ML/30G X 5/16".....	96			1ML/30GX5/16".....	97

EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	97	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	83
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	97	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	82	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	97
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	97	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	82	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	97
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	97	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	82	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	98
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	97	EASY TOUCH LANCETS 26G/PULL-TOP.....	82	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	98
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	97	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	82	EASY TRAK GLUCOSE CONTROL SOLUTION HIGH	83
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	97	EASY TOUCH LANCETS 28G/PULL-TOP.....	82	EASY TWIST & CAP LANCETS.....	83
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	97	EASY TOUCH LANCETS 28G/TWIST.....	82	EASYGLUCO CONTROL SOLUTION HIGH.....	83
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	97	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	82	EC-NAPROSYN.....	4
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	97	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	82	econazole nitrate.....	60
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	97	EASY TOUCH LANCETS 30G/PULL-TOP.....	82	EDARBI.....	31
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	97	EASY TOUCH LANCETS 30G/TWIST.....	82	EDECIN.....	67
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	97	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	82	EDURANT.....	47
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	97	EASY TOUCH LANCETS 32G/PULL-TOP.....	82	efavirenz.....	47
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	97	EASY TOUCH LANCETS 32G/TWIST.....	82	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	47
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	97	EASY TOUCH LANCETS 33G/TWIST.....	82	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	47
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	97	EASY TOUCH LANCING DEVICE/EJECTOR.....	82	EFFEXOR XR.....	22
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	97	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	83	EFFIENT.....	74
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	97	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	83	EFUDEX.....	61
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	83	EGRIFTA.....	69
		EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	83	EGRIFTA SV.....	69
		EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	83	ELAPRASE.....	70
				ELELYSO.....	75
				ELEMENT HIGH CONTROL	83
				ELESTRIN.....	71
				eletriptan hydrobromide....	115
				ELIDEL.....	65
				ELIGARD.....	38
				ELIMITE.....	66
				ELIQUIS.....	16
				ELIQUIS STARTER PACK.....	16
				ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	98
				ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	98

EUCRISA.....	66	FANAPT.....	44	FIFTY50 SUPERIOR	
EURAX.....	66	FANAPT TITRATION		COMFORTINSULIN	
EVAMIST.....	71	PACK.....	44	SYRINGE/0.3ML/31G X	
everolimus.....	40	FANTASY LUBRICATED..	78	5/16".....	99
everolimus		FANTASY		FIFTY50 SUPERIOR	
(immunosuppressant).....	118	LUBRICATED/SPERMICIDE		COMFORTINSULIN	
EVISTA.....	69	.....	78	SYRINGE/0.5ML/31G X	
EVOCLIN.....	59	FARESTON.....	38	5/16".....	99
EVOMELA.....	35	FARXIGA.....	25	FIFTY50 SUPERIOR	
EVOTAZ.....	47	FASENRA.....	14	COMFORTINSULIN	
EVOXAC.....	119	FASENRA PEN.....	14	SYRINGE/1ML/31G X 5/16".....	99
EXEL COMFORT POINT		FASLODEX.....	38	FIFTY50 UNILET LANCETS	
INSULIN SYRINGE/0.3ML/29G X		FAZACLO.....	45	33G.....	83
1/2".....	98	FC FEMALE CONDOM.....	78	FINACEA.....	66
EXEL COMFORT POINT		febuxostat.....	74	finasteride.....	73
INSULIN SYRINGE/0.3ML/30G X		felbamate.....	19,20	FINE 30.....	83
5/16".....	98	FELBATOL.....	20	FINGERSTIX LANCETS.....	83
EXEL COMFORT POINT		FELDENE.....	4	FIORICET.....	6
INSULIN SYRINGE/0.5ML/28G X		felodipine.....	51	FIORICET/CODEINE.....	8
1/2".....	98	FEMARA.....	38	FIORINAL.....	6
EXEL COMFORT POINT		FEMCAP.....	78	FIORINAL/CODEINE #3.....	8
INSULIN SYRINGE/0.5ML/29G X		FEMHRT.....	71	FIRAZYR.....	74
1/2".....	98	FEMRING.....	135	FIRDAPSE.....	34
EXEL COMFORT POINT		fenofibrate.....	30	FIRMAGON.....	38
INSULIN SYRINGE/0.5ML/30G X		fenofibrate micronized.....	30	FIRVANQ.....	11
5/16".....	98	fenopropfen calcium.....	5	FLAGYL.....	11
EXEL COMFORT POINT		FENSOLVI.....	69	flavoxate hcl.....	132
INSULIN SYRINGE/1ML/28G X		fantanyl.....	6	flecainide acetate.....	13
1/2".....	98	fantanyl citrate.....	6	FLECTOR.....	59
EXEL COMFORT POINT		FENTORA.....	6	FLOLAN.....	52
INSULIN SYRINGE/1ML/29G X		FER-IN-SOL.....	76	FLOMAX.....	73
1/2".....	98	FERRIPROX.....	26	FLONASE ALLERGY	
EXEL COMFORT POINT		ferrous fumarate-folic acid.....	75	RELIEF.....	121
INSULIN SYRINGE/1ML/30G X		ferrous sulfate.....	76	FLONASE ALLERGY RELIEF	
5/16".....	99	FETZIMA.....	22	CHILDRENS.....	121
EXELDERM.....	60	FETZIMA TITRATION		FLOVENT DISKUS.....	14
exemestane.....	38	PACK.....	23	FLOVENT HFA.....	14
EXFORGE.....	32	fexofenadine hcl.....	29	floxuridine.....	36
EXFORGE HCT.....	32	fexofenadine-pseudoephedrine		FLUAD 2019-2020.....	132
EXJADE.....	26	.....	57	FLUAD 2020-2021.....	132
EXTAVIA.....	127	FIASP.....	25	FLUAD QUADRIVALENT 2021-	
EZ-LETS LANCETS 21G.....	83	FIASP FLEXTOUCH.....	25	2022.....	132
EZ-LETS LANCETS 26G		FIASP PENFILL.....	25	FLUAD QUADRIVALENT	
SUPER-SOFT.....	83	FIBERCON.....	77	INFLUENZA VACCINE FOR	
EZ-LETS LANCETS 28G		FIBRICOR.....	30	ADULTS.....	132
ULTRA-SOFT.....	83	FIFTY50 SAFETY SEAL		FLUARIX QUADRIVALENT	
EZ-LETS LANCETS 30G.....	83	LANCETS 30G.....	83	2019-2020.....	133
ezetimibe.....	30	FIFTY50 SAFETY SEAL		FLUARIX QUADRIVALENT	
ezetimibe-simvastatin.....	29	LANCETS 32G.....	83	2020-2021.....	133
FABRAZYME.....	70			FLUARIX QUADRIVALENT	
famciclovir.....	50			2021-2022.....	133
famotidine.....	130			FLUBLOK QUADRIVALENT	
famotidine in nacl.....	130			2019-2020.....	133

FLUBLOK QUADRIVALENT 2020-2021	133	FLUZONE QUADRIVALENT 2020-2021	133	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	99
FLUBLOK QUADRIVALENT 2021-2022	133	FLUZONE QUADRIVALENT 2021-2022	134	FREESTYLE PRECISION INSULIN SYRINGES/U- 100/1ML/30G X 5/16"	99
FLUCELVAX QUADRIVALENT 2019-2020	133	FML	123	FREESTYLE UNISTICK II LANCETS	83
FLUCELVAX QUADRIVALENT 2020-2021	133	FML FORTE	123	FROVA	115
FLUCELVAX QUADRIVALENT 2021-2022	133	FML LIQUIFILM	123	frovatriptan succinate	115
fluconazole	28	FOCALIN	2	FULPHILA	75
flucytosine	27	FOCALIN XR	2	fulvestrant	38
fludarabine phosphate	36	folic acid	75	furosemide	67
fludrocortisone acetate	57	FOLOTYN	36	FUZEON	47
FLULAVAL QUADRIVALENT 2019-2020	133	fondaparinux sodium	16,17	FYCOMPA	17
FLULAVAL QUADRIVALENT 2020-2021	133	FORA CONTROL SOLUTION HIGH	83	gabapentin	18
FLULAVAL QUADRIVALENT 2021-2022	133	FORA GTEL BLOOD KETONE TEST STRIPS	67	GABITRIL	20
FLUMADINE	50	FORA LANCETS	83	GALAFOLD	70
FLUMIST QUADRIVALENT	133	FORA LANCING DEVICE	83	galantamine hydrobromide	126
flunisolide (nasal)	121	FORA LANCING DEVICE/CLEARCAP	83	GAMMAGARD LIQUID	125
fluocinolone acetonide	64	FORACARE GDH CONTROL SOLUTION HIGH	83	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	125
fluocinolone acetonide (otic)	125	FORFIVO XL	21	GAMMAKED	125
fluocinonide	64	FORTAZ	54	GAMUNEX-C	125
fluocinonide emulsified base	64	FORTISCARE CONTROL SOLUTIONS HIGH	83	ganciclovir sodium	49
fluorometholone (ophth)	123	FOSAMAX	68	ganirelix acetate	69
fluorouracil	36	FOSAMAX PLUS D	68	GANIRELIX ACETATE	69
fluorouracil (topical)	61	fosamprenavir calcium	47	GARDASIL 9	134
fluoxetine hcl	21,22	fosaprepitant dimeglumine	27	gatifloxacin (ophth)	122
FLUOXETINE HYDROCHLORIDE	22	fosfomycin tromethamine	12	GAZYVA	37
fluphenazine hcl	46	fosinopril sodium	31	gemcitabine hcl	36
flurandrenolide	64	fosinopril sodium & hydrochlorothiazide	32	GEMCITABINE HYDROCHLORIDE	36
flurbiprofen	5	fosphenytoin sodium	20	gemfibrozil	30
flurbiprofen sodium	124	FOSRENOL	73	GENERESS FE	54
flutamide	38	FRAGMIN	17	GENOTROPIN	69
fluticasone propionate	64	FREDS PHARMACY AUTOLET LANCING DEVICE	83	GENOTROPIN MINIQUICK	69
fluticasone propionate (nasal)	121	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G	83	gentamicin in saline	3
fluticasone-salmeterol	15	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	83	gentamicin sulfate	3
fluvastatin sodium	30	FREESTYLE LANCETS	83	gentamicin sulfate (ophth)	122
fluvoxamine maleate	22	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	99	gentamicin sulfate (topical)	59
FLUZONE HIGH-DOSE PF 2019- 2020	133	FREESTYLE PRECISION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	99	GENTEEL BUTTERFLY TOUCH LANCETS	83
FLUZONE HIGH-DOSE PF 2020- 2021	133			GENTEEL LANCING DEVICE/GLORIOUS GOLD	84
FLUZONE HIGH-DOSE PF 2021- 2022	133			GENTEEL LANCING DEVICE/PRECIOUS PLATINUM	84
FLUZONE QUADRIVALENT 2019-2020	133			GENTEEL LANCING DEVICE/STATELY SILVER	84

GENTEEL PLUS LANCING DEVICE/BUFF BLACK.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100
GENTEEL PLUS LANCING DEVICE/BUTTERFLY BLUE	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	100
GENTEEL PLUS LANCING DEVICE/PLAYFUL PURPLE	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100
GENTEEL PLUS LANCING DEVICE/PRINCESS PINK..	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	99	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100
GENTEEL PLUS LANCING DEVICE/WILLOWY WHITE..	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	99	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	100
GENTLE-LET GP LANCETS	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	99	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	99	GLUCOTROL.....	25
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	99	GLUCOTROL XL.....	25
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	99	glyburide.....	25
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	84	GLOBAL INJECT EASE INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	99	glyburide micronized.....	25
GENVOYA.....	47	GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	100	glyburide-metformin.....	23
GEODON.....	44	GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	100	glycine (gu irrigant).....	73
GILENYA.....	127	GLOBAL LANCING DEVICE.....	84	glycopyrrolate.....	130
GILOTRIF.....	37	GLUCAGEN DIAGNOSTIC.....	66	GLYNASE.....	26
glatiramer acetate.....	127	GLUCAGEN HYPOKIT.....	24	GLYSET.....	23
GLEEVEC.....	40	glucagon (rdna).....	24	GLYXAMBI.....	24
GLEOSTINE.....	35	GLUCAGON EMERGENCY KIT.....	24	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	100
glimepiride.....	25	GLUCOCOM HIGH CONTROL.....	84	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	100
glipizide.....	25	GLUCOCOM LANCETS 28G.....	84	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	100
glipizide-metformin hcl.....	23	GLUCOCOM LANCETS 30G.....	84	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	100
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	99	GLUCOCOM LANCETS 33G.....	84	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	100
GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	100	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	100
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	100	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	100
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	100	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	100
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	99	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	100	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	100
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	99				
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99				

GNP INSULIN SYRINGE/1ML/31G X 5/16".....	100	GOODSENSE LANCETS MICRO-THIN 33G.....	84	HALDOL DECANOATE 100	45
GNP INSULIN SYRINGES/0.3ML/30GX5/16".....	100	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	84	HALDOL DECANOATE 50	45
GNP INSULIN SYRINGES/1/2ML/29GX1/2".....	100	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	84	halobetasol propionate.....	64
GNP INSULIN SYRINGES/1ML/28GX1/2".....	100	GOODSENSE LANCETS ULTRA-THIN 30G.....	84	HALOG.....	64
GNP INSULIN SYRINGES/1ML/29GX1/2".....	100	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	84	haloperidol.....	45
GNP INSULIN SYRINGES/1ML/30GX5/16".....	100	GOODSENSE LANCING DEVICE.....	84	haloperidol decanoate.....	45
GNP INSULIN SYRINGES/3ML/31GX5/16".....	100	GOODSENSE PRENATAL VITAMINS.....	119	haloperidol lactate.....	45
GNP LANCETS 21G.....	84	granisetron hcl.....	26	HAVRIX.....	134
GNP LANCETS MICRO THIN 33G.....	84	GRANIX.....	75	HEALTH CARE LANCING DEVICE.....	85
GNP LANCETS SUPER THIN 30G.....	84	GRASTEK.....	3	HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	101
GNP LANCETS THIN.....	84	griseofulvin microsize.....	27	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101
GNP LANCETS THIN 26G.....	84	griseofulvin ultramicrosize.....	27	HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101
GNP LANCING SYSTEM DEVICE.....	84	guanfacine hcl.....	32	HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	101
GNP PRENATAL.....	119	guanfacine hcl (adhd).....	2	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	GUANIDINE HCL.....	34	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	85
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	101	GVOKE PFS.....	24	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	85
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	101	GYNAZOLE-1.....	134	HECTOROL.....	70
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	GYNE-LOTRIMIN.....	134	HEMANGEOL.....	51
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	101	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	84	HEPARIN LOCK FLUSH.....	17
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	101	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	84	heparin sod (porcine) in d5w.....	17
GOJJI BLOOD KETONE TEST STRIPS.....	67	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	84	heparin sodium (porcine).....	17
GOJJI LANCING DEVICE/CLEAR CAP.....	84	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	85	HEPARIN SODIUM/NACL 0.45%.....	17
GOJJI STERILE LANCETS 30G.....	84	HAEGARDA.....	74	HEPLISAV-B.....	134
GOLYTELY.....	77	HAEMOLANCE.....	85	HEPSERA.....	49
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	84	HAEMOLANCE LOW FLOW LANCETS.....	85	HERCEPTIN.....	37
		HAEMOLANCE PLUS.....	85	HETLIOZ.....	77
		HAEMOLANCE PLUS HIGH FLOW.....	85	HIPREX.....	12
		HAEMOLANCE PLUS LOW FLOW.....	85	HIZENTRA.....	125
		HAEMOLANCE PLUS MAX FLOW.....	85	HM PRENATAL.....	119
		HAEMOLANCE PLUS PEDIATRIC FLOW.....	85	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	101
		HALAVEN.....	42	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	101
		halcinonide.....	64		
		HALCION.....	76		
		HALDOL.....	45		

HORIZANT.....	128	HYPERSAL.....	57,58	INSPIRA.....	33
HUMATIN.....	3	HYQVIA.....	125	INSULIN SYRINGE/0.3ML/29G X 1".....	101
HUMATROPE.....	69	HYSINGLA ER.....	7	INSULIN SYRINGE/0.3ML/29G X 1/2".....	101
HUMATROPE COMBO PACK.....	69	HYZAAR.....	32	INSULIN SYRINGE/0.3ML/30G X 5/16".....	101
HUMIRA.....	4	ibandronate sodium.....	68	INSULIN SYRINGE/0.3ML/31G X 5/16".....	101
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3	IBRANCE.....	40	INSULIN SYRINGE/0.5ML/27G X 1/2".....	101
HUMIRA PEN.....	3	ibuprofen.....	5	INSULIN SYRINGE/0.5ML/28G X 1/2".....	101
HUMIRA PEN-CD/UC/HS STARTER.....	3,4	icatibant acetate.....	74	INSULIN SYRINGE/0.5ML/30G X 1/2".....	101
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	4	ICLUSIG.....	40	INSULIN SYRINGE/0.5ML/30G X 1/2".....	101
HUMIRA PEN-PS/UV STARTER.....	4	icosapent ethyl.....	29	INSULIN SYRINGE/0.5ML/30G X 5/16".....	101
HUMULIN R U-500 (CONCENTRATED).....	25	IDAMYCIN PFS.....	39	INSULIN SYRINGE/0.5ML/31G X 5/16".....	101
HUMULIN R U-500 KWIKPEN.....	25	idarubicin hcl.....	39	INSULIN SYRINGE/1ML/28G X 1/2".....	101
HY-VEE LANCETS.....	85	IFEX.....	35	INSULIN SYRINGE/1ML/29G X 1/2".....	101
HY-VEE THIN LANCETS.....	85	ifosfamide.....	35	INSULIN SYRINGE/1ML/30G X 5/16".....	101
HYCAMTIN.....	42	IFOSFAMIDE.....	35	INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16".....	101
hydralazine hcl.....	33	ILARIS.....	4	INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16".....	102
HYDREA.....	41	ILEVRO.....	124	INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2".....	102
HYDRO 35.....	65	imatinib mesylate.....	40	INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16".....	102
hydrochlorothiazide.....	68	IMBRUVICA.....	40	INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16".....	102
hydrocodone bitartrate.....	6	IMFINZI.....	37	INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2".....	102
HYDROCODONE BITARTRATE ER.....	6	imipenem-cilastatin.....	11	INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16".....	102
hydrocodone polistirex- chlorpheniramine polistirex.....	57	imipramine hcl.....	23	INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16".....	102
hydrocodone- acetaminophen.....	8,9	imipramine pamoate.....	23	INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	102
hydrocodone-ibuprofen.....	9	imiquimod.....	65	INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	102
hydrocortisone.....	56	IMITREX.....	115	INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	102
hydrocortisone (intrarectal).....	10	IMITREX STATDOSE REFILL.....	115	INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	102
hydrocortisone (rectal).....	10	IMITREX STATDOSE SYSTEM.....	115	INSULIN SYRINGES/0.5ML/27GX1/2"	102
hydrocortisone (topical).....	64	IMLYGIC.....	42	INSULIN SYRINGES/0.5ML/28GX1/2"	102
hydrocortisone acetate (rectal).....	10	IMODIUM A-D.....	26	.....	102
hydrocortisone butyrate.....	64	IMPAVIDO.....	11		
hydrocortisone valerate.....	64	IMURAN.....	118		
hydrocortisone w/acetic acid.....	125	IN TOUCH LANCING DEVICE.....	85		
hydromorphone hcl.....	6	IN TOUCH STERILE LANCETS30G.....	85		
HYDROMORPHONE HYDROCHLORIDE.....	6	INCRELEX.....	69		
hydroxychloroquine sulfate.....	34	INCRUSE ELLIPTA.....	14		
hydroxyurea.....	41	indapamide.....	68		
hydroxyzine hcl.....	13	INDERAL LA.....	51		
hydroxyzine pamoate.....	13	indomethacin.....	5		
HYPERSAL.....	57	INFED.....	76		
		INFINITY CONTROL SOLUTION HIGH.....	85		
		INFLECTRA.....	72		
		INLYTA.....	36		
		INREBIC.....	40		

INSULIN SYRINGES/0.5ML/29GX1/2"	102	ISOPTO CARPINE.....	122	ketoprofen.....	5
INSULIN SYRINGES/0.5ML/30GX5/16"	102	ISORDIL TITRADOSE.....	12	ketorolac tromethamine.....	5
INSULIN SYRINGES/0.5ML/31GX 5/16".....	102	isosorbide dinitrate.....	12	ketorolac tromethamine (ophth).....	124
INSULIN SYRINGES/0.5ML/31GX5/16"	102	isosorbide mononitrate.....	12	KETOSTIX.....	67
INSULIN SYRINGES/1ML/27GX1/2"	102	isotretinoin.....	59	ketotifen fumarate (ophth) ..	124
INSULIN SYRINGES/1ML/27GX1/2" 102	102	isradipine.....	51	KEVEYIS.....	67
INSULIN SYRINGES/1ML/28GX1/2" 102	102	ISTODAX (OVERFILL).....	40	KEYTRUDA.....	37
INSULIN SYRINGES/1ML/29GX1/2" 102	102	itraconazole.....	28	KHAPZORY.....	41
INSULIN SYRINGES/1ML/30GX1/2" 102	102	ivermectin.....	10	KHEDEZLA.....	23
INSULIN SYRINGES/1ML/31GX5/16"	102	IVERMECTIN.....	66	KIMONO COLORS.....	78
INTELENCE.....	47	ivermectin (pediculicide)...	66	KIMONO LUBRICATED.....	78
INTRAROSA.....	134	IXEMPRA KIT.....	42	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	78
INTRON A.....	41	JADENU.....	26	KIMONO PLUS SPERMICIDE LUBRICATED.....	79
INTUNIV.....	2	JADENU SPRINKLE.....	26	KIMONO PLUS SPERMICIDE/LUBRICATED	79
INVANZ.....	11	JAKAFI.....	40	.....	79
INVEGA.....	44	JANUMET.....	24	KIMONO PS LUBRICATED.....	79
INVIRASE.....	47	JANUMET XR.....	24	KIMONO PS PLUS SPERMICIDE/LUBRICATED	79
IONOSOL-MB/DEXTROSE 5%.....	116	JANUVIA.....	24	.....	79
IOPIDINE.....	122	JARDIANCE.....	25	KIMONO SENSATION LUBRICATED.....	79
IPOL INACTIVATED IPV... 134	134	JEVTANA.....	42	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	79
ipratropium bromide.....	14	JUBLIA.....	60	KIMONO SPECIAL.....	79
ipratropium bromide (nasal)	121	JULUCA.....	47	KINNEY LANCETS.....	85
ipratropium-albuterol.....	15	JYNARQUE.....	71	KINNEY THIN LANCETS... 85	85
irbesartan.....	31	K-TAB.....	117	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	102
irbesartan-hydrochlorothiazide	32	K-Y ME & YOU EXTRA LUBRICATED.....	78	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	102
IRESSA.....	37	K-Y ME & YOU INTENSE.....	78	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	102
irinotecan hcl.....	42	KADCYLA.....	37	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	102
irrigation solutions, physiological.....	118	KADIAN.....	7	KISQALI.....	40
ISENTRESS.....	47	KALETRA.....	47	KISQALI FEMARA 200 DOSE.....	39
ISENTRESS HD.....	47	KALYDECO.....	128	KISQALI FEMARA 400 DOSE.....	39
ISOLYTE-P/DEXTROSE 5%.....	116	KAMELEON LUBRICATED.....	78	KISQALI FEMARA 600 DOSE.....	39
ISOLYTE-S.....	116	KAPVAY.....	2	KITABIS PAK.....	3
isoniazid.....	35	KAZANO.....	24	KLARITY-A.....	122
		KCL 0.3%/D5W/NACL 0.9%.....	116	KLARON.....	59
		KEFLEX.....	53	KLONOPIN.....	17
		KENALOG-40.....	56		
		KEPIVANCE.....	41		
		KEPPRA.....	18		
		KEPPRA XR.....	18		
		KERYDIN.....	60		
		ketoconazole.....	28		
		ketoconazole (topical).....	60		
		KETONE.....	67		
		KETONE TEST STRIPS.....	67		

KMART VALU PLUS INSULIN SYRINGE/1ML/29G	102	LAC-HYDRIN	65	LANCING DEVICE ADJUSTABLE	86
KMART VALU PLUS INSULIN SYRINGE/1ML/30G	102	LAC-HYDRIN TWELVE	65	LANOXIN	52
KOSELUGO	40	LACRISERT	122	lansoprazole	131
KP PRENATAL MULTIVITAMINS	119	lactated ringer's	116	lanthanum carbonate	73
KRINTAFEL	34	lactated ringer's (irrigation)	118	LANZO	86
KROGER AUTOLET LANCING DEVICE	85	lactic acid (ammonium lactate)	65	lapatinib ditosylate	40
KROGER HEALTHPRO TWIST LANCETS/26G	85	lactulose	77	LARTRUVO	38
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	103	lactulose (encephalopathy)	73	LASIX	68
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	103	LAMICTAL	18	LASTACAPT	124
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	103	LAMICTAL CHEWABLE DISPERSIBLE	18	latanoprost	124
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	103	LAMICTAL ODT	18	LATUDA	44
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	103	lamivudine	47	LEADER ADVANCED LANCING DEVICE	86
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	103	lamivudine (hbv)	49	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	103
KROGER INSULIN SYRINGE/1ML/29G X 1/2"	103	lamivudine-zidovudine	47	LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	103
KROGER INSULIN SYRINGE/1ML/30G X 5/16"	103	lamotrigine	18	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	103
KROGER INSULIN SYRINGE/1ML/31G X 5/16"	103	LANCET DEVICE ADJUSTABLE	85	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	103
KROGER LANCETS	85	LANCET DEVICE WITH EJECTOR	85	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	103
KROGER LANCETS 21G	85	LANCETS	85	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	103
KROGER LANCETS MICRO THIN33G	85	LANCETS 26G TWIST TOP	85	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	103
KROGER LANCETS SUPER THIN	85	LANCETS 30G	85	LEADER INSULIN SYRINGE/1ML/28G X 1/2"	103
KROGER LANCETS THIN	85	LANCETS 30G TWIST TOP	85	LEADER INSULIN SYRINGE/1ML/29G X 1/2"	103
KROGER LANCETS THIN 26G	85	LANCETS 30G/TWIST TOP	85	LEADER INSULIN SYRINGE/1ML/30G X 5/16"	103
KROGER LANCETS ULTRATHIN30G	85	LANCETS 31G TWIST TOP	85	LEADER INSULIN SYRINGE/1ML/31G X 5/16"	103
KROGER LANCING DEVICE	85	LANCETS 33G EXTRA FINE	85	leflunomide	5
KRYSTEXXA	74	LANCETS MICRO THIN 33G	85	LENVIMA 10 MG DAILY DOSE	36
KUVAN	70	LANCETS SAFETY SEAL 21G	85	LENVIMA 12MG DAILY DOSE	37
KYLEENA	55	LANCETS SAFETY SEAL 26G	85	LENVIMA 14 MG DAILY DOSE	37
KYPROLIS	40	LANCETS SAFETY SEAL 28G	85	LENVIMA 18 MG DAILY DOSE	37
labetalol hcl	50	LANCETS SAFETY SEAL 30G	85	LENVIMA 20 MG DAILY DOSE	37
		LANCETS SUPER THIN 28G	85		
		LANCETS THIN	85		
		LANCETS TWIST TOP	86		
		LANCETS ULTRA THIN	86		
		LANCETS ULTRA THIN 30G	86		
		LANCETSBULLSEYE SAFETY	86		
		LANCING DEVICE	86		

LENVIMA 24 MG DAILY DOSE	37	LIDODERM	66	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	104
LENVIMA 4 MG DAILY DOSE	37	LIFESCAN UNISTIK 2 DEEP PENETRATION	86	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	104
LENVIMA 8 MG DAILY DOSE	37	LIFESCAN UNISTIK II LANCETS	86	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16"	104
LETAIRIS	53	LILETTA	55	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	104
letrozole	38	LINCOCIN	12	LITETOUCH LANCETS MICRO THIN 33G	86
leucovorin calcium	41	lincomycin hcl	12	LITHIUM	44
LEUKERAN	35	lindane	66	lithium carbonate	44
LEUKINE	75	linezolid	12	LITHOBID	44
leuprolide acetate	38	LINZESS	73	LIVALO	30
levabuterol hcl	15	liothyronine sodium	129	LIVE BETTER ADVANCED LANCING DEVICE	86
levabuterol tartrate	15	LIPITOR	30	LIVE BETTER LANCET SUPERTHIN 30G	86
LEVAQUIN	72	LIPOFEN	30	LIVE BETTER LANCET ULTRATHIN 28G	86
LEVEMIR	25	lisinopril	31	LO LOESTRIN FE	54
LEVEMIR FLEXTOUCH	25	lisinopril & hydrochlorothiazide	32	LOCOID	64
levetiracetam	18	LITE TOUCH LANCETS	86	LODINE	5
levobunolol hcl	122	LITE TOUCH LANCING PEN	86	LODOSYN	43
levocetirizine dihydrochloride	29	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	103	LOMOTIL	26
levofloxacin	72	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	103	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	104
levofloxacin (ophth)	122	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	103	LONGS LANCETS STANDARD	86
levofloxacin in d5w	72	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	103	LONGS LANCETS THIN	86
levonorgestrel & eth estradiol	54	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"	103	LONGS LANCETS ULTRA THIN	86
levonorgestrel (emergency oc)	55	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	103	loperamide hcl	26
levonorgestrel-eth estradiol (triphasic)	54	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	103	LOPID	30
levonorgestrel-ethinyl estradiol (91-day)	54	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	103	lopinavir-ritonavir	48
levonorgestrel-ethinyl estradiol (continuous)	54	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	103	LOPRESSOR	50
levorphanol tartrate	7	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	103	LOPRESSOR HCT	32
levothyroxine sodium	129	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104	LOPROX	60
LEXAPRO	22	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	104	LOPROX SHAMPOO	60
LEXIVA	47,48	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	103	loratadine	29
LIALDA	72	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	104	loratadine & pseudoephedrine	57
LIBERTY CONTROL SOLUTION HIGH	86	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	103	lorazepam	13
LIBERTY MEDICAL LANCETS 30G	86	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	104	LORBRENA	40
LIBERTY MINI LANCING DEVICE	86	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	104	LORTAB	9
LIBRAX	130			losartan potassium	31
LIBTAYO	37			losartan potassium & hydrochlorothiazide	32
lidocaine	66				
lidocaine hcl	65,66				
lidocaine hcl (local anesth.)	77				
lidocaine hcl (mouth-throat)	118				
lidocaine-prilocaine	66				

LOSEASONIQUE.....	54	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	104	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	104
LOTEMAX.....	123	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	104	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	104
LOTENSIN.....	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	104	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	86
LOTENSIN HCT.....	32	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	104	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	86
loteprednol etabonate.....	123	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	104	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	86
LOTREL.....	33	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	104	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	86
LOTRIMIN AF.....	60	magnesium sulfate.....	117	MEDICHOICE SAFETY LANCETEXTRA.....	86
LOTRIMIN AF JOCK ITCH.....	60	MALARONE.....	34	MEDICHOICE SAFETY LANCETNORMAL.....	86
LOTRIMIN ULTRA.....	60	malathion.....	66	MEDISENSE THIN LANCETS.....	86
LOTRISONE.....	60	maprotiline hcl.....	21	MEDLANCE PLUS EXTRA LANCETS 21G.....	86
LOTRONEX.....	73	MARCAINE.....	77	MEDLANCE PLUS LANCETS.....	86
lovastatin.....	30	MARINOL.....	27	MEDLANCE PLUS LANCETS LITE 25G.....	86
LOVAZA.....	29	MARPLAN.....	21	MEDLANCE PLUS LITE LANCETS 25G.....	86
LOVENOX.....	17	MARQIBO.....	42	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	86
loxapine succinate.....	45	MATULANE.....	41	MEDLANCE PLUS SUPERLITE 30G.....	86
lubiprostone.....	72	MAVENCLAD.....	127	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	86
LUCEMYRA.....	126	MAVYRET.....	49	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	86
luliconazole.....	60	MAXALT.....	115	MEDLANCE PLUS/LITE 25G.....	86
LUMIGAN.....	124	MAXALT-MLT.....	115	MEDLANCE/EXTRA.....	86
LUMIZYME.....	70	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2".....	104	MEDLANCE/LITE.....	86
LUMOXITI.....	37	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2".....	104	MEDLANCE/UNIVERSAL.....	86
LUNESTA.....	76	MAXICOMFORT INSULIN SYRINGES 27G X 1/2".....	104	MEDROL.....	56
LUPANETA PACK.....	69	MAXIDEX.....	123	MEDROL DOSEPAK.....	56
LUPRON DEPOT (1-MONTH).....	38	MAXIPIME.....	54	medroxyprogesterone acetate.....	126
LUPRON DEPOT (3-MONTH).....	38	MAXITROL.....	123	medroxyprogesterone acetate (contraceptive).....	56
LUPRON DEPOT (4-MONTH).....	38	MAXX LUBRICATED.....	79	mefenamic acid.....	5
LUPRON DEPOT (6-MONTH).....	38	MAXX PLUS SPERMICIDE LUBRICATED.....	79	mefloquine hcl.....	34
LUPRON DEPOT-PED (1-MONTH).....	69	MAXZIDE.....	67	MEGACE ES.....	126
LUPRON DEPOT-PED (3-MONTH).....	69	MAXZIDE-25.....	67	megestrol acetate.....	38
LUXIQ.....	64	MAYZENT.....	127	megestrol acetate (appetite).....	126
LUZU.....	60	MAYZENT STARTER PACK.....	127		
LYNPARZA.....	40	meclizine hcl.....	27		
LYRICA.....	18,19	meclofenamate sodium.....	5		
LYRICA CR.....	128				
LYSODREN.....	38				
LYSTEDA.....	76				
M-M-R II.....	134				
M-NATAL PLUS.....	119				
MACROBID.....	12				
MACRODANTIN.....	12				
mafenide acetate.....	62				

MEIJER COLOR LANCETS		MIRVASO.....	66
UNIVERSAL 33G.....	87	misoprostol.....	131
MEIJER LANCETS.....	87	MITIGARE.....	74
MEIJER LANCETS THIN.....	87	mitomycin.....	39
MEIJER LANCETS		mitoxantrone hcl.....	39
UNIVERSAL21G.....	87	MM INSULIN SYRINGE/U-	
MEIJER LANCETS		100/0.3ML/30G X 5/16".....	104
UNIVERSAL30G.....	87	MM INSULIN SYRINGE/U-	
MEIJER LANCETS		100/0.3ML/31G X 5/16".....	104
UNIVERSAL33G.....	87	MM INSULIN SYRINGE/U-	
MEIJER SUPER THIN		100/1/2ML/30G X 5/16".....	104
LANCETS.....	87	MM INSULIN SYRINGE/U-	
MEKINIST.....	40	100/1/2ML/31G X 5/16".....	104
MEKTOVI.....	40	MM INSULIN SYRINGE/U-	
meloxicam.....	5	100/1ML/30G X 5/16".....	104
melphalan.....	35	MM INSULIN SYRINGE/U-	
melphalan hcl.....	35	100/1ML/31G X 5/16".....	104
memantine hcl.....	127	MM LANCING DEVICE.....	87
MENEST.....	71	MM TWIST LANCETS.....	87
MENOSTAR.....	71	MOBIC.....	5
MENQUADFI.....	132	modafinil.....	2,3
MENVEO.....	132	moexipril hcl.....	31
meperidine hcl.....	7	mometasone furoate.....	64
meprobamate.....	13	mometasone furoate	
MEPRON.....	11	(nasal).....	121
mercaptapurine.....	36	MONISTAT SOOTHING CARE	
meropenem.....	11	ITCH RELIEF.....	64
MERREM.....	11	MONOJECT INSULIN	
mesalamine.....	72	SYRINGE/1ML.....	104
mesna.....	41	MONOJECT INSULIN	
MESNEX.....	42	SYRINGE/1ML/31G X	
MESTINON.....	34	5/16".....	104
MESTINON TIMESPAN.....	34	MONOJECT INSULIN	
metaxalone.....	120	SYRINGE/DETACH	
metformin hcl.....	24	NEEDLE/1ML/25G X 5/8".....	104
methadone hcl.....	7	MONOJECT INSULIN	
METHADONE HCL.....	7	SYRINGE/DETACH	
methadone hcl.....	7	NEEDLE/1ML/27G X 1/2".....	105
METHADOSE.....	7	MONOJECT INSULIN	
METHADOSE SUGAR-FREE.....	7	SYRINGE/PERM	
methamphetamine hcl.....	1	NEEDLE/1ML/28G X 1/2".....	105
methazolamide.....	67	MONOJECT INSULIN	
methenamine hippurate.....	12	SYRINGE/PERM NEEDLE/U-	
methimazole.....	129	100/0.5ML/28G X 1/2".....	105
METHITEST.....	10	MONOJECT INSULIN	
methocarbamol.....	121	SYRINGE/SAFETY/PERM	
METHOTREXATE.....	4	NEEDLE/0.3ML/29G X 1/2".....	105
methotrexate sodium.....	36	MONOJECT INSULIN	
methoxsalen rapid.....	62	SYRINGE/SAFETY/PERM	
methscopolamine		NEEDLE/0.3ML/29GX1/2".....	105
bromide.....	130	MONOJECT INSULIN	
METHYLIN.....	2	SYRINGE/SAFETY/PERM	
methylphenidate hcl.....	2	NEEDLE/0.5ML/29G X 1/2".....	105
methylprednisolone.....	56	MONOJECT INSULIN	
methylprednisolone		SYRINGE/SAFETY/PERM	
acetate.....	56	NEEDLE/0.5ML/29G X 1/2".....	105
methylprednisolone sod		MONOJECT INSULIN	
succ.....	56	SYRINGE/SAFETY/PERM	
metoclopramide hcl.....	72	NEEDLE/1ML/29G X 1/2".....	105
metolazone.....	68	MIRVASO.....	66
metoprolol &		misoprostol.....	131
hydrochlorothiazide.....	33	MITIGARE.....	74
metoprolol succinate.....	50	mitomycin.....	39
metoprolol tartrate.....	51	mitoxantrone hcl.....	39
METROCREAM.....	66	MM INSULIN SYRINGE/U-	
METROGEL.....	66	100/0.3ML/30G X 5/16".....	104
METROLOTION.....	66	MM INSULIN SYRINGE/U-	
metronidazole.....	11	100/0.3ML/31G X 5/16".....	104
metronidazole (topical).....	66	MM INSULIN SYRINGE/U-	
metronidazole vaginal.....	134	100/1/2ML/30G X 5/16".....	104
mexiletine hcl.....	13	MM INSULIN SYRINGE/U-	
micafungin sodium.....	27	100/1/2ML/31G X 5/16".....	104
MICARDIS.....	31	MM INSULIN SYRINGE/U-	
MICARDIS HCT.....	33	100/1ML/30G X 5/16".....	104
miconazole nitrate		MM INSULIN SYRINGE/U-	
vaginal.....	134	100/1ML/31G X 5/16".....	104
MICROLET LANCETS.....	87	MM LANCING DEVICE.....	87
MICROLET NEXT.....	87	MM TWIST LANCETS.....	87
midodrine hcl.....	135	MOBIC.....	5
miglitol.....	23	modafinil.....	2,3
miglustat.....	75	moexipril hcl.....	31
MIGRANAL.....	114	mometasone furoate.....	64
MILLIPRED.....	56	mometasone furoate	
MILLIPRED DP.....	56	(nasal).....	121
MINASTRIN 24 FE.....	54	MONISTAT SOOTHING CARE	
MINI LANCING DEVICE.....	87	ITCH RELIEF.....	64
MINIPRESS.....	32	MONOJECT INSULIN	
MINIVELLE.....	71	SYRINGE/1ML.....	104
MINOCIN.....	129	MONOJECT INSULIN	
minocycline hcl.....	129	SYRINGE/1ML/31G X	
minoxidil.....	33	5/16".....	104
MIRAPEX.....	43	MONOJECT INSULIN	
MIRCERA.....	75	SYRINGE/DETACH	
MIRCETTE.....	54	NEEDLE/1ML/25G X 5/8".....	104
MIRENA.....	55	MONOJECT INSULIN	
mirtazapine.....	20	SYRINGE/DETACH	
		NEEDLE/1ML/27G X 1/2".....	105
		MONOJECT INSULIN	
		SYRINGE/PERM	
		NEEDLE/1ML/28G X 1/2".....	105
		MONOJECT INSULIN	
		SYRINGE/PERM NEEDLE/U-	
		100/0.5ML/28G X 1/2".....	105
		MONOJECT INSULIN	
		SYRINGE/SAFETY/PERM	
		NEEDLE/0.3ML/29G X 1/2".....	105
		MONOJECT INSULIN	
		SYRINGE/SAFETY/PERM	
		NEEDLE/0.5ML/29G X 1/2".....	105
		MONOJECT INSULIN	
		SYRINGE/SAFETY/PERM	
		NEEDLE/1ML/29G X 1/2".....	105

MONOJECT INSULIN			
SYRINGE/SOFTPACK/1ML/27G			
X 1/2"	105		
MONOJECT INSULIN			
SYRINGE/SOFTPACK/U-			
100/0.5ML/28G X 1/2"	105		
MONOJECT INSULIN			
SYRINGE/U-100/0.3ML/30G X			
5/16"	105		
MONOJECT INSULIN			
SYRINGE/U-100/0.5ML/30G X			
5/16"	105		
MONOJECT INSULIN			
SYRINGE/U-100/1ML/28G X			
1/2"	105		
MONOJECT INSULIN			
SYRINGE/U-100/1ML/30G X			
5/16"	105		
MONOJECT INSULIN			
SYRINGE/REGULAR LUER			
TIP/SOFTPACK/1ML	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.3ML/29G X			
1/2"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.3ML/30G X			
5/16"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.3ML/31G X			
5/16"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/28G X			
1/2"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/29G X			
1/2"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/30G X			
5/16"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/31G X			
5/16"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/1ML/28G X			
1/2"	105		
MONOJECT ULTRA COMFORT			
INSULIN SYRINGE/1ML/29G X			
1/2"	105		
MONOLET LANCETS	87		
MONOLET OPD LANCETS	87		
MONOLETTOR SAFETY			
LANCETS	87		
montelukast sodium	14		
MONUROL	12		
MORPHABOND ER	7		
morphine sulfate	7		
MORPHINE SULFATE	7		
morphine sulfate	7		
MOTOFEN	26		
MOVIPREP	77		
moxifloxacin hcl	72		
moxifloxacin hcl (ophth)	122		
moxifloxacin hcl in sodium			
chloride	72		
MOZOBIL	76		
MPD SAFETY LANCET			
21G/1.8MM	87		
MPD SAFETY LANCET			
28G/1.8MM	87		
MPD SAFETY LANCET			
30G/1.8MM	87		
MPD SAFETY LANCETS			
23G/1.8MM	87		
MS CONTIN	7		
MS INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	105		
MS INSULIN			
SYRINGE/0.5ML/31G X			
5/16"	105		
MS INSULIN			
SYRINGE/1ML/31G X			
5/16"	106		
MULPLETA	75		
MULTAQ	14		
MULTI PRENATAL	119		
MULTI-LANCET DEVICE	87		
mupirocin	59		
MVASI	37		
MYALEPT	70		
MYAMBUTOL	35		
MYCAMINE	27		
MYCOBUTIN	35		
mycophenolate mofetil	118		
mycophenolate sodium	118		
MYDRIACYL	122		
MYFORTIC	118		
MYGLUCOHEALTH MGH			
SOFTLANCE LANCETS			
30G	87		
MYLERAN	35		
MYLOTARG	37		
MYRBETRIQ	132		
MYSOLINE	19		
nabumetone	5		
nadolol	51		
nafcillin sodium	126		
naftifine hcl	60		
NAFTIFINE			
HYDROCHLORIDE	60		
NAFTIN	60		
NAGLAZYME	70		
nalbuphine hcl	9		
NALFON	5		
naloxone hcl	26		
naltrexone hcl	26		
NAMENDA	127		
NAMENDA TITRATION			
PAK	127		
NAPROSYN	5		
naproxen	5		
naproxen sodium	5		
naratriptan hcl	115		
NARCAN	26		
NARDIL	21		
NAROPIN	77		
NASACORT ALLERGY			
24HR	121		
NASACORT ALLERGY 24HR			
CHILDRENS	121		
NASONEX	121		
NATACYN	122		
NATAZIA	54		
nateglinide	25		
NATROBA	66		
NATURE-THROID	129		
NATURE-THROID NT-2.5	129		
NAVELBINE	42		
NAYZILAM	17		
nebivolol hcl	51		
NEBUSAL	58		
nefazodone hcl	22		
nelarabine	36		
NEO-SYNALAR	59		
neomycin sulfate	3		
neomycin-bacitracin zn-			
polymyxin	123		
neomycin-polymy-			
dexameth	123		
neomycin-polymyxin-hc			
(ophth)	123		
neomycin-polymyxin-hc			
(otic)	125		
NEONATAL COMPLETE	119		
NEONATAL PLUS	119		
NEONATAL VITAMIN	119		
NEORAL	118		

NEOSTIGMINE		NITROGLYCERIN	13	NOVOLIN 70/30	25
METHYLSULFATE	34	nitroglycerin	13	NOVOLIN 70/30 FLEXPEN	25
NESINA	24	NITROSTAT	13	NOVOLIN 70/30 FLEXPEN RELION	25
NEULASTA	75	NIVA-PLUS	119	NOVOLIN 70/30 RELION	25
NEULASTA ONPRO KIT	75	NIVESTYM	75	NOVOLIN N	25
NEUPOGEN	75	NIX CREME RINSE	66	NOVOLIN N RELION	25
NEUPRO	43	nizatidine	130	NOVOLIN R	25
NEURONTIN	19	NIZORAL	60	NOVOLIN R RELION	25
NEVANAC	124	NORCO	9	NOVOLOG	25
NEVIRAPINE	48	NORDITROPIN FLEXPEN	69	NOVOLOG FLEXPEN	25
nevirapine	48	norelgestromin-ethinyl estradiol	55	NOVOLOG MIX 70/30	25
NEXAVAR	40	norethin acet & estrad-fe	54	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	25
NEXIUM	131	norethindrone & eth estradiol	55	NOVOLOG PENFILL	25
NEXIUM 24HR	131	norethindrone & ethinyl estradiol-fe	55	NOXAFIL	28
NEXPLANON	55	norethindrone	55	NPLATE	75
niacin	135	(contraceptive)	56	NUBEQA	38
niacin (antihyperlipidemic)	31	norethindrone acet & eth estra	55	NUCALA	14
NIACIN TR	135	norethindrone acetate	126	NUCYNTA	7
niacinamide	135	norethindrone acetate-ethinyl estradiol	71	NUCYNTA ER	7
NIASPAN	31	norethindrone acetate-ethinyl estradiol-fe	55	NUDEXTA	128
nicardipine hcl	51	norethindrone-eth estradiol (triphasic)	55	NULOJIX	118
NICODERM CQ	128	norgestimate-ethinyl estradiol	55	NUTROPIN AQ NUSPIN 10	69
NICORETTE	128	norgestimate-ethinyl estradiol (triphasic)	55	NUVARING	55
NICORETTE MINI	128	norgestrel & ethinyl estradiol	55	NUVIGIL	3
NICORETTE STARTER KIT	128	NORMOSOL-M IN D5W	116	nystatin	28
nicotine	128	NORMOSOL-M/D5W	116	nystatin (mouth-throat)	118
nicotine polacrilex	128	NORMOSOL-R	116	nystatin (topical)	60
NICOTINE TRANSDERMAL SYSTEM	128	NORPACE	13	nystatin-triamcinolone	61
NICOTROL INHALER	128	NORPRAMIN	23	O-CAL FA	119
NICOTROL NS	128	nortriptyline hcl	23	OCREVUS	127
nifedipine	51	NORVASC	52	octreotide acetate	70
NILANDRON	38	NORVIR	48	OCUFLOX	123
nilutamide	38	NOVA MAX PLUS KETONE TESTSTRIPS	67	ODEFSEY	48
nimodipine	52	NOVA SAFETY LANCETS 23G	87	ODOMZO	37
NINLARO	40	NOVA SAFETY LANCETS 28G	87	OFEV	129
NIPENT	41	NOVA SUREFLEX LANCETS	87	ofloxacin	72
nisoldipine	52	NOVA SUREFLEX LANCING DEVICE	87	ofloxacin (ophth)	123
nitazoxanide	11	NOVAREL	69	ofloxacin (otic)	124
nitisinone	70			olanzapine	45
NITRO-BID	12			olmesartan medoxomil	31
NITRO-DUR	13			olmesartan medoxomil-amlodipine-hydrochlorothiazide	33
nitrofurantoin	12			olmesartan medoxomil-hydrochlorothiazide	33
nitrofurantoin macrocrystal	12			olopatadine hcl	124
nitrofurantoin monohyd macro	12				
nitroglycerin	13				

olopatadine hcl (nasal).....	121	orphenadrine citrate.....	121	PARLODEL.....	43
OLUX.....	64	ORTHO MICRONOR.....	56	PARNATE.....	21
omega-3-acid ethyl esters...	29	ORTHO TRI-CYCLEN LO.....	55	paromomycin sulfate.....	3
omeprazole.....	131	ORTHO-NOVUM 1/35.....	55	paroxetine hcl.....	22
omeprazole magnesium.....	131	ORTHO-NOVUM 7/7/7.....	55	PASER.....	35
omeprazole-sodium		oseltamivir phosphate.....	50	PATADAY.....	124
bicarbonate.....	131	OSENI.....	24	PATANASE.....	121
OMNIFLEX DIAPHRAGM...	79	OSMOPREP.....	77	PATANOL.....	124
OMNITROPE.....	69	OSPHERA.....	69	PAXIL.....	22
ON CALL LANCING		OTEZLA.....	5	PAXIL CR.....	22
DEVICE.....	87	OTOVEL.....	125	PC LANCETS SUPER THIN	
ON CALL PLUS LANCING		OVIDE.....	66	30G.....	87
DEVICE.....	87	oxacillin sodium.....	126	PEDIAPRED.....	56
ONCASPAR.....	41	oxaliplatin.....	36	peg 3350-kcl-nacl-na sulfate-na	
ondansetron.....	26	oxandrolone.....	10	ascorbate-ascorbic acid.....	77
ondansetron hcl.....	26	oxaprozin.....	5	peg 3350-kcl-sod bicarb-sod	
ONE VITE WOMENS		OXAYDO.....	7	chloride-sod sulfate.....	77
PRENATALVITAMIN.....	119	OXAZEPAM.....	13	PEGANONE.....	20
ONE VITE WOMENS		OXBRYTA.....	75	PEGASYS.....	49
PRENATALVITAMIN PLUS		oxcarbazepine.....	19	PEGINTRON.....	49
ONETOUCH CLUB LANCETS		OXERVATE.....	123	PEMAZYRE.....	40
FINE POINT.....	87	oxiconazole nitrate.....	61	penicillamine.....	117
ONETOUCH DELICA LANCETS		OXISTAT.....	61	penicillin g potassium.....	125
EXTRA FINE 33G.....	87	OXSORALEN ULTRA.....	62	PENICILLIN G POTASSIUM IN	
ONETOUCH DELICA LANCETS		oxybutynin chloride.....	131	ISO-OSMOTIC	
FINE 30G.....	87	oxycodone hcl.....	7	DEXTROSE.....	125
ONETOUCH DELICA LANCING		oxycodone w/		PENICILLIN G PROCAINE.....	125
DEVICE.....	87	acetaminophen.....	9	penicillin g sodium.....	125
ONETOUCH DELICA PLUS		oxycodone-ibuprofen.....	9	penicillin v potassium.....	125
LANCETS EXTRA FINE		OXYCONTIN.....	7	PENLAC NAIL LACQUER...	61
33G.....	87	oxymorphone hcl.....	7,8	pentazocine w/ naloxone hcl.....	9
ONETOUCH DELICA PLUS		OZEMPIC.....	24	pentoxifylline.....	74
LANCETS FINE 30G.....	87	paclitaxel.....	42	PEPCID.....	130
ONETOUCH DELICA PLUS		paliperidone.....	44	PEPCID AC.....	130
LANCING DEVICE.....	87	palonosetron hcl.....	26	PEPCID AC MAXIMUM	
ONETOUCH DELICA SAFETY		PALYNZIQ.....	70	STRENGTH.....	130
LANCING DEVICE.....	87	PAMELOR.....	23	PERCOCET.....	9
ONETOUCH FINEPOINT		pamidronate disodium.....	68	PERFECT LANCETS 30G...	87
LANCETS.....	87	PAMIDRONATE		PERFECT PRESSURE	
ONETOUCH ULTRASOFT		DISODIUM.....	68	ACTIVATED SAFETY LANCETS	
LANCETS.....	87	pamidronate disodium.....	68	28G.....	87
ONETOUCH VERIO CONTROL		PANRETIN.....	61	PERIDEX.....	119
SOLUTION HIGH.....	87	pantoprazole sodium.....	131	perindopril erbumine.....	31
ONFI.....	17	PARAGARD INTRAUTERINE		PERJETA.....	37
ONIVYDE.....	42	COPPER CONTRACEPTIVE		permethrin.....	66
OPANA.....	7	T380A.....	55	perphenazine.....	46
OPDIVO.....	37	parenteral electrolytes.....	116	perphenazine-amitriptyline.....	127
OPSUMIT.....	53	paricalcitol.....	70	PERSERIS.....	44
ORACEA.....	66			PHARMACY COUNTER	
ORAPRED ODT.....	56			LANCETS.....	88
ORENITRAM.....	52				
ORFADIN.....	70				
ORKAMBI.....	128				

phenazopyridine hcl.....	74	polymyxin b sulfate.....	12	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	106
phendimetrazine tartrate.....	1	polymyxin b-trimethoprim.....	123	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	106
phenelzine sulfate.....	21	POLYTRIM.....	123	PRECISION THINS GP LANCET.....	88
PHENERGAN.....	29	POMALYST.....	38	PRECISION XTRA.....	67
phenobarbital.....	76	PORTRAZZA.....	37	PRECOSE.....	23
phenoxybenzamine hcl.....	31	potassium acetate.....	117	PRED FORTE.....	123
phentermine hcl.....	2	potassium bicarbonate.....	117	PRED MILD.....	123
PHENYTEK.....	20	potassium chloride.....	117	prednicarbate.....	64
phenytoin.....	20	POTASSIUM CHLORIDE.....	117	prednisolone.....	57
phenytoin sodium.....	20	potassium chloride.....	117	prednisolone acetate (ophth).....	123
phenytoin sodium extended.....	20	POTASSIUM CHLORIDE.....	117	PREDNISOLONE ACETATE P-F.....	123
PHEXXI.....	134	potassium chloride.....	117	prednisolone sodium phosphate.....	57
PHOSLYRA.....	73	potassium chloride in dextrose.....	116	PREDNISOLONE SODIUM PHOSPHATE.....	123
PHOSPHOLINE IODIDE.....	122	potassium chloride in dextrose & sodium chloride.....	116	prednisone.....	57
PHOTOFRIN.....	41	potassium chloride in nacl.....	116	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	106
PICATO.....	61	potassium chloride microencapsulated crystals.....	117	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	106
PIFELTRO.....	48	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	116	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	106
pilocarpine hcl.....	122	POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	117	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	106
pilocarpine hcl (oral).....	119	potassium citrate (alkalinizer).....	73	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	106
pimecrolimus.....	65	potassium phosphates.....	117	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	106
pimozide.....	128	POTASSIUM PHOSPHATES.....	117	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	106
pindolol.....	51	POTASSIUM PHOSPHATES.....	117	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	106
pioglitazone hcl.....	25	POTASSIUM PHOSPHATES.....	117	PREFERRED PLUS LANCETS COLORED 21G.....	88
pioglitazone hcl-glimepiride.....	24	POTASSIUM PHOSPHATES.....	117	PREFERRED PLUS LANCETS SUPER THIN 30G.....	88
pioglitazone hcl-metformin hcl.....	24	POTASSIUM PHOSPHATES.....	117	PREFERRED PLUS LANCETS THIN 26G.....	88
PIP LANCETS/28G.....	88	POTASSIUM PHOSPHATES.....	117	pregabalin.....	19
PIP LANCETS/30G.....	88	POTASSIUM PHOSPHATES.....	117	pregabalin (once-daily).....	128
piperacillin sodium-tazobactam sodium.....	126	POTASSIUM PHOSPHATES.....	117		
PIQRAY 200MG DAILY DOSE.....	40	POTASSIUM PHOSPHATES.....	117		
PIQRAY 250MG DAILY DOSE.....	40	POTASSIUM PHOSPHATES.....	117		
PIQRAY 300MG DAILY DOSE.....	40	POTASSIUM PHOSPHATES.....	117		
piroxicam.....	5	POTASSIUM PHOSPHATES.....	117		
PLAN B ONE-STEP.....	55	POTASSIUM PHOSPHATES.....	117		
PLAQUENIL.....	34	POTASSIUM PHOSPHATES.....	117		
PLASMA-LYTE A.....	116	POTASSIUM PHOSPHATES.....	117		
PLASMA-LYTE-148.....	116	POTASSIUM PHOSPHATES.....	117		
PLAVIX.....	74	POTASSIUM PHOSPHATES.....	117		
PLEGISOL.....	52	POTASSIUM PHOSPHATES.....	117		
PLEGRIDY.....	127	POTASSIUM PHOSPHATES.....	117		
PLEGRIDY STARTER PACK.....	127	POTASSIUM PHOSPHATES.....	117		
PNEUMOVAX 23.....	132	POTASSIUM PHOSPHATES.....	117		
PNEUMOVAX 23/1 DOSE.....	132	POTASSIUM PHOSPHATES.....	117		
podofilox.....	65	POTASSIUM PHOSPHATES.....	117		

PREGNYL W/DILUENT		PRO COMFORT INSULIN		PROVENTIL HFA	15
BENZYLALCOHOL/NACL	69	SYRINGES/1ML/30G X		PROVERA	126
PREMARIN	71	5/16"	106	PROVIGIL	3
PREMIUM CONDOMS		PRO COMFORT INSULIN		PROZAC	22
LUBRICATED	79	SYRINGES/1ML/31G X		PRUDOXIN	61
PREMPHASE	71	5/16"	106	PSORCON	64
PREMPRO	71	PROAIR HFA	15	PSS SELECT GP LANCETS	88
PRENATAL	120	probenecid	74	PSS SELECT SAFETY	
PRENATAL LOW IRON	119	procainamide hcl	13	LANCETS	88
PRENATAL		PROCARDIA	52	PTS PANELS KETONE	
MULTIVITAMIN	119	PROCARDIA XL	52	TEST	67
PRENATAL ONE DAILY	119	prochlorperazine	46	PULMICORT	14
PRENATAL VITAMIN	120	prochlorperazine maleate	46	PULMICORT FLEXHALER	14
PRENATAL VITAMIN &		PROCRIT	75	PULMOZYME	129
MINERAL	120	PROCTOCORT	10	PUSH BUTTON SAFETY	
PRENATAL		PRODIGY CONTROL		LANCETS 21G	88
VITAMIN/IRON	120	SOLUTIONHIGH	88	PUSH BUTTON SAFETY	
PRENATAL VITAMINS	120	PRODIGY INSULIN		LANCETS 28G	88
PRENATAL VITAMINS PLUS		SYRINGE/U-100/0.3ML/31G X		PX ADVANCED LANCING	
LOW IRON	120	5/16"	106	DEVICE	88
PRENATRIX	120	PRODIGY INSULIN		PX INSULIN SYRINGE/U-	
PRENATRYL	120	SYRINGE/1/2ML/31G X		100/0.5ML/30G X 1/2"	106
PREPLUS	120	5/16"	106	PX LANCET AUTO	
PREPOPIK	77	PRODIGY INSULIN		INJECTOR	88
PRESSURE ACTIVATED		SYRINGE/1ML/28G X		PX LANCETS ULTRA THIN	88
SAFETYLANCET 21G	88	1/2"	106	PX LANCETS ULTRA THIN	
PREVACID	131	PRODIGY LANCING		28G	88
PREVACID 24HR	131	DEVICE	88	PX PRENATAL	
PREVNAR 13	132	PRODIGY PRESSURE		MULTIVITAMINS	120
PREZCOBIX	48	ACTIVATED SAFETY		pyrazinamide	35
PREZISTA	48	LANCETS	88	PYRIDIDIUM	74
PRIFTIN	35	PRODIGY SAFETY		pyridostigmine bromide	34
PRILOSEC OTC	131	LANCETS	88	pyrimethamine	34
primaquine phosphate	34	PRODIGY TWIST TOP		QC ADVANCED LANCING	
PRIMAQUINE PHOSPHATE	34	LANCETS	88	DEVICE	88
PRIMAXIN IV	11	progesterone	126	QC LANCETS SUPER THIN	88
primidone	19	PROGLYCEM	24	QC LANCETS ULTRA THIN	88
PRINIVIL	31	PROGRAF	118	QC PRENATAL	120
PRISTIQ	23	PROLASTIN-C	128	QC UNILET LANCETS	
PRO COMFORT INSULIN		PROLEUKIN	41	28G/ULTRA THIN	88
SYRINGES/0.5ML/30G X		PROLIA	68	QC UNILET LANCETS	
1/2"	106	PROMACTA	75	33G/MICRO THIN	88
PRO COMFORT INSULIN		promethazine hcl	29	QINLOCK	40
SYRINGES/0.5ML/30G X		PROMETRIUM	126	QUALAQUIN	34
5/16"	106	propafenone hcl	13	QUARTETTE	55
PRO COMFORT INSULIN		proparacaine hcl	123	QUDEXY XR	19
SYRINGES/0.5ML/31G X		propranolol hcl	51	QUESTRAN	30
5/16"	106	propylthiouracil	129	QUESTRAN LIGHT	30
PRO COMFORT INSULIN		PROSCAR	74	quetiapine fumarate	45
SYRINGES/1ML/30G X		PROTONIX	131	quinapril hcl	31
1/2"	106	PROTOPIC	65	quinapril-hydrochlorothiazide	
		protriptyline hcl	23		33

quinidine sulfate	13	REALITY LATEX		RELION ULTRA THIN PLUS	
quinine sulfate	34	CONDOMS/LUBRICATED	79	LANCETS 33G	89
QVAR REDHALER	15	REALITY LATEX/ULTRA		RELISTOR	73
RA E-ZJECT LANCETS 28G	88	TEXTURED	79	RELPAK	115
RA E-ZJECT LANCETS THIN		REALITY LATEX/ULTRA		REMERON	21
26G	88	THIN	79	REMERON SOLTAB	20,21
RA E-ZJECT LANCETS THIN		REALITY TRIGGER		RENFLEXIS	73
28G	88	LANCETS	88	REVELA	73
RA E-ZJECT LANCETS		REBIF	127	repaglinide	25
ULTRATHIN 30G	88	REBIF REBIDOSE	127	repaglinide-metformin hcl	24
RA INSULIN		REBIF REBIDOSE		REPATHA	31
SYRINGE/0.5ML/29G X		TITRATIONPACK	127	REPATHA PUSHTRONEX	
1/2"	106	REBIF TITRATION PACK	127	SYSTEM	31
RA INSULIN SYRINGE/1ML/29G		RECLAST	68	REPATHA SURECLICK	31
X 1/2"	107	RECOMBIVAX HB	134	REQUIP XL	43
RA INSULIN SYRINGE/U-		RECTIV	10	RESCRIPTOR	48
100/0.5ML/30G X 5/16"	107	REGLAN	72	RESECTISOL	73
RA INSULIN SYRINGE/U-100/1		REGRANEX	66	RESTASIS	123
ML/30G X 5/16"	107	RELENZA DISKHALER	50	RESTASIS MULTIDOSE	123
RA PRENATAL	120	RELION 2-IN-1 LANCET		RESTORIL	76
RA PRENATAL		DEVICES 30G	88	RETACRIT	75
FORMULA/FOLICACID	120	RELION 2-IN-1 LANCING		RETEVMO	40
rabeprazole sodium	131	DEVICE 25G	88	RETIN-A	59
raloxifene hcl	69	RELION 2-IN-1 LANCING		RETIN-A MICRO	59
ramelteon	77	DEVICE 30G	88	RETIN-A MICRO PUMP	59
ramipril	31	RELION INSULIN SYRINGE		RETROVIR	48
RANEXA	12	1ML/31GX15/64"	107	RETROVIR IV INFUSION	48
ranitidine hcl	130	RELION INSULIN SYRINGE/U-		REVATIO	53
ranolazine	12	100/0.3ML/31G X 5/16"	107	REVLIMID	117
RAPAFLO	74	RELION INSULIN SYRINGE/U-		REXALL LANCETS ULTRA	
RAPAMUNE	118	100/0.5ML/29G X 1/2"	107	THIN	89
rasagiline mesylate	44	RELION INSULIN SYRINGE/U-		REXULTI	46
RAZADYNE	127	100/0.5ML/31G X 5/16"	107	REYATAZ	48
RAZADYNE ER	127	RELION INSULIN SYRINGE/U-		ribavirin (hepatitis c)	49
READYLANCE SAFETY		100/1ML/31G X 15/64"	107	RIDAURA	4
LANCETS/21G/2.2MM	88	RELION INSULIN SYRINGE/U-		rifabutin	35
READYLANCE SAFETY		100/1ML/31G X 5/16"	107	RIFADIN	35
LANCETS/23G/1.8MM	88	RELION KETONE TEST		RIFAMATE	34
READYLANCE SAFETY		STRIPS	67	rifampin	35
LANCETS/26G/1.8MM	88	RELION LANCETS MICRO-		RIFATER	34
READYLANCE SAFETY		THIN33G	88	RIGHT STEP PRENATAL	120
LANCETS/28G/1.8MM	88	RELION LANCETS THIN		RIGHTEST GC300 HIGH	
READYLANCE SAFETY		26G	89	CONTROL	89
LANCETS/30G/1.6MM	88	RELION LANCETS ULTRA-		RIGHTEST GD500 LANCING	
REALITY INSULIN SYRINGE/U-		THIN30G	89	DEVICE	89
100/0.5ML/28G X 1/2"	107	RELION LANCING		RIGHTEST GL300	
REALITY INSULIN SYRINGE/U-		DEVICE	89	LANCETS	89
100/0.5ML/29G X 1/2"	107	RELION TRUE METRIX		RILUTEK	121
REALITY INSULIN SYRINGE/U-		BLOODGLUCOSE TEST		riluzole	121
100/1ML/28G X 1/2"	107	STRIPS	67		
REALITY INSULIN SYRINGE/U-		RELION ULTRA THIN			
100/1ML/28G X 1/2"	107	LANCETS/30G	89		
REALITY INSULIN SYRINGE/U-		RELION ULTRA THIN			
100/1ML/29G X 1/2"	107	LANCETS30G	89		
REALITY LANCETS	88	RELION ULTRA THIN PLUS			
		LANCETS 32G	89		

rimantadine hydrochloride	50	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	107	SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	107
ringer's	117	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	107	SB INSULIN SYRINGE/U-100/1ML/29G X 1/2"	107
ringer's irrigation	118	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	107	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16"	107
RINVOQ	4	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	107	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16"	107
risedronate sodium	68	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	107	SB LANCETS THIN	89
RISPERDAL	44	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	107	SB LANCETS ULTRA THIN	89
RISPERDAL CONSTA	44	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	107	scopolamine	27
risperidone	44	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	107	SEASONIQUE	55
RITALIN	3	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	107	SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2"	107
RITALIN LA	3	SAFETY LANCET 21G/PRESSURE ACTIVATED	89	SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"	107
ritonavir	48	SAFETY LANCET 23G/PRESSURE ACTIVATED	89	SEGLUROMET	24
RITUXAN	37	SAFETY LANCET 28G/PRESSURE ACTIVATED	89	SELECT-LITE LANCING DEVICE	89
rivastigmine tartrate	127	SAFETY LANCETS 21G	89	selegiline hcl	44
rizatriptan benzoate	115	SAFETY LANCETS 28G	89	selenium sulfide	62
ROBAXIN-750	121	SAFETY LET LANCETS	89	SELZENTRY	48
ROCALTROL	70	SAFYRAL	55	SENSIPAR	70
ROMIDEPSIN	40	SAIZEN	69	SEREVENT DISKUS	15
ropinirole hydrochloride	43	SAIZENPREP	69	SEROQUEL	45
rosuvastatin calcium	30	RECONSTITUTIONKIT	69	SEROQUEL XR	45
ROTARIX	134	SALAGEN	119	SEROSTIM	69
ROTATEQ	134	salsalate	6	sertraline hcl	22
ROXICODONE	8	SAMSCA	71	sevelamer carbonate	73
ROXYBOND	8	SANDIMMUNE	118	SHINGRIX	134
ROZEREM	77	SANDOSTATIN	70	SHOPKO AUTOLET LANCING DEVICE	89
ROZLYTREK	40	SANDOSTATIN LAR DEPOT	70	SHOPKO ON-THE-GO COMFORTLANCETS 30G	89
RUBRACA	40	SANTYL	65	SHOPKO UNILET LANCETS SUPER THIN 30G	89
RUCONEST	74	SAPHRIS	45	SHOPKO UNILET LANCETS ULTRA THIN 28G	89
rufinamide	19	sapropterin dihydrochloride	70	SHUR-SEAL	134
RUKOBIA	48	SAVELLA	127	SIDE BUTTON SAFETY LANCET21G	89
RUXIENCE	37	SAVELLA TITRATION PACK	127	SIGNIFOR	70
RUZURGI	34	SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	107	sildenafil citrate	52
RYTHMOL SR	14			sildenafil citrate (pulmonary hypertension)	53
SABRIL	20			SILENOR	76
SAFE-T-LANCE LOW FLOW 25G	89			silodosin	74
SAFE-T-LANCE NORMAL FLOW21G	89			SILVADENE	62
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	89			silver sulfadiazine	62
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	89			SIMBRINZA	122
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	89				

SIMPLE DIAGNOSTICS		
LANCING DEVICE	89	
SIMULECT	118	
simvastatin	30	
SINEMET	43	
SINEMET CR	43	
SINGLE-LET	89	
SINGULAIR	14	
sirolimus	118	
SIRTURO	35	
SIVEXTRO	12	
SKELAXIN	121	
SKLICE	66	
SKYLA	55	
SKYRIZI	62	
SKYRIZI PEN	62	
SLO-NIACIN	135	
SLYND	56	
SM MICRO THIN LANCETS 33G	89	
SM PRENATAL VITAMINS	120	
SM TRUEDRAW LANCING DEVICE	89	
SMART DIABETES VANTAGE LANCING DEVICE	89	
SMART SENSE COLOR LANCETS UNIVERSAL 33G	89	
SMART SENSE STANDARD LANCETS UNIVERSAL 21G	89	
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	89	
SMART SENSE THIN LANCETSUNIVERSAL 26G	90	
SMARTTEST LANCETS 28G	90	
SODIUM ACETATE	116	
sodium acetate	116	
sodium chloride	117	
sodium chloride (gu irrigant)	73	
sodium chloride (inhalant)	58	
sodium citrate & citric acid	73	
sodium fluoride	117	
sodium phenylbutyrate	70	
sodium polystyrene sulfonate	118	
SOFOSBUVIR/VELPATASVIR	49	
solifenacin succinate	131	
SOLIRIS	74	
SOLOSEC	3	
SOLU-CORTEF	57	
SOLU-MEDROL	57	
SOLUS V2 CONTROL HIGH	90	
SOLUS V2 LANCING DEVICE	90	
SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G	90	
SOLUS V2 TWIST LANCETS 30G	90	
SOMA	121	
SOMATULINE DEPOT	71	
SOMAVERT	69	
SOOLANTRA	66	
SORBITOL	73	
SORBITOL-MANNITOL	73	
SORBITOL/MANNITOL IRRIGATION	73	
SORIATANE	62	
sotalol hcl	51	
sotalol hcl (afib/afib)	51	
spinosad	66	
SPIRIVA HANDIHALER	14	
SPIRIVA RESPIMAT	14	
spironolactone	68	
spironolactone & hydrochlorothiazide	67	
SPORANOX	28	
SPORANOX PULSEPAK	28	
SPRAVATO 56MG DOSE	21	
SPRAVATO 84MG DOSE	21	
SPRYCEL	40	
STALEVO 100	43	
STALEVO 125	43	
STALEVO 150	44	
STALEVO 200	44	
STALEVO 50	44	
STALEVO 75	44	
stannous fluoride	119	
STARLIX	25	
stavudine	48	
STAVUDINE	48	
STEGLATRO	25	
STELARA	62,73	
STENDRA	52	
STERILANCE TL	90	
STIMATE	70	
STIVARGA	40	
STRATTERA	2	
streptomycin sulfate	3	
STRIBILD	48	
STRIVERDI RESPIMAT	15	
STROMECTOL	11	
SUBOXONE	10	
SUBSYS	8	
SUCRAID	67	
sucralfate	130	
SULAR	52	
sulconazole nitrate	61	
sulfacetamide sodium (acne)	59	
sulfacetamide sodium (ophth)	123	
sulfacetamide sodium w/ sulfur	59	
sulfacetamide sodium-sulfur in urea vehicle	59	
SULFADIAZINE	129	
sulfamethoxazole-trimethoprim	11	
SULFAMYLON	62	
sulfasalazine	73	
sulindac	5	
SUMADAN WASH	59	
sumatriptan	115	
sumatriptan succinate	115	
sumatriptan-naproxen sodium	114	
sunitinib malate	40	
SUNOSI	2	
SUPER THIN LANCETS	90	
SUPRAX	54	
SUPREP BOWEL PREP KIT	77	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	108	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	108	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	108	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	108	
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	108	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	108	

SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	108	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	tadalafil (pulmonary hypertension).....	53
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	108	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	108	TAFINLAR.....	40
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	108	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	108	TAGAMET HB.....	130
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	TAKHZYRO.....	74
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	108	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	TALZENNA.....	40
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	108	SURE-LANCE FLAT LANCETS.....	90	TAMIFLU.....	50
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	108	SURE-LANCE LANCETS 26G.....	90	tamoxifen citrate.....	38
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	SURE-LANCE THIN LANCETS 28G.....	90	tamsulosin hcl.....	74
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	108	SURE-LANCE ULTRA THIN LANCETS.....	90	TAPAZOLE.....	129
SURE COMFORT LANCETS 18G.....	90	SURE-PEN.....	90	TARCEVA.....	37
SURE COMFORT LANCETS 21G.....	90	SURE-TOUCH LANCETS UNIVERSAL.....	90	TARGADOX.....	129
SURE COMFORT LANCETS 23G.....	90	SURELITE LANCETS.....	90	TARGRETIN.....	41,61
SURE COMFORT LANCETS 28G.....	90	SURESTEP PRO HIGH GLUCOSECONTROL.....	90	TARKA.....	33
SURE COMFORT LANCETS 30G.....	90	SUSTIVA.....	48	TASIGNA.....	40
SURE COMFORT LANCING PEN.....	90	SUTENT.....	40	TASMAR.....	43
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	108	SYMBICORT.....	15	tavaborole.....	61
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	108	SYMFI.....	48	TAXOTERE.....	42
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	108	SYMFI LO.....	48	TAYTULLA.....	55
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	108	SYMLINPEN 120.....	23	tazarotene.....	62
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	108	SYMLINPEN 60.....	23	TAZORAC.....	62
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	108	SYMTUZA.....	48	TAZVERIK.....	41
		SYNALAR.....	65	TECENTRIQ.....	37
		SYNAREL.....	69	TECFIDERA.....	128
		SYNERA.....	66	TECFIDERA STARTER PACK.....	128
		SYNJARDY.....	24	TECHLITE AST LANCETS.....	90
		SYNJARDY XR.....	24	TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2".....	109
		SYNRIBO.....	41	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2".....	109
		SYNTHROID.....	129	TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16".....	109
		SYPRINE.....	117	TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16".....	109
		TABLOID.....	36	TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	109
		TABRECTA.....	40	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2".....	109
		TACLONEX.....	65	TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16".....	109
		tacrolimus.....	118	TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	109
		tacrolimus (topical).....	65	TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	109
		tadalafil.....	52	TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	109
				TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16".....	109
				TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 15/64".....	109
				TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16".....	109

TECHLITE LANCETS	90	thiothixene	46	TOPCARE ULTRA COMFORT	
TECHLITE LANCETS 30G	90	THYMOGLOBULIN	118	INSULIN SYRINGE/0.5ML/30G X	
TEFLARO	54	thyroid	129	5/16"	109
TEGRETOL	19	tiagabine hcl	20	TOPCARE ULTRA COMFORT	
TEGRETOL-XR	19	TIAZAC	52	INSULIN SYRINGE/0.5ML/31G X	
TEGSEDI	128	TIBSOVO	41	5/16"	109
TEKTURNA	33	TICE BCG	41	TOPCARE ULTRA COMFORT	
telmisartan	31	TIGAN	27	INSULIN SYRINGE/1ML/30G X	
telmisartan-amlodipine	33	tigecycline	129	5/16"	109
telmisartan-hydrochlorothiazide	33	TIKOSYN	14	TOPCARE ULTRA COMFORT	
temazepam	76	timolol maleate	51	INSULIN SYRINGE/U-	
TEMIXYS	48	timolol maleate (ophth)	122	100/0.3ML/29G X 1/2"	109
TEMODAR	36	TIMOPTIC	122	TOPCARE ULTRA COMFORT	
TEMOVATE	65	TIMOPTIC-XE	122	INSULIN SYRINGE/U-	
temozolomide	36	TIVICAY	48	100/0.5ML/29G X 1/2"	109
temsirolimus	41	tizanidine hcl	121	TOPCARE ULTRA COMFORT	
TENIPOSIDE	42	TOBI	3	INSULIN SYRINGE/U-	
tenofovir disoproxil fumarate	48	TOBRADEX	123	100/1ML/29G X 1/2"	109
TENORETIC 100	33	tobramycin	3	TOPICORT	65
TENORETIC 50	33	tobramycin (ophth)	123	topiramate	19
TENORMIN	51	tobramycin sulfate	3	TOPOTECAN HCL	42
TEPADINA	36	tobramycin-		topotecan hcl	42
terazosin hcl	32	dexamethasone	124	TOPROL XL	51
terbinafine hcl	28	TOBREX	123	toremifene citrate	38
terbutaline sulfate	15	TODAY SPONGE	134	TORISEL	41
terconazole vaginal	134	TODAYS HEALTH ADVANCED		torsemide	68
TESSALON PERLES	57	LANCING DEVICE	90	TOVIAZ	132
TESTIM	10	TODAYS HEALTH SUPER		TRACLEER	53
TESTOSTERONE		THINLANCETS 30G	90	tramadol hcl	8
CYPIONATE	10	TODAYS HEALTH ULTRA		tramadol-acetaminophen	9
testosterone cypionate	10	THINLANCETS 28G	90	trandolapril	31
testosterone enanthate	10	TOFRANIL	23	trandolapril-verapamil hcl	33
tetrabenazine	127	tolbutamide	26	TRANDOLAPRIL/VERAPAMIL	
tetracycline hcl	129	tolcapone	43	HCL ER	33
TGT LANCET MICRO THIN		tolmetin sodium	5	tranexamic acid	76
33G	90	TOLSURA	28	TRANSDERM SCOP	27
TGT LANCET THIN 26G	90	tolterodine tartrate	131	TRANSDERM-SCOP	27
TGT LANCET ULTRA THIN		tolvaptan	71	TRANXENE T	13
30G	90	TOPAMAX	19	tranylcypramine sulfate	21
TGT LANCING DEVICE	90	TOPAMAX SPRINKLE	19	TRAVATAN Z	124
THALOMID	117	TOPCARE LANCETS MICRO-		TRAVEL LANCETS 30G	90
theophylline	16	THIN 33G	90	TRAVEL LANCETS ADVANCED	
THERANATAL CORE		TOPCARE ULTRA COMFORT		28G	90
NUTRITION	120	INSULIN SYRINGE/0.3ML/30G		travoprost	124
THINLETS GP LANCETS	90	X 5/16"	109	trazodone hcl	22
thioridazine hcl	46	TOPCARE ULTRA COMFORT		TREANDA	36
thiotepa	36	INSULIN SYRINGE/0.3ML/31G		TRECTOR	35
		X 5/16"	109	TRELEGY ELLIPTA	15

TRELSTAR MIXJECT.....	38	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16".....	110	TRUEPLUS LANCETS 28G .90
TREMFYA.....	62	TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16".....	110	TRUEPLUS LANCETS 28G SUPER THIN.....
treprostinil.....	52	TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16".....	110	TRUEPLUS LANCETS 30G .90
TRESIBA.....	25	TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16".....	110	TRUEPLUS LANCETS 30G ULTRA THIN.....
TRESIBA FLEXTOUCH.....	25	TRUE COMFORT PRO INSULINSYRINGE/U- 100/0.5ML/30G X 1/2".....	110	TRUEPLUS LANCETS 33G .91
tretinoin.....	59	TRUE COMFORT PRO INSULINSYRINGE/U- 100/1ML/30G X 1/2".....	110	TRUEPLUS LANCETS 33G MICRO THIN.....
tretinoin (chemotherapy).....	41	TRUE COMFORT PRO GLUCOSETEST STRIPS.....	67	TRUEPLUS SAFETY LANCETS 28G.....
tretinoin microsphere.....	59	TRUE METRIX BLOOD SOLUTION LEVEL 3.....	90	TRUETRACK TEST.....
TREXALL.....	36	TRUE METRIX CONTROL TRUEDRAW LANCING DEVICE.....	90	TRULICITY.....
TREXIMET.....	114	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	110	TRUSOPT.....
triamcinolone acetonide.....	57	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110	TRUSTEX COLOR CONDOMS + LUBE.....
triamcinolone acetonide (mouth).....	119	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110	TRUSTEX LUBRICATED.....
triamcinolone acetonide (nasal).....	121	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/28G X 1/2".....	110	TRUSTEX LUBRICATED EXTRALARGE.....
triamcinolone acetonide (topical).....	65	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110	TRUSTEX LUBRICATED EXTRASTRENGTH.....
triamcinolone acetonide- dimethicone-silicone.....	65	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	TRUSTEX LUBRICATED/RIBBED/STUDE D.....
triamterene.....	68	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110	TRUSTEX LUBRICATED/SPERMICIDE
triamterene & hydrochlorothiazide.....	67	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	110	TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE.....
triazolam.....	76	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	110	TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH.....
TRIBENZOR.....	33	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110	TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED.....
TRICARE.....	120	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110	TRUSTEX WITH NONOXYNOL- 9/RIBBED/STUDDERED.....
TRICOR.....	30	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	110	TRUSTEX/RIA LUBRICATED.....
TRIDESILON.....	65	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	TRUSTEX/RIA LUBRICATED SPERMICIDE.....
trientine hcl.....	117	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	110	TRUSTEX/RIA LUBRICATED/SPERMICIDE
trifluoperazine hcl.....	46	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	110	TRUVADA.....
trifluridine.....	123	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	110	TUKYSA.....
trihexyphenidyl hcl.....	43	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110	TURALIO.....
TRIJARDY XR.....	24	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110	TUZISTRA XR.....
TRIKAFTA.....	129	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	110	TWINRIX.....
TRILEPTAL.....	19	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	110	TWIRLA.....
TRILIPIX.....	30	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	110	TWYNSTA.....
trimethobenzamide hcl.....	27	TRUEPLUS LANCETS 26G.....	90	TYBLUME.....
trimethoprim.....	11			TYBOST.....
trimipramine maleate.....	23			
TRINTELLIX.....	22			
TRIOSTAT.....	129			
TRIUMEQ.....	48			
TRIZIVIR.....	48			
tropicamide.....	122			
tropium chloride.....	132			
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	109			
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	109			

TYGACIL.....	129	ULTICARE INSULIN	ULTIGUARD
TYKERB.....	41	SYRINGE/SHORT/0.5ML/31G	SAFEPACK/SYRINGE/NEEDLE/
TYLENOL/CODEINE #3.....	9	X 5/16".....	31G X 5/16"/SHARPS
TYLENOL/CODEINE #4.....	9	ULTICARE INSULIN	CONTAIN.....
TYMLOS.....	68	SYRINGE/SHORT/1ML/30G X	111
TYSABRI.....	128	5/16".....	ULTILET CLASSIC
UCERIS.....	10	ULTICARE INSULIN	LANCETS.....
UDENYCA.....	75	SYRINGE/SHORT/1ML/31G X	91
ULESFIA.....	66	5/16".....	ULTILET INSULIN
ULORIC.....	74	ULTICARE INSULIN	SYRINGE/0.3ML/30G X
ULTI-LANCE AUTOMATIC/		SYRINGE/U-100/0.3ML/30G X	8MM.....
CLEAR TIP.....	91	1/2".....	111
ULTICARE INSULIN SAFETY		ULTICARE INSULIN	ULTILET INSULIN
SYRINGE/0.5ML/29G X		SYRINGE/U-100/0.3ML/31G X	SYRINGE/0.3ML/31G X
1/2".....	110	5/16".....	8MM.....
ULTICARE INSULIN SAFETY		ULTICARE INSULIN	ULTILET INSULIN
SYRINGE/1ML/29G X 1/2".....	110	SYRINGE/U-100/0.5ML/30G X	SYRINGE/0.5ML/30G X
ULTICARE INSULIN		1/2".....	8MM.....
SYRINGE/0.3ML/29G X		ULTICARE INSULIN	ULTILET INSULIN
1/2".....	110	SYRINGE/U-100/0.5ML/30G X	SYRINGE/1ML/30G X 8MM
ULTICARE INSULIN		5/16".....	112
SYRINGE/0.3ML/30G X		ULTICARE INSULIN	ULTILET INSULIN
1/2".....	110	SYRINGE/U-100/1ML/30G X	SYRINGE/1ML/31G X 8MM
ULTICARE INSULIN		1/2".....	112
SYRINGE/0.3ML/30G X		ULTICARE INSULIN	ULTILET INSULIN
1/2".....	110	SYRINGE/U-100/1ML/31G X	SYRINGE/SHORT/0.3ML/30G X
ULTICARE INSULIN		5/16".....	12.7MM.....
SYRINGE/0.3ML/30G X		ULTICARE INSULIN	ULTILET INSULIN
5/16".....	110	SYRINGEULTRAFINE U-	SYRINGE/SHORT/0.3ML/30G X
ULTICARE INSULIN		100/0.3ML/31G X 5/16".....	5/16".....
SYRINGE/0.5ML/28G X		ULTICARE INSULIN	ULTILET INSULIN
1/2".....	110	SYRINGEULTRAFINE U-	SYRINGE/SHORT/0.5ML/30G X
ULTICARE INSULIN		100/0.5ML/31G X 5/16".....	5/16".....
SYRINGE/0.5ML/29G X		ULTICARE INSULIN	ULTILET INSULIN
1/2".....	110	SYRINGEULTRAFINE U-	SYRINGE/SHORT/0.5ML/31G X
ULTICARE INSULIN		100/1ML/31G X 5/16".....	5/16".....
SYRINGE/0.5ML/30G X		ULTIGUARD SAFEPACK	ULTILET INSULIN
1/2".....	110	INSULIN SYRINGE 0.3ML/30G	SYRINGE/SHORT/1ML/30G X
ULTICARE INSULIN		X 1/2"/SHARPS C.....	5/16".....
SYRINGE/0.5ML/30G X		ULTIGUARD SAFEPACK	112
5/16".....	110	INSULIN SYRINGE 1/2ML 30G	ULTILET INSULIN SYRINGE/U-
ULTICARE INSULIN		X 1/2"/SHARPS C.....	100/0.5ML/30G X 1/2".....
SYRINGE/1ML/28G X 1/2".....	110	ULTIGUARD SAFEPACK	112
ULTICARE INSULIN		INSULIN SYRINGE 1ML 30G X	ULTILET INSULIN SYRINGE/U-
SYRINGE/1ML/29G X 1/2".....	110	1/2"/SHARPS CON.....	100/1ML/30G X 1/2".....
ULTICARE INSULIN		ULTIGUARD SAFEPACK	112
SYRINGE/1ML/30G X 1/2".....	111	INSULIN SYRINGE 1ML 31G X	ULTILET LANCETS.....
ULTICARE INSULIN		5/16"/SHARPS CO.....	91
SYRINGE/1ML/30G X		ULTIGUARD SAFEPACK	ULTILET LANCETS 33G.....
5/16".....	111	INSULIN SYRINGE/0.3ML/30G	91
ULTICARE INSULIN		X 1/2"/SHARPS C.....	ULTILET SAFETY LANCETS
SYRINGE/SHORT/0.3ML/30G X		ULTIGUARD SAFEPACK	21G X 2.2MM.....
5/16".....	111	INSULIN SYRINGE/0.3ML/31G	91
ULTICARE INSULIN		X 5/16"/SHARPS.....	ULTILET SAFETY LANCETS
SYRINGE/SHORT/0.3ML/31G X		ULTIGUARD SAFEPACK	23G.....
5/16".....	111	INSULIN SYRINGE/0.5ML/30G	91
ULTICARE INSULIN		X 1/2"/SHARPS C.....	ULTRA COMFORT INSULIN
SYRINGE/SHORT/0.5ML/30G X		ULTIGUARD SAFEPACK	SYRINGE/U-100/0.3ML/30G X
5/16".....	111	INSULIN SYRINGE/0.5ML/30G	5/16".....
ULTICARE INSULIN		X 1/2"/SHARPS C.....	112
SYRINGE/SHORT/0.5ML/30G X		ULTIGUARD SAFEPACK	ULTRA FLO INSULIN SYRINGE
5/16".....	111	INSULIN SYRINGE/0.3ML/30G X	0.3ML/29G X 1/2".....
ULTICARE INSULIN		111	112
SYRINGE/SHORT/0.5ML/30G X		111	ULTRA FLO INSULIN SYRINGE
5/16".....	111	111	0.3ML/30GX1/2".....
ULTICARE INSULIN		111	112
SYRINGE/SHORT/0.5ML/30G X		111	112
5/16".....	111	111	112

ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16".....	112	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	113	ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	114
ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16".....	112	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	113	ULTRACET.....	9
ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2".....	112	ULTRA-THIN II AUTO LANCET.....	91	ULTRAM.....	8
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX1/2".....	112	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	113	UNASYN.....	126
ULTRA FLO INSULIN SYRINGE 0.5ML/30GX5/16".....	112	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	113	UNASYN BULK PACK.....	126
ULTRA FLO INSULIN SYRINGE 0.5ML/31GX5/16".....	112	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	113	UNILET COMFORTOUCH LANCET.....	91
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2".....	112	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	113	UNILET EXCELITE.....	91
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16".....	112	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	113	UNILET EXCELITE II.....	91
ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16".....	112	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	113	UNILET G.P. LANCET.....	91
ULTRA FLO INSULIN SYRINGE 1M/29GX1/2".....	112	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	113	UNILET G.P. SUPERLITE LANCET.....	91
ULTRA FLO INSULIN SYRINGE 1ML/30GX1/2".....	112	ULTRA-THIN II INSULIN SYRINGE/U- 100/1ML/29GX1/2".....	113	UNILET GP 28 ULTRA THIN91	
ULTRA FLO INSULIN SYRINGE 1ML/30GX5/16".....	112	ULTRA-THIN II LANCETS 28G.....	91	UNILET LANCET.....	91
ULTRA FLO INSULIN SYRINGE 1ML/31GX5/16".....	112	ULTRA-THIN II LANCETS 30G.....	91	UNILET LANCETS MICRO- THIN33G.....	91
ULTRA THIN LANCETS 31G.....	91	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	113	UNILET LANCETS SUPER- THIN30G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	113	ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	113	UNILET LANCETS ULTRA-THIN 28G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	113	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	113	UNILET SUPERLITE LANCET.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	113	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	113	UNISTIK 3 GENTLE.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	113	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	113	UNISTIK PRO SAFETY LANCET 21G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	113	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	113	UNISTIK PRO SAFETY LANCET 25G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	113	ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	113	UNISTIK PRO SAFETY LANCET 28G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	113	ULTRACARE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	113	UNISTIK SAFETY LANCETS 28G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	113	ULTRACARE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	113	UNISTIK SAFETY LANCETS 30G.....	91
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	113	ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	114	UNISTIK TOUCH SAFETY LANCETS 21G.....	91
				UNISTIK TOUCH SAFETY LANCETS 23G.....	91
				UNISTIK TOUCH SAFETY LANCETS 28G.....	91
				UNISTIK TOUCH SAFETY LANCETS 30G.....	91
				UNISTRIP CONTROL SOLUTIONHIGH.....	91
				UNIVERSAL 1 LANCETS THIN26G.....	91
				UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	91
				UNIVERSAL 1 LANCETS/33G/MICRO-THIN	91
				URECHOLINE.....	132
				UROCIT-K 10.....	73
				UROXATRAL.....	74

URSO 250.....	72	VANTAS.....	38	VIRACEPT.....	49
URSO FORTE.....	72	VAQTA.....	134	VIRAMUNE.....	49
ursodiol.....	72	VARENICLINE		VIRAMUNE XR.....	49
UTIBRON NEOHALER.....	15	TARTRATE.....	128	VIREAD.....	49
UVADEX.....	41	VARIVAX.....	134	VISTARIL.....	13
VAGIFEM.....	135	VARUBI.....	27	VISTOGARD.....	26
valacyclovir hcl.....	50	VASCEPA.....	29	VITAMIN D2.....	135
VALCYTE.....	49	VASERETIC.....	33	VITATHELY/GINGER.....	120
valganciclovir hcl.....	49	VASOTEC.....	31	VITRAKVI.....	41
VALIUM.....	13	VECAMYL.....	33	VIVAGUARD LANCETS.....	92
valproate sodium.....	20	VECTIBIX.....	37	VIVAGUARD LANCING	
valproic acid.....	20	VECTICAL.....	62	DEVICE.....	92
valrubicin.....	39	VELCADE.....	41	VIVELLE-DOT.....	71
valsartan.....	31	VELETRI.....	52	VIZIMPRO.....	37
valsartan-hydrochlorothiazide		VELPHORO.....	73	VOGELXO.....	10
.....	33	VELTIN.....	59	VOGELXO PUMP.....	10
VALSTAR.....	39	VEMLIDY.....	49	VOL-PLUS.....	120
VALTOCO.....	17	venlafaxine hcl.....	23	VOLTAREN.....	59
VALTREX.....	50	VENOFER.....	76	VORAXAZE.....	42
VALUE HEALTH INSULIN		VENTAVIS.....	52	voriconazole.....	28
SYRINGE/U-100/0.5ML/29G X		VENTOLIN HFA.....	15	VOSEVI.....	49
1/2".....	114	verapamil hcl.....	52	VOTRIENT.....	41
VALUE HEALTH INSULIN		VEREGEN.....	59	VP INSULIN SYRINGE/U-	
SYRINGE/U-100/1ML/29G X		VERELAN.....	52	100/0.3ML/29G X 1/2".....	114
1/2".....	114	VERELAN PM.....	52	VPRIV.....	75
VALUE PLUS LANCETS		VERZENIO.....	41	VUSION.....	61
STANDARD 21G.....	91	VESICARE.....	132	VYNDAMAX.....	53
VALUE PLUS LANCETS		VFEND.....	28	VYNDAQEL.....	53
SUPERTHIN 30G.....	91	VIAGRA.....	52	VYTORIN.....	29
VALUE PLUS LANCETS THIN		VIBRAMYCIN.....	129	VYVANSE.....	1
26G.....	91	VICTOZA.....	24	VYXEOS.....	39
VALUE PLUS LANCING		VIDA MIA AUTOLET		WALGREENS ADVANCED	
DEVICE.....	91	LANCINGDEVICE.....	92	TRAVELLANCETS 28G.....	92
VALUMARK LANCET SUPER		VIDA MIA UNILET LANCETS		WALGREENS COMFORT	
THIN 30G.....	91	SUPER THIN 30G.....	92	ASSUREDLANCETS MICRO	
VALUMARK LANCET ULTRA		VIDA MIA UNILET LANCETS		THIN/33G.....	92
THIN 28G.....	92	ULTRA THIN 28G.....	92	WALGREENS COMFORT	
VANCOCIN.....	11	VIDAZA.....	36	ASSUREDLANCETS SUPER	
VANCOCIN HCL.....	11	VIDEX EC.....	49	THIN/28G.....	92
vancomycin hcl.....	11	VIDEXPEDIATRIC.....	49	WALGREENS LANCETS.....	92
VANCOMYCIN		vigabatrin.....	20	WALGREENS THIN	
HYDROCHLORIDE.....	11	VIGAMOX.....	123	LANCETS.....	92
VANISHPOINT INSULIN		VIIBRYD.....	22	WALGREENS ULTRA THIN	
SYRINGE/0.5ML/30G X		VIIBRYD STARTER PACK.....	22	LANCETS.....	92
1/2".....	114	VIMPAT.....	19	warfarin sodium.....	16
VANISHPOINT INSULIN		vinblastine sulfate.....	42	water for irrigation, sterile.....	118
SYRINGE/0.5ML/30G X		vincristine sulfate.....	42	WELCHOL.....	30
5/16".....	114	vinorelbine tartrate.....	42	WELLBUTRIN SR.....	21
VANISHPOINT INSULIN				WELLBUTRIN XL.....	21
SYRINGE/1ML/29G X 1/2".....	114			WESTAB PLUS.....	120
VANISHPOINT INSULIN					
SYRINGE/1ML/30G X					
5/16".....	114				

WESTHROID	130	XYREM	126	ZINGO	77
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	79	XYZAL ALLERGY 24HR	29	ZIOPTAN	124
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	79	XYZAL ALLERGY 24HR CHILDRENS	29	ziprasidone hcl	44
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	79	YASMIN 28	55	ZIRABEV	37
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	79	YAZ	55	ZIRGAN	123
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	79	YERVOY	37	ZITHROMAX	78
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	79	YONDELIS	36	ZITHROMAX TRI-PAK	78
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	79	YONSA	38	ZITHROMAX Z-PAK	78
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XALKORI	41	ZALTRAP	37	ZOLADEX	38
XANAX	13	ZANAFLEX	121	zoledronic acid	68
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XELJANZ XR	4	ZAVESCA	75	ZOLOFT	22
XELODA	36	ZEGERID	131	zolpidem tartrate	76
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XIGDUO XR	24	ZENPEP	67	ZONEGRAN	19
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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:	หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีคำถามเกี่ยวกับAmbetter from Sunshine Health ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่าน!โดยไม่เสียค่าใช้จ่ายใด!ฯลฯทั้งสิ้น!หากต้องการใช้บริการล่าม!กรุณาโทรศัพท์ติดต่อที่หมายเลข! 1-877-687-1169 (Relay Florida 1-800-955-8770).