

2021 Prescription Drug List

Effective April 1, 2021



Formulary Introduction

FORMULARY

The Ambetter of Illinois 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. Envelope Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information for urgent requests, and within 72 hours for non-urgent requests, unless state law requires faster response. If the request is disapproved, the notice of disapproval will contain a clear explanation of the specific reasons for disapproving the prior authorization request, or if the request was incomplete, the explanation will identify the missing material information that is necessary to complete the request.

Formulary Abbreviations:

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cp24 5 mg-5 mg-5 mg-5 mg, 6.25 mg-6.25 mg-6.25 mg-6.25 mg, 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	QL(2 ea daily)
<i>amphetamine-dextroamphetamine tabs 1.875 mg-1.875 mg-1.875 mg-1.875 mg, 3.125 mg-3.125 mg-3.125 mg-3.125 mg, 3.75 mg-3.75 mg-3.75 mg-3.75 mg, 1.25 mg-1.25 mg-1.25 mg-1.25 mg, 2.5 mg-2.5 mg-2.5 mg-2.5 mg, 5 mg-5 mg-5 mg-5 mg</i>	1	QL(3 ea daily)
<i>amphetamine-dextroamphetamine tabs 7.5 mg-7.5 mg-7.5 mg-7.5 mg</i>	1	QL(2 ea daily)
DESOXYN TABS (Use <i>methamphetamine hcl</i>)	NF	QL(5 ea daily); AL(At least 6 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use <i>dextroamphetamine sulfate</i>)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use <i>dextroamphetamine sulfate</i>)	NF	
<i>dextroamphetamine sulfate cp24 10 mg, 15 mg</i>	1	QL(4 ea daily)
<i>dextroamphetamine sulfate cp24 5 mg</i>	1	
<i>dextroamphetamine sulfate tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>methamphetamine hcl tabs</i>	3	QL(5 ea daily); AL(At least 6 yrs old)
VYVANSE CAPS 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	ST; QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use <i>phentermine hcl</i>)	NF	PA
<i>phendimetrazine tartrate tabs</i>	1	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps</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, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (<i>Use guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (<i>Use atomoxetine hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 100 MG, 60 MG, 80 MG (<i>Use 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 (<i>Use methylphenidate hcl</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (<i>Use 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, 40 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily)
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (<i>Use dexmethylphenidate hcl</i>)	NF	QL(1 ea daily)
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr 40 mg, 10 mg, 20 mg, 30 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tabs 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 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbcR 20 mg, 10 mg</i>	1	QL(3 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		
GRASSTK SUBL	3	PA
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
AMEBICIDES		
Amebicides		
SOLOSEC PACK	3	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ARIKAYCE SUSP	4	PA
<i>gentamicin in saline soln 0.8 mg/ml-0.9 %, 0.9 %-1 mg/ml, 0.9 %-1.2 mg/ml, 0.9 %-1.6 mg/ml</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
KITABIS PAK NEBU (<i>Use tobramycin</i>)	NF	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>streptomycin sulfate solr</i>	3	
TOBI NEBU (<i>Use tobramycin</i>)	NF	PA
<i>tobramycin nebu 300 mg/5ml</i>	4	PA
<i>tobramycin sulfate soln 10 mg/ml, 40 mg/ml, 80 mg/2ml</i>	1	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 40 MG/0.8ML	4	PA; QL(0.143 ea daily)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s), 1 mail pack lmt amt, 180 mail pack lmt day(s),
HUMIRA PEN PNKT 40 MG/0.4ML, 40 MG/0.8ML	4	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
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	4	PA; QL(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)

Drug Name	Drug Tier	Requirements/ Limits
Antirheumatic Antimetabolites		
METHOTREXATE TABS	4	PA; QL(1.714 ea daily); SP
Gold Compounds		
RIDAURA CAPS	3	QL(3 ea daily)
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)
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX CAPS (Use celecoxib)	NF	PA
celecoxib caps	1	PA
CHILDRENS ADVIL SUSP (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use oxaprozin)	NF	
diclofenac potassium tabs	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 cpr 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; 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</i>	1	
<i>butalbital-acetaminophen-caffeine caps 300 mg-40 mg-50 mg, 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-acetaminophen-caffeine tabs 325 mg-40 mg-50 mg</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORICET CAPS (<i>Use butalbital-acetaminophen-caffeine</i>)	NF	
FIORINAL CAPS (<i>Use butalbital-aspirin-caffeine</i>)	NF	
Salicylates		
<i>aspirin chew</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tabs</i>	0	AL (At least 45 yrs old - Up to 79 yrs old)
<i>aspirin tbec</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 (<i>Use fentanyl citrate</i>)	NF	PA; QL(4 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
DEMEROL SOLN 100 MG/ML, 25 MG/ML, 50 MG/ML (<i>Use meperidine hcl</i>)	NF	
DILAUDID LIQD OR 1 MG/ML (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (<i>Use hydromorphone hcl</i>)	NF	New starts limited to 7 day supply; QL(8 ea daily)
DOLOPHINE TABS 10 MG (<i>Use methadone hcl</i>)	NF	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DOLOPHINE TABS 5 MG (<i>Use methadone hcl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 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 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr, 25 mcg/hr</i>	1	QL(0.34 ea daily)
<i>hydrocodone bitartrate cp12 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl liqd or 1 mg/ml</i>	1	New starts limited to 7 day supply
<i>hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply; QL(8 ea daily)
<i>hydromorphone hcl tb24 or 12 mg, 16 mg, 8 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tb24 or 32 mg</i>	1	PA; QL(1 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 10 MG/ML (<i>Use hydromorphone hcl</i>)	NF	
KADIAN CP24 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG (<i>Use morphine sulfate</i>)	NF	PA; QL(2 ea daily)
<i>levorphanol tartrate tabs 2 mg</i>	1	New starts limited to 7 day supply
<i>meperidine hcl soln ij 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine hcl soln or 50 mg/5ml</i>	1	New starts limited to 7 day supply; QL(500 ml per fill retail)

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

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tabs or 15 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbcrr or 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use <i>oxymorphone hcl</i>)	NF	PA; QL(12 ea daily)
OXAYDO TABS 5 MG	2	New starts limited to 7 day supply;QL(12 ea daily)
<i>oxycodone hcl t12a 15 mg, 30 mg, 60 mg, 10 mg, 20 mg, 80 mg, 40 mg</i>	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCODONE HYDROCHLORIDE ER T12A	3	PA; QL(2 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 10 mg, 5 mg</i>	1	PA; QL(12 ea daily)
<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)
SUBSYS LIQD 100 MCG	3	PA; QL(3 ea daily)
SUBSYS LIQD 1200 MCG, 1600 MCG, 800 MCG	3	PA; QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUBSYS LIQD 200 MCG, 400 MCG, 600 MCG	3	PA; QL(4 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	PA; QL(2 ea daily)
ZOHYDRO ER CP12 (Use <i>hydrocodone bitartrate</i>)	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 12 mg/5ml-120 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</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300 mg-60 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>	1	New starts limited to 7 day supply
<i>acetaminophen-caff-dihydrocod caps 16 mg-30 mg-320.5 mg</i>	3	PA; New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-300 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 30 mg-325 mg-40 mg-50 mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 108 mg/5ml-2.5 mg/5ml, 217 mg/10ml-5 mg/10ml, 325 mg/15ml-7.5 mg/15ml</i>	1	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10 mg-300 mg, 300 mg-5 mg, 300 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 200 mg-5 mg, 10 mg-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(5 ea daily)
LORTAB ELIX	2	New starts limited to 7 day supply; QL(60 ml daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 mg-325 mg, 325 mg-5 mg, 325 mg-7.5 mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-ibuprofen tabs</i>	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 10 MG-325 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>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 (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use <i>acetaminophen w/ codeine</i>)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use <i>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	QL(4 ea daily)
BUNAVAIL FILM 0.7 MG-4.2 MG	2	QL(2 ea daily)
BUNAVAIL FILM 1 MG-6.3 MG	2	QL(1 ea daily)
BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual 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 12 mg-3 mg, 2 mg-8 mg</i>	1	QL(2 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate sublingual 0.5 mg-2 mg, 2 mg-8 mg</i>	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine transdermal 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 nasal 10 mg/ml</i>	1	PA
BUTRANS PTWK 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR (Use <i>buprenorphine</i>)	NF	PA; QL(0.143 ea daily)
BUTRANS PTWK 7.5 MCG/HR (Use <i>buprenorphine</i>)	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	New starts limited to 7 day supply
PROBUPHINE IMPLANT KIT IMPL	2	
SUBLOCADE SOSY	2	
SUBOXONE FILM 0.5 MG-2 MG, 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(3 ea daily)
SUBOXONE FILM 12 MG-3 MG, 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	NF	QL(2 ea daily)
ZUBSOLV SUBL	2	QL(3 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)
<i>danazol caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DEPO-TESTOSTERONE SOLN (<i>Use testosterone cypionate</i>)	NF	
METHITEST TABS	3	
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 im</i>	1	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use hydrocortisone (intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
UCERIS FOAM RE 2 MG/ACT	4	PA; QL(1.6 gm daily)
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

Drug Name	Drug Tier	Requirements/ Limits
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 rti MAX fill, 60 rti 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
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	

Drug Name	Drug Tier	Requirements/ Limits
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</i>	1	PA
Carbapenems		
<i>ertapenem sodium solr</i>	1	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR (<i>Use ertapenem sodium</i>)	NF	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use imipenem-cilastatin</i>)	NF	
Chloramphenicols		
<i>chloramphenicol sodium succinate solr</i>	4	PA; SP
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use daptomycin</i>)	NF	
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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 10 gm, 500 mg, 1 gm, 1000 mg</i>	1	
VANCOMYCIN HYDROCHLORIDE SOLR OR 250 MG/5ML	2	QL(300 ml per fill retail)
Leprostatics		
<i>dapsone tabs</i>	1	
Lincosamides		
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 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 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	

Drug Name	Drug Tier	Requirements/ Limits
<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	
FURADANTIN SUSP (<i>Use nitrofurantoin</i>)	NF	
HIPREX TABS (<i>Use methenamine hippurate</i>)	NF	
MACROBID CAPS (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN CAPS 100 MG, 50 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 100 mg, 50 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)

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>procainamide hcl soln 500 mg/ml</i>	1	
<i>quinidine sulfate tabs</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (<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

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOSY 150 MG/ML, 75 MG/0.5ML	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	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)
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)
ZYFLO CR TB12 (<i>Use zileuton</i>)	NF	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rtl MAX day(s) supply,180 rtl lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),

Drug Name	Drug Tier	Requirements/ Limits
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)
QVAR REDIHALER AERB	2	
Sympathomimetics		
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	NF	
ADVAIR HFA AERO	2	
<i>albuterol sulfate aers in 108 mcg/act</i>	1	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 aers in 108 mcg/act</i>	1	Limit 2 Inhalers per month;1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	2	QL(2 ea daily)
ARCAPTA NEOHALER CAPS	2	
BEVESPI AEROSPHERE AERO	2	QL(0.36 gm daily)
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>budesonide-formoterol fumarate dihydrate aero</i>	1	
<i>fluticasone-salmeterol aepb 50 mcg/dose-500 mcg/dose, 100 mcg/act-50 mcg/act, 100 mcg/dose-50 mcg/dose, 250 mcg/act-50 mcg/act, 250 mcg/dose-50 mcg/dose</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.63 mg/3ml, 1.25 mg/3ml, 0.31 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
<i>metaproterenol sulfate tabs</i>	1	
PROAIR HFA AERS (<i>Use albuterol sulfate</i>)	NF	
PROVENTIL HFA AERS (<i>Use albuterol sulfate</i>)	NF	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	2	
SYMBICORT AERO (<i>Use budesonide-formoterol fumarate dihydrate</i>)	2	
<i>terbutaline sulfate soln</i>	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 180 days retail, 4.5 ml per 180 days mail); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 180 days retail, 3.6 ml per 180 days mail); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 180 days retail, 5.4 ml per 180 days mail); SP
FRAGMIN SOLN 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	4	PA; SP
<i>heparin sod (porcine) in d5w soln 40 unit/ml-5 %</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 (<i>Use enoxaparin sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 120 MG/0.8ML, 80 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.6 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NF	QL(0.8 ml daily, 30 day(s) limit); SP

Drug Name	Drug Tier	Requirements/ Limits
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit); SP
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clobazam susp 2.5 mg/ml</i>	1	PA; QL(16 ml daily)
<i>clobazam tabs 10 mg, 20 mg</i>	1	PA; QL(2 ea daily)
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL (<i>Use diazepam (anticonvulsant)</i>)	3	
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	3	
<i>diazepam (anticonvulsant) gel</i>	3	
KLONOPIN TABS (<i>Use clonazepam</i>)	NF	
NAYZILAM SOLN	3	PA; QL(10 ea per 30 days retail)
ONFI SUSP 2.5 MG/ML (<i>Use clobazam</i>)	NF	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (<i>Use clobazam</i>)	NF	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTiom TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML (<i>Use rufinamide</i>)	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
BRIVIACT SOLN OR 10 MG/ML	3	PA; QL(20 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
BRIVIACT TABS OR 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	PA; QL(2 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	
<i>carbamazepine cp12 200 mg</i>	1	QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 100 mg, 400 mg</i>	1	QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use carbamazepine</i>)	NF	
CARBATROL CP12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
DIACOMIT CAPS 250 MG	4	PA; QL(12 ea daily)
DIACOMIT CAPS 500 MG	4	PA; QL(6 ea daily)
DIACOMIT PACK 250 MG	4	PA; QL(12 ea daily)
DIACOMIT PACK 500 MG	4	PA; QL(6 ea daily)
EPIDIOLEX SOLN	3	PA
<i>gabapentin caps 400 mg, 100 mg, 300 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 (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NF	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
KEPPRA TABS OR 1000 MG (<i>Use levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 750 MG (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA TABS OR 500 MG (<i>Use levetiracetam</i>)	NF	QL(6 ea daily)
KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG (<i>Use lamotrigine</i>)	NF	QL(100 ea daily)
LAMICTAL ODT TBDP 100 MG, 200 MG, 25 MG, 50 MG (<i>Use lamotrigine</i>)	NF	QL(1 ea daily)
LAMICTAL TABS 100 MG (<i>Use lamotrigine</i>)	NF	QL(5 ea daily)
LAMICTAL TABS 150 MG (<i>Use lamotrigine</i>)	NF	QL(4 ea daily)
LAMICTAL TABS 200 MG (<i>Use lamotrigine</i>)	NF	QL(2.5 ea daily)
LAMICTAL TABS 25 MG (<i>Use lamotrigine</i>)	NF	QL(20 ea daily)
<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</i>	1	QL(5 ea daily)
<i>lamotrigine tabs 150 mg</i>	1	QL(4 ea daily)
<i>lamotrigine tabs 200 mg</i>	1	QL(2.5 ea daily)
<i>lamotrigine tabs 25 mg</i>	1	QL(20 ea daily)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use pregabalin</i>)	NF	PA; QL(3 ea daily)
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	QL(8 ea daily)
NEURONTIN CAPS 400 MG, 100 MG, 300 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	QL(8 ea daily)
<i>rufinamide susp</i>	1	PA; QL(80 ml daily)
TEGRETOL SUSP (<i>Use carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use carbamazepine</i>)	2	

Drug Name	Drug Tier	Requirements/Limits
TEGRETOL-XR TB12 100 MG, 400 MG (<i>Use carbamazepine</i>)	NF	QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (<i>Use carbamazepine</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 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		

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (<i>Use felbamate</i>)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (<i>Use felbamate</i>)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (<i>Use felbamate</i>)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 2 MG, 4 MG (<i>Use tiagabine hcl</i>)	NF	
SABRIL PACK (<i>Use vigabatrin</i>)	NF	PA; QL(6 ea daily); SP
SABRIL TABS (<i>Use vigabatrin</i>)	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	

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 30 MG (<i>Use paroxetine hcl</i>)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (<i>Use paroxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (<i>Use fluoxetine hcl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (<i>Use fluoxetine hcl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (<i>Use fluoxetine hcl</i>)	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	QL(10 ml daily)
<i>sertraline hcl tabs 100 mg</i>	1	QL(2 ea daily)
<i>sertraline hcl tabs 25 mg, 50 mg</i>	1	QL(4 ea daily)
ZOLOFT CONC 20 MG/ML (<i>Use sertraline hcl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NF	QL(4 ea daily)
Serotonin Modulators		
<i>nefazodone hcl tabs</i>	1	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	3	PA; 1 rtl pack lmt amt, 180 rtl pack lmt day(s),
VIIBRYD TABS	3	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use duloxetine hcl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	QL(1 ea daily)
<i>duloxetine hcl cpep or 20 mg, 60 mg, 30 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep or 40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use desipramine hcl</i>)	NF	
<i>nortriptyline hcl caps</i>	1	
<i>nortriptyline hcl soln</i>	1	
PAMELOR CAPS (<i>Use nortriptyline hcl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use trimipramine maleate</i>)	NF	
TOFRANIL TABS (<i>Use imipramine hcl</i>)	NF	
<i>trimipramine maleate caps</i>	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use miglitol</i>)	NF	
<i>miglitol tabs</i>	1	
PRECOSE TABS (<i>Use acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	QL(2 ea daily)
DUETACT TABS (<i>Use pioglitazone hcl-glimepiride</i>)	NF	QL(1 ea daily)
<i>glipizide-metformin hcl tabs 2.5 mg-250 mg, 2.5 mg-500 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide-metformin hcl tabs 5 mg-500 mg</i>	1	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25 mg-250 mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 2.5 mg-500 mg, 5 mg-500 mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	2	
JANUMET TABS	2	QL(2 ea daily)
JANUMET XR TB24	2	QL(1 ea daily)
<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, 1000 MG-12.5 MG, 1000 MG-5 MG	2	QL(2 ea daily)
SYNJARDY XR TB24 1000 MG-25 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 1000 MG-2.5 MG	3	QL(2 ea daily)
XIGDUO XR TB24 1000 MG-5 MG	3	PA; QL(2 ea daily)
XULTOPHY 100/3.6 SOPN	3	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(0.69 ea daily)
BAQSIMI TWO PACK POWD	3	QL(0.69 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 (Use <i>glucagon (rdna)</i>)	3	QL(0.035 ea daily)
GVOKE PFS SOSY	3	QL(0.02 ml daily)
PROGLYCEM SUSP (Use <i>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 (Use <i>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	2	PA; QL(0.108 ml daily)
TRULICITY SOPN 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	PA; QL(0.15 ml daily)
TRULICITY SOPN 3 MG/0.5ML, 4.5 MG/0.5ML	2	PA; QL(0.143 ml daily)
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/ Limits
ACTOS TABS (Use <i>pioglitazone hcl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP PENFILL SOCT	2	
FIASP SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	3	
HUMULIN R U-500 KWIKPEN SOPN	3	
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	
NOVOLOG MIX 70/30 SUSP	2	

Drug Name	Drug Tier	Requirements/ Limits
NOVOLOG PENFILL SOCT	2	
NOVOLOG SOLN	2	
TRESIBA FLEXTOUCH SOPN	3	PA
TRESIBA SOLN	3	PA
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS 1 MG (Use repaglinide)	NF	QL(4 ea daily)
PRANDIN TABS 2 MG (Use repaglinide)	NF	QL(8 ea daily)
<i>repaglinide tabs 0.5 mg, 1 mg</i>	1	QL(4 ea daily)
<i>repaglinide tabs 2 mg</i>	1	QL(8 ea daily)
STARLIX TABS (Use nateglinide)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA; 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 glimepiride)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (Use glimepiride)	NF	QL(2 ea daily)
<i>chlorpropamide tabs 100 mg</i>	1	QL(3 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 10 mg, 5 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (Use glipizide)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLUCOTROL XL TB24 (Use glipizide)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (Use glyburide micronized)	NF	QL(4 ea daily)
<i>tolazamide tabs</i>	1	QL(4 ea daily)
<i>tolbutamide tabs</i>	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine liqd</i>	1	
<i>diphenoxylate w/ atropine tabs</i>	1	
IMODIUM A-D CAPS (Use loperamide hcl)	NF	RX/OTC
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
<i>deferasirox pack 90 mg, 180 mg, 360 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 (Use deferasirox)	NF	PA; SP
FERRIPROX TABS 500 MG (Use deferiprone)	3	
JADENU SPRINKLE PACK (Use deferasirox)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
JADENU TABS (<i>Use deferasirox</i>)	NF	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
EVZIO SOAJ	2	1 rtl MAX fill,90 rtl day(s) supply,
<i>naloxone hcl soaj 2 mg/0.4ml</i>	1	1 rtl MAX fill,90 rtl day(s) supply,
<i>naloxone hcl soct 0.4 mg/ml</i>	1	
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl sosy 2 mg/2ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	2	
VIVITROL SUSR	2	
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)

Drug Name	Drug Tier	Requirements/ Limits
<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)
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</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
CESAMET CAPS	3	
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,

Drug Name	Drug Tier	Requirements/ Limits
<i>doxylamine-pyridoxine tbec</i>	1	PA; QL(4 ea daily)3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use <i>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)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
<i>aprepitant misc</i>	1	PA
EMEND CAPS OR 125 MG, 40 MG (Use <i>aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (Use <i>aprepitant</i>)	NF	PA; QL(0.134 ea daily)
EMEND TRIPACK CAPS (Use <i>aprepitant</i>)	NF	PA
VARUBI TBPk	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use <i>caspofungin acetate</i>)	NF	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
ERAXIS SOLR	3	
<i>micafungin sodium solr</i>	1	
MYCAMINE SOLR (Use <i>micafungin sodium</i>)	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>amphotericin b solr</i>	3	
ANCOBON CAPS (Use <i>flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL(At least 2 yrs old)
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (Use <i>fluconazole</i>)	NF	
DIFLUCAN TABS (Use <i>fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use <i>itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (Use <i>itraconazole</i>)	NF	PA; QL(20 ml daily)
TOLSURA CAPS	4	PA
VFEND TABS 200 MG, 50 MG (Use <i>voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 200 mg, 50 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>dexchlorpheniramine maleate soln</i>	1	
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
<i>clemastine fumarate tabs</i>	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<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 5 MG (<i>Use desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (<i>Use loratadine</i>)	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(25.2 gm daily)
<i>colesevelam hcl pack 3.75 gm</i>	1	PA; QL(1 ea daily)
<i>colesevelam hcl tabs 625 mg</i>	1	QL(7 ea daily)
COLESTID FLAVORED GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (<i>Use colestipol hcl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (<i>Use colestipol hcl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NF	QL(24 gm daily)
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>fenofibrate micronized caps 134 mg, 67 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 145 mg, 48 mg, 54 mg, 160 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOPID TABS (<i>Use gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use 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>	1	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	1	QL(2 ea daily)
LIPITOR TABS (<i>Use atorvastatin calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$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 80 mg, 10 mg, 20 mg, 5 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)
ZETIA TABS (<i>Use ezetimibe</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc 750 mg, 1000 mg, 500 mg</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use niacin (antihyperlipidemic)</i>)	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA; QL(0.0714 ml daily)
REPATHA SURECLICK SOAJ	4	PA; QL(0.0714 ml daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<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>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (<i>Use benazepril hcl</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use enalapril maleate</i>)	NF	
ZESTRIL TABS (<i>Use lisinopril</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (<i>Use phenoxybenzamine hcl</i>)	NF	PA
<i>phenoxybenzamine hcl caps</i>	3	PA
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use candesartan cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use olmesartan medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use losartan potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
<i>eprosartan mesylate tabs</i>	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs or 100 mg, 25 mg, 50 mg</i>	1	QL(1 ea daily)
MICARDIS TABS (<i>Use telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use doxazosin mesylate</i>)	NF	
CATAPRES TABS (<i>Use clonidine hcl</i>)	NF	QL(8 ea daily)
CATAPRES-TTS-1 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-2 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)
CATAPRES-TTS-3 PTWK (<i>Use clonidine</i>)	NF	QL(0.15 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>clonidine ptwk</i>	3	QL(0.15 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10 MG-12.5 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20 MG-25 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tabs</i>	1	ST
<i>amlodipine besylate-valsartan tabs</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tabs</i>	1	
ATACAND HCT TABS (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	
AVALIDE TABS (<i>Use irbesartan-hydrochlorothiazide</i>)	NF	
AZOR TABS (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NF	ST

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

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</i>	1	QL(3 ea daily)
<i>quinapril-hydrochlorothiazide tabs 12.5 mg-20 mg</i>	1	QL(4 ea daily)
<i>quinapril-hydrochlorothiazide tabs 20 mg-25 mg</i>	1	QL(2 ea daily)
TARKA TBCR (<i>Use trandolapril-verapamil hcl</i>)	NF	
<i>telmisartan-amlodipine tabs</i>	1	
<i>telmisartan-hydrochlorothiazide tabs</i>	1	
TENORETIC 100 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use atenolol & chlorthalidone</i>)	NF	
<i>trandolapril-verapamil hcl tbc</i>	1	
TRIBENZOR TABS (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NF	ST
TWYNSTA TABS (<i>Use telmisartan-amlodipine</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	

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

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 (<i>Use atovaquone-proguanil hcl</i>)	NF	Covered for malaria treatment only. Limit 1 fill every 180 days;QL(12 ea per fill retail,12 ea per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antimalarials		
<i>chloroquine phosphate tabs</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
KRINTAFEL TABS	3	QL(2 ea per 30 days retail)
<i>mefloquine hcl tabs</i>	1	Covered for malaria treatment only. Limit 1 fill every 180 days.;QL(5 ea daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
PLAQUENIL TABS (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	3	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
<i>pyrimethamine tabs</i>	1	PA; QL(3 ea daily)
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE TABS	4	PA
GUANIDINE HCL TABS	2	
MESTINON SOLN (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
NEOSTIGMINE METHYLSULFATE SOSY 3 MG/3ML	3	PA
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tabs 60 mg</i>	1	
<i>pyridostigmine bromide tbc 180 mg</i>	1	
RUZURGI TABS	4	PA
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 (<i>Use ethambutol hcl</i>)	NF	
MYCOBUTIN CAPS (<i>Use rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
RIFADIN SOLR (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS 100 MG	3	PA
TRECATOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use melphalan hcl</i>)	NF	
ALKERAN TABS (<i>Use melphalan</i>)	NF	
BICNU SOLR (<i>Use carmustine</i>)	NF	PA; SP
<i>busulfan soln</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
BUSULFEX SOLN (<i>Use busulfan</i>)	NF	PA; SP
<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>cyclophosphamide caps or 25 mg, 50 mg</i>	1	PA
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 100 MG, 40 MG	4	PA
IFEX SOLR 1 GM (<i>Use ifosfamide</i>)	NF	PA; SP
<i>ifosfamide soln 1 gm/20ml</i>	4	PA; SP
<i>ifosfamide solr 1 gm</i>	4	PA; SP
LEUKERAN TABS	4	PA; SP
<i>melfalan hcl solr</i>	1	
<i>melfalan tabs</i>	1	
MYLERAN TABS	4	PA; SP
<i>oxaliplatin soln 100 mg/20ml, 50 mg/10ml</i>	4	PA; SP
TEMODAR CAPS OR 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (<i>Use temozolomide</i>)	NF	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 15 MG (<i>Use thiotepa</i>)	NF	PA; SP
<i>thiotepa solr 15 mg</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	PA; SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>clofarabine soln</i>	4	PA; SP
CLOLAR SOLN (<i>Use clofarabine</i>)	NF	PA; SP
<i>cytarabine soln 100 mg/ml, 20 mg/ml</i>	4	PA; SP
DACOGEN SOLR (<i>Use decitabine</i>)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
<i>floxuridine solr</i>	4	PA; SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
<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
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (<i>Use azacitidine</i>)	NF	PA; SP
XELODA TABS (<i>Use capecitabine</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
Antineoplastic - Angiogenesis Inhibitors		
MVASI SOLN	4	PA
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
ZIRABEV SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR	4	PA;
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
RUXIENCE SOLN	4	PA
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO TABS	4	PA
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs 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

Drug Name	Drug Tier	Requirements/ Limits
<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
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	

Drug Name	Drug Tier	Requirements/ Limits
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
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 - XPO1 Inhibitors		
XPOVIO 100 MG ONCE WEEKLY TBPB	4	PA
XPOVIO 60 MG ONCE WEEKLY TBPB	4	PA
XPOVIO 80 MG ONCE WEEKLY TBPB	4	PA
XPOVIO 80 MG TWICE WEEKLY TBPB	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
DOXIL INJ (<i>Use doxorubicin hcl liposomal</i>)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>doxorubicin hcl liposomal inj</i>	4	PA; SP
<i>doxorubicin hcl soln</i>	4	PA; SP
<i>doxorubicin hcl solr</i>	4	PA; SP
ELLENCE SOLN 50 MG/25ML (<i>Use epirubicin hcl</i>)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 10 MG/10ML, 5 MG/5ML (<i>Use idarubicin hcl</i>)	NF	PA; SP
IDAMYCIN PFS SOLN 20 MG/20ML (<i>Use idarubicin hcl</i>)	NF	PA
<i>idarubicin hcl soln 10 mg/10ml, 5 mg/5ml</i>	4	PA; SP
<i>idarubicin hcl soln 20 mg/20ml</i>	4	PA
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
<i>valrubicin soln</i>	4	PA; SP
VALSTAR SOLN (<i>Use valrubicin</i>)	NF	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS 5 MG, 7.5 MG, 2.5 MG (<i>Use everolimus</i>)	NF	PA; QL(1 ea daily); SP
BALVERSA TABS	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

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COPIKTRA CAPS	4	PA
<i>erlotinib hcl tabs</i>	4	PA; QL(1 ea daily); SP
<i>everolimus tabs</i>	4	PA; QL(1 ea daily); SP
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (<i>Use imatinib mesylate</i>)	NF	PA; QL(2 ea daily); SP
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)
INLYTA TABS	4	PA; QL(2 ea daily); SP
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
KOSELUGO CAPS	4	PA
KYPROLIS SOLR	4	PA
<i>lapatinib ditosylate tabs</i>	4	PA; QL(6 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 12MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 18 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 20 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LENVIMA 24 MG DAILY DOSE CPPK	4	PA; QL(3 ea daily)
LENVIMA 4 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 8 MG DAILY DOSE CPPK	4	PA; QL(2 ea daily)
LORBRENA TABS	4	PA
LYNPARZA TABS	4	PA; QL(16 ea daily)
MEKINIST TABS 0.5 MG	4	PA; QL(3 ea daily)
MEKINIST TABS 2 MG	4	PA; QL(1 ea daily)
MEKTOVI TABS	4	PA; SP
NEXAVAR TABS	4	PA; QL(4 ea daily); SP
NINLARO CAPS	4	PA; QL(0.143 ea daily)
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
SPRYCEL TABS	4	PA; QL(1 ea daily); SP

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

Drug Name	Drug Tier	Requirements/ Limits
ZYKADIA CAPS	4	PA; QL(5 ea daily)
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>arsenic trioxide soln 10 mg/10ml</i>	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
<i>dacarbazine solr 200 mg</i>	4	PA; SP
HYDREA CAPS (<i>Use hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	PA; SP
NIPENT SOLR	4	PA; SP
PHOTOFRIN SOLR	4	PA; SP
PROLEUKIN SOLR	4	PA; SP
SYLATRON KIT	4	PA; SP
SYNRIBO SOLR	4	PA; SP
TARGRETIN CAPS OR 75 MG (<i>Use bexarotene</i>)	NF	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium tabs or 10 mg, 15 mg, 25 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML	4	PA; SP
<i>docetaxel soln 20 mg/2ml</i>	4	PA; SP
DOCETAXEL SOLN 20 MG/2ML (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
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN 10 MG/ML (Use vinorelbine tartrate)	NF	PA; SP
<i>paclitaxel conc 150 mg/25ml, 100 mg/16.7ml, 6 mg/ml</i>	4	PA; SP
TAXOTERE CONC 20 MG/ML (Use docetaxel)	NF	PA; SP
TENIPOSIDE SOLN	4	PA; SP
<i>vincristine sulfate soln</i>	4	PA; SP
<i>vinorelbine tartrate soln 10 mg/ml</i>	4	PA; SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use irinotecan hcl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use topotecan hcl)	NF	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>irinotecan hcl soln 40 mg/2ml, 100 mg/5ml</i>	4	PA; SP
<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	
LODOSYN TABS (Use carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use benztropine mesylate)	NF	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (Use tolcapone)	NF	
<i>tolcapone tabs</i>	1	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</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	

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

Drug Name	Drug Tier	Requirements/ Limits
STALEVO 100 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 125 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 150 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 200 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 50 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
STALEVO 75 TABS (Use <i>carbidopa-levodopa-entacapone</i>)	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>rasagiline mesylate</i>)	NF	PA; QL(1 ea daily)
<i>rasagiline mesylate tabs</i>	1	PA; QL(1 ea daily)
<i>selegiline hcl caps</i>	1	
<i>selegiline hcl tabs</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps</i>	1	
<i>lithium carbonate tabs</i>	1	
<i>lithium carbonate tbc</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily)
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily)
GEODON CAPS OR 20 MG, 40 MG, 60 MG, 80 MG (Use ziprasidone hcl)	NF	QL(2 ea daily); AL(At least 18 yrs old)
LATUDA TABS	3	PA; QL(1 ea daily)
ziprasidone hcl caps	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 1.5 MG, 3 MG, 9 MG (Use paliperidone)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use paliperidone)	NF	QL(2 ea daily)
paliperidone tb24 1.5 mg, 3 mg, 9 mg	1	QL(1 ea daily)
paliperidone tb24 6 mg	1	QL(2 ea daily)
PERSERIS PRSY	2	PA; QL(0.072 ea daily)
RISPERDAL CONSTA SRER	2	PA; QL(0.072 ea daily)
RISPERDAL SOLN 1 MG/ML (Use risperidone)	NF	QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NF	QL(4 ea daily)
risperidone soln 1 mg/ml	1	QL(8 ml daily)
risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL(4 ea daily)
risperidone tbdp 0.25 mg, 3 mg, 4 mg, 1 mg, 0.5 mg, 2 mg	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use haloperidol decanoate)	NF	QL(0.036 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HALDOL DECANOATE 50 SOLN (Use haloperidol decanoate)	NF	QL(0.036 ml daily)
HALDOL SOLN (Use haloperidol lactate)	NF	
haloperidol decanoate soln	1	QL(0.036 ml daily)
haloperidol lactate conc	1	
haloperidol lactate soln	1	
haloperidol tabs 0.5 mg, 1 mg, 10 mg, 5 mg, 2 mg	1	QL(6 ea daily)
haloperidol tabs 20 mg	1	QL(5 ea daily)
Dibenzapines		
asenapine maleate subl 10 mg, 5 mg	1	PA; QL(2 ea daily)
asenapine maleate subl 2.5 mg	1	PA; QL(4 ea daily)
clozapine tabs 100 mg	1	QL(9 ea daily)
clozapine tabs 200 mg	1	QL(4 ea daily)
clozapine tabs 25 mg, 50 mg	1	QL(3 ea daily)
clozapine tbdp 100 mg	1	QL(9 ea daily)
clozapine tbdp 12.5 mg, 150 mg	1	QL(6 ea daily)
clozapine tbdp 200 mg	1	QL(4 ea daily)
clozapine tbdp 25 mg	1	QL(3 ea daily)
CLOZARIL TABS 100 MG (Use clozapine)	NF	QL(9 ea daily)
CLOZARIL TABS 200 MG (Use clozapine)	NF	QL(4 ea daily)
CLOZARIL TABS 25 MG, 50 MG (Use clozapine)	NF	QL(3 ea daily)
FAZACLO TBDP 100 MG (Use clozapine)	NF	QL(9 ea daily)
FAZACLO TBDP 12.5 MG (Use clozapine)	NF	QL(6 ea daily)
FAZACLO TBDP 150 MG (Use clozapine)	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO TBDP 200 MG (Use <i>clozapine</i>)	1	QL(4 ea daily)
FAZACLO TBDP 25 MG (Use <i>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); AL(At least 10 yrs old)
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL(At least 10 yrs old)
SAPHRIS SUBL 10 MG, 5 MG (Use <i>asenapine maleate</i>)	3	PA; QL(2 ea daily)
SAPHRIS SUBL 2.5 MG (Use <i>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 (Use <i>quetiapine fumarate</i>)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use <i>quetiapine fumarate</i>)	NF	QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (Use <i>quetiapine fumarate</i>)	NF	PA; QL(1 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG, 400 MG (Use <i>quetiapine fumarate</i>)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use <i>olanzapine</i>)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use <i>olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA TABS OR 2.5 MG, 5 MG (Use <i>olanzapine</i>)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP 10 MG, 15 MG, 5 MG (Use <i>olanzapine</i>)	NF	QL(2 ea daily)
ZYPREXA ZYDIS TBDP 20 MG (Use <i>olanzapine</i>)	NF	QL(1 ea daily)
Phenothiazines		
<i>chlorpromazine hcl soln ij 25 mg/ml, 50 mg/2ml</i>	3	
<i>chlorpromazine hcl tabs or 200 mg, 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl conc or 5 mg/ml</i>	1	QL(8 ml daily)
<i>fluphenazine hcl elix or 2.5 mg/5ml</i>	1	QL(78.9 ml daily)
<i>fluphenazine hcl soln ij 2.5 mg/ml</i>	1	
<i>fluphenazine hcl tabs or 10 mg, 2.5 mg, 5 mg, 1 mg</i>	1	QL(4 ea daily)
<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		

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
REXULTI TABS	3	PA
Thioxanthenes		
<i>thiothixene caps</i>	1	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate soln 20 mg/ml</i>	1	QL(32 ml daily)
<i>abacavir sulfate tabs 300 mg</i>	1	QL(2 ea daily)
<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 (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	3	QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	ST; QL(1 ea daily)
COMBIVIR TABS (<i>Use lamivudine-zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	ST; QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DELSTRIGO TABS	3	ST; 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, 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 100 mg-150 mg, 133 mg-200 mg, 167 mg-250 mg</i>	1	QL(1 ea daily, 30 day(s) limit)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate tabs 200 mg-300 mg</i>	0	QL(1 ea daily, 30 day(s) limit)
EMTRIVA CAPS 200 MG (<i>Use emtricitabine</i>)	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	QL(24 ml daily)
EPIVIR SOLN 10 MG/ML (<i>Use lamivudine</i>)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EPZICOM TABS (<i>Use abacavir sulfate-lamivudine</i>)	NF	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE 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 TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 100 MG/5ML-400 MG/5ML (<i>Use lopinavir-ritonavir</i>)	NF	QL(12.5 ml daily)
KALETRA TABS 100 MG-25 MG, 200 MG-50 MG	2	QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	1	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	1	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	1	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	QL(56 ml daily)
LEXIVA TABS 700 MG (<i>Use fosamprenavir calcium</i>)	NF	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 100 mg</i>	1	QL(3 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (<i>Use ritonavir</i>)	NF	QL(12 ea daily)
ODEFSEY TABS	3	ST; 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 100 MG (<i>Use zidovudine</i>)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (<i>Use zidovudine</i>)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 300 MG (<i>Use atazanavir sulfate</i>)	NF	QL(1 ea daily)
REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NF	QL(2 ea daily)
<i>ritonavir tabs</i>	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)

Drug Name	Drug Tier	Requirements/ Limits
<i>stavudine caps 15 mg, 20 mg, 30 mg, 40 mg</i>	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	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use efavirenz)	NF	QL(1 ea daily)
SYMFI LO TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMFI TABS (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	2	QL(1 ea daily)
SYMTUZA TABS	3	ST; QL(1 ea daily)
TEMIXYS TABS	2	ST; QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	QL(2 ea daily)
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (Use abacavir sulfate-lamivudine-zidovudine)	NF	QL(2 ea daily)
TRUVADA TABS (Use emtricitabine-tenofovir disoproxil fumarate)	2	QL(1 ea daily, 30 day(s) limit)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG, 400 MG (Use didanosine)	NF	
VIDEX EC CPDR 250 MG (Use didanosine)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use nevirapine)	NF	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 (Use nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use tenofovir disoproxil fumarate)	NF	
ZIAGEN SOLN 20 MG/ML (Use abacavir sulfate)	NF	QL(32 ml daily)
ZIAGEN TABS 300 MG (Use abacavir sulfate)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrp 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (Use ganciclovir sodium)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (Use valganciclovir hcl)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use entecavir)	NF	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
DAKLINZA TABS	4	PA; QL(1 ea daily)
<i>entecavir tabs</i>	4	PA; QL(1 ea daily); SP
EPCLUSA TABS 100 MG-400 MG	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (<i>Use lamivudine (hbv)</i>)	NF	QL(3 ea daily); SP
HARVONI TABS 400 MG-90 MG	4	PA; QL(1 ea daily); SP
HEPSERA TABS (<i>Use adefovir dipivoxil</i>)	NF	PA; QL(1 ea daily); SP
<i>lamivudine (hbv) tabs</i>	1	QL(3 ea daily); SP
LEDIPASVIR/SOFOSBUVIR TABS	4	PA; QL(1 ea daily); SP
MAVYRET TABS	4	PA; QL(3 ea daily)
MODERIBA 1200 DOSE PACK TBPK	4	PA
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL SOLN	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TBPK 400 MG, 600 MG	4	PA
RIBASPHERE TABS	4	PA
<i>ribavirin (hepatitis c) caps 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 200 mg</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs 600 mg</i>	4	PA
SOFOSBUVIR/VELPATASVIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS 400 MG	4	PA; QL(1 ea daily); SP
VEMLIDY TABS	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
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)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 800 mg, 400 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 (<i>Use valacyclovir hcl</i>)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (<i>Use valacyclovir hcl</i>)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (<i>Use acyclovir</i>)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (<i>Use acyclovir</i>)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 800 MG, 400 MG (<i>Use acyclovir</i>)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (<i>Use rimantadine hydrochloride</i>)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg, 45 mg, 75 mg</i>	1	Limit 1 fill every 90 days.;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,

Drug Name	Drug Tier	Requirements/ Limits
<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),
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG, 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NF	Limit 1 fill every 90 days.;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</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>bisoprolol fumarate tabs or 10 mg, 5 mg</i>	1	
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	PA; QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 100 mg, 25 mg, 50 mg</i>	1	
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/af)</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</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs</i>	1	
<i>sotalol hcl (afib/af)</i> tabs	1	
<i>sotalol hcl tabs 120 mg, 160 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
<i>timolol maleate tabs</i>	1	

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	
CALAN TABS (Use <i>verapamil hcl</i>)	NF	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA TB24 240 MG, 420 MG, 180 MG, 300 MG, 360 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	

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine tb24 17 mg, 20 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC TABS (Use <i>amlodipine besylate</i>)	NF	
PROCARDIA CAPS (Use <i>nifedipine</i>)	NF	
PROCARDIA XL TB24 (Use <i>nifedipine</i>)	NF	
SULAR TB24 (Use <i>nisoldipine</i>)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use <i>diltiazem hcl extended release beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use <i>verapamil hcl</i>)	NF	
VERELAN CP24 360 MG (Use <i>verapamil hcl</i>)	1	
VERELAN PM CP24 (Use <i>verapamil hcl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln</i>	1	
<i>digoxin tabs</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use <i>digoxin</i>)	2	
LANOXIN TABS OR 250 MCG, 125 MCG (Use <i>digoxin</i>)	2	

Drug Name	Drug Tier	Requirements/ Limits
LANOXIN TABS OR 62.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
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
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
VELETTRI SOLR (<i>Use epoprostenol sodium</i>)	NF	PA
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
<i>ambrisentan tabs</i>	4	PA; QL(1 ea daily); SP
<i>bosentan tabs 125 mg</i>	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
<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); SP
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		
CORLANOR SOLN 5 MG/5ML	3	PA; QL(15 ml daily)
CORLANOR TABS 5 MG, 7.5 MG	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Transthyretin Stabilizers		
VYNDAMAX CAPS	4	PA; QL(1 ea daily)
VYNDAREL CAPS	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 20 gm, 500 mg, 1 gm, 10 gm	1	
cephalexin caps	1	
cephalexin susr	1	
cephalexin tabs	1	
KEFLEX CAPS (Use cephalexin)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps	1	
cefaclor susr	1	
CEFOTAN SOLR (Use cefotetan disodium)	NF	
cefotetan disodium solr 1 gm, 2 gm	1	
cefotetan disodium solr 10 gm	3	
cefoxitin sodium solr ij 10 gm	1	
cefoxitin sodium solr iv 1 gm, 2 gm	1	
cefprozil susr	1	
cefprozil tabs	1	
cefuroxime axetil tabs	1	

Drug Name	Drug Tier	Requirements/ Limits
cefuroxime sodium solr ij 7.5 gm, 750 mg	1	
Cephalosporins - 3rd Generation		
cefdinir caps	1	
cefdinir susr	1	
cefditoren pivoxil tabs 200 mg	3	
cefditoren pivoxil tabs 400 mg	1	
cefixime susr 100 mg/5ml, 200 mg/5ml	1	ST
cefotaxime sodium solr 2 gm, 1 gm	1	
cefpodoxime proxetil susr	1	
cefpodoxime proxetil tabs	1	
ceftazidime solr ij 2 gm, 1 gm, 6 gm	1	
ceftriaxone sodium solr ij 2 gm, 500 mg, 1 gm, 250 mg	1	
FORTAZ SOLR IJ 1 GM (Use ceftazidime)	NF	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use cefixime)	NF	ST
Cephalosporins - 4th Generation		
cefepime hcl solr	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use cefepime hcl)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use drospirenone-ethinyl estradiol-levomefolate calcium)	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	
FALESSA KIT	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethin acet & estrad-fe tabs</i>	0	
<i>norethindrone & eth estradiol tabs</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
ORTHO TRI-CYCLEN LO TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	NF	
ORTHO TRI-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol (triphasic)</i>)	NF	
ORTHO-CYCLEN TABS (Use <i>norgestimate-ethinyl estradiol</i>)	NF	
ORTHO-NOVUM 1/35 TABS (Use <i>norethindrone & eth estradiol</i>)	NF	
ORTHO-NOVUM 7/7/7 TABS (Use <i>norethindrone-eth estradiol (triphasic)</i>)	NF	
QUARTETTE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SAFYRAL TABS (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>)	NF	
SEASONIQUE TABS (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	0	

Drug Name	Drug Tier	Requirements/ Limits
TRI-NORINYL 28 TABS (Use norethindrone-eth estradiol (triphasic))	NF	
TYBLUME TABS	0	
YASMIN 28 TABS (Use drospirenone-ethinyl estradiol)	NF	
YAZ TABS (Use drospirenone-ethinyl estradiol)	NF	
Combination Contraceptives - Transdermal		
norelgestromin-ethinyl estradiol ptwk	0	
TWIRLA PTWK	0	QL(3 ea per 28 days retail)
Combination Contraceptives - Vaginal		
ANNOVERA RING	0	PA
etonogestrel-ethinyl estradiol ring	0	
NUVARING RING (Use etonogestrel-ethinyl estradiol)	NF	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
levonorgestrel (emergency oc) tabs	0	
PLAN B ONE-STEP TABS (Use levonorgestrel (emergency oc))	NF	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	

Drug Name	Drug Tier	Requirements/ Limits
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use medroxyprogesterone acetate (contraceptive))	NF	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use medroxyprogesterone acetate (contraceptive))	NF	QL(90 day(s) limit, 1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
medroxyprogesterone acetate (contraceptive) susp	0	QL(1 ml per 90 days retail)
medroxyprogesterone acetate (contraceptive) susy	0	QL(90 day(s) limit, 1 ml per 90 days retail)
Progestin Contraceptives - Oral		
norethindrone (contraceptive) tabs	0	
ORTHO MICRONOR TABS (Use norethindrone (contraceptive))	NF	
SLYND TABS	0	QL(1 ea daily)
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
budesonide cpep 3 mg	1	QL(3 ea daily)
CORTEF TABS (Use hydrocortisone)	NF	
cortisone acetate tabs	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (Use methylprednisolone acetate)	NF	
dexamethasone elix 0.5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/ Limits
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tabs 1 mg, 1.5 mg, 2 mg, 4 mg, 0.5 mg, 0.75 mg, 6 mg</i>	1	
EMFLAZA SUSP	4	PA
EMFLAZA TABS	4	PA
ENTOCORT EC CPEP (Use <i>budesonide</i>)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use <i>triamcinolone acetonide</i>)	NF	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i>)	NF	
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (Use <i>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 SOLN 10 MG/5ML (Use <i>prednisolone sodium phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use <i>prednisolone sodium phosphate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisone soln</i>	1	
<i>prednisone tabs</i>	1	
<i>prednisone tbpk</i>	1	
SOLU-CORTEF SOLR 100 MG, 1000 MG, 500 MG	3	2 rtl MAX fill,30 rtl day(s) supply,
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG, 125 MG, 40 MG, 1000 MG (Use <i>methylprednisolone sod succ</i>)	NF	
<i>triamcinolone acetonide susp 200 mg/5ml, 40 mg/ml, 400 mg/10ml</i>	1	
VERIPRED 20 SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (<i>Use benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use fexofenadine-pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (<i>Use loratadine & pseudoephedrine</i>)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 120 mg-60 mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180 mg-240 mg</i>	1	QL(1 ea daily)
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>hydrocodone polistirex-chlorpheniramine polistirex suer</i>	1	
<i>loratadine & pseudoephedrine tb12 120 mg-5 mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10 mg-10 mg-240 mg-240 mg</i>	1	QL(1 ea daily)
TUSSIONEX PENNKINETIC EXTENDED RELEASE SUER (<i>Use hydrocodone polistirex-chlorpheniramine polistirex</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
TUZISTRA XR SUER	2	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (<i>Use cetirizine-pseudoephedrine</i>)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
<i>HYPER-SAL NEBU (Use sodium chloride (inhalant))</i>	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (<i>Use sodium chloride (inhalant)</i>)	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
<i>adapalene crea 0.1 %</i>	1	PA; AL(At least 12 yrs old)
<i>adapalene gel 0.1 %</i>	1	PA; AL(At least 12 yrs old); RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene lotn 0.1 %</i>	1	ST; AL(At least 12 yrs old)
<i>adapalene-benzoyl peroxide gel</i>	1	ST; AL(At least 12 yrs old)
AZELEX CREA	3	ST; AL(At least 12 yrs old)
BENZAACLIN GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NF	PA; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NF	PA; AL (At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LIQD	2	AL (At least 12 yrs old)
<i>benzoyl peroxide foam 5.3 %</i>	1	AL (At least 12 yrs old); RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL (At least 12 yrs old)
<i>benzoyl peroxide gel 5 %, 10 %</i>	1	AL (At least 12 yrs old)
<i>benzoyl peroxide liqd 4 %, 7 %, 10 %</i>	1	AL (At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL (At least 12 yrs old)
CLEOCIN-T GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	AL (At least 12 yrs old)
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NF	AL (At least 12 yrs old)
CLEOCIN-T SOLN (<i>Use clindamycin phosphate (topical)</i>)	NF	QL (4 ml daily); AL (At least 12 yrs old)
CLEOCIN-T SWAB (<i>Use clindamycin phosphate (topical)</i>)	NF	AL (At least 12 yrs old)
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NF	AL (At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL (At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL (At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL (At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	QL (4 ml daily); AL (At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL (At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL (At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1 %-5 %</i>	1	PA; AL (At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL (At least 12 yrs old)
DIFFERIN CREA 0.1 % (<i>Use adapalene</i>)	NF	PA; AL (At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use adapalene</i>)	NF	PA; AL (At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use adapalene</i>)	NF	ST; AL (At least 12 yrs old)
DIFFERIN LOTN 0.1 %	1	ST; AL (At least 12 yrs old)
DUAC GEL (<i>Use clindamycin phosphate-benzoyl peroxide (refrigerate)</i>)	NF	PA; AL (At least 12 yrs old)
EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NF	ST; AL (At least 12 yrs old)
<i>erythromycin (acne aid) pads</i>	1	AL (At least 12 yrs old)
<i>erythromycin (acne aid) soln</i>	1	AL (At least 12 yrs old)
EVOCLIN FOAM (<i>Use clindamycin phosphate (topical)</i>)	NF	PA; AL (At least 12 yrs old)
<i>isotretinoin caps</i>	3	PA; AL (At least 12 yrs old)
KLARON LOTN (<i>Use sulfacetamide sodium (acne)</i>)	NF	AL (At least 12 yrs old)
RETIN-A CREA (<i>Use tretinoin</i>)	NF	AL (At least 12 yrs old - Up to 30 yrs old)
RETIN-A GEL (<i>Use tretinoin</i>)	NF	AL (At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL (At least 12 yrs old - Up to 30 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use tretinoin microsphere</i>)	NF	PA; AL (At least 12 yrs old - Up to 30 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL (At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur crea 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 10 %-5 %</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5 %-9 %</i>	1	ST; AL(At least 12 yrs old)
<i>sulfacetamide sodium-sulfur in urea vehicle emul</i>	1	AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use <i>sulfacetamide sodium w/ sulfur</i>)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL(At least 12 yrs old - Up to 30 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old - Up to 30 yrs old)
VELTIN GEL (Use <i>clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
ZIANA GEL (Use <i>clindamycin phosphate-tretinoin</i>)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac epolamine ptch</i>	1	PA; QL(2 ea daily)
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily); RX/OTC
FLECTOR PTCH (Use <i>diclofenac epolamine</i>)	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use <i>diclofenac sodium (topical)</i>)	NF	QL(3.34 gm daily); RX/OTC
Antibiotics - Topical		
ALTABAX OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>gentamicin sulfate (topical) crea</i>	1	QL(1 gm daily)
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin oint</i>	1	
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel ex 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham ex 1 %</i>	1	
<i>ciclopirox soln ex 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<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	
JUBLIA SOLN	3	PA
KERYDIN SOLN (Use <i>tavaborole</i>)	3	PA
<i>ketconazole (topical) crea 2 %</i>	1	
<i>ketconazole (topical) sham 2 %</i>	1	
LOPROX CREA (Use <i>ciclopirox olamine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LOPROX SHAMPOO SHAM (<i>Use ciclopirox</i>)	NF	
LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA (<i>Use butenafine hcl</i>)	1	RX/OTC
LOTRISONE CREA (<i>Use clotrimazole w/ betamethasone</i>)	NF	
<i>luliconazole crea</i>	1	PA
LUZU CREA (<i>Use luliconazole</i>)	3	PA
<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 (<i>Use naftifine hcl</i>)	NF	QL(2 gm daily)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,

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

Drug Name	Drug Tier	Requirements/ Limits
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
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	1	
<i>fluorouracil (topical) soln 2 %, 5 %</i>	1	
PANRETIN GEL	3	
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		

Drug Name	Drug Tier	Requirements/ Limits
<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,
ZONALON CREA	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,
ZONALON CREA (<i>Use doxepin hcl (antipruritic)</i>)	3	PA; Limit 1 fill every 180 days;QL(45 gm per fill retail,45 gm per fill mail)1 rtl MAX fill,180 rtl day(s) supply,1 mail MAX fill,180 mail day(s) supply,
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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	4	PA; QL(0.036 ml daily)
COSENTYX SOSY	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 PSKT	4	PA; QL(0.025 ea 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
VECTICAL OINT (<i>Use calcitriol (topical)</i>)	1	QL(3.34 gm daily)
Antiseborrheic Products		
<i>selenium sulfide lotn</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		
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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)
<i>clobetasol propionate emollient base crea</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate foam</i>	1	ST; QL(3 gm daily)
<i>clobetasol propionate gel</i>	1	ST; QL(2 gm daily)
<i>clobetasol propionate oint</i>	1	PA; QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	PA; QL(3.34 ml daily)
<i>clocortolone pivalate crea</i>	3	
CLODERM CREA	3	
CLODERM CREA (Use <i>clocortolone pivalate</i>)	3	
CLODERM PUMP CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
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-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NF	QL(118.28 ml per fill retail)1 rtl MAX fill,30 rtl day(s) supply,
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NF	
<i>desonide crea</i>	1	QL(4 gm daily)
<i>desonide lotn</i>	1	QL(4 ml daily)
<i>desonide oint</i>	1	QL(3 gm daily)
DESOWEN CREA (Use <i>desonide</i>)	NF	QL(4 gm daily)
<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
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,

Drug Name	Drug Tier	Requirements/ Limits
<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
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	

Drug Name	Drug Tier	Requirements/ Limits
<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
SYNALAR CREA (Use <i>fluocinolone acetonide</i>)	NF	
SYNALAR OINT (Use <i>fluocinolone acetonide</i>)	NF	
SYNALAR SOLN (Use <i>fluocinolone acetonide</i>)	NF	
TACLONEX OINT (Use <i>calcipotriene-betamethasone dipropionate</i>)	NF	ST
TACLONEX SUSP (Use <i>calcipotriene-betamethasone dipropionate</i>)	3	ST

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTRAVATE CREA (<i>Use halobetasol propionate</i>)	NF	
ULTRAVATE OINT (<i>Use halobetasol propionate</i>)	NF	
Eczema Agents		
DUPIXENT SOPN	4	PA
DUPIXENT SOSY	4	PA
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		

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
<i>lidocaine hcl gel ex 2 %</i>	1	QL(4 ml daily); RX/OTC
<i>lidocaine hcl prsy ex 2 %</i>	1	QL(4 ml daily)
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch 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 rtl MAX fill, 30 rtl day(s) supply, 1 mail MAX fill, 30 mail day(s) supply,
Phosphodiesterase 4 (PDE4) Inhibitors - Topical		

Drug Name	Drug Tier	Requirements/ Limits
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)
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
<i>lindane sham</i>	1	
<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</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>permethrin liqd</i>	1	
SKLICE LOTN (<i>Use ivermectin (pediculicide)</i>)	3	PA
<i>spinosad susp</i>	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
THYROGEN SOLR	3	PA; 1 rtl MAX fill,365 rtl day(s) supply,1 mail MAX fill,365 mail day(s) supply,
Diagnostic Tests		
CHEMSTRIP-K STRP	1	
FORA GTEL BLOOD KETONE TEST STRIPS STRP	1	
GOJJI BLOOD KETONE TEST STRIPS STRP	1	
KETONE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	

Drug Name	Drug Tier	Requirements/ Limits
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE TRACK 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)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
KEVEYIS TABS	4	PA; QL(4 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25 MG-25 MG (Use <i>spironolactone & hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use <i>bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (Use <i>torseamide</i>)	NF	
EDECIN TABS (Use <i>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	
LASIX TABS (Use <i>furosemide</i>)	NF	
<i>torseamide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use <i>spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS (Use <i>triamterene</i>)	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>chlorothiazide tabs</i>	1	
<i>chlorthalidone tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
<i>methyclothiazide tabs</i>	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)

ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

Bone Density Regulators

ACTONEL TABS 150 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG (Use <i>risedronate sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 40 mg, 10 mg, 5 mg</i>	1	QL(1 ea daily)
<i>alendronate sodium tabs 70 mg, 35 mg</i>	1	QL(0.143 ea daily)
ATELVIA TBEC (Use <i>risedronate sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use <i>ibandronate sodium</i>)	NF	PA; SP
BONIVA TABS OR 150 MG (Use <i>ibandronate sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
<i>etidronate disodium tabs</i>	1	
FORTEO SOPN	4	PA; QL(0.09 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use <i>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 (Use <i>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
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP

Corticotropin

ACTHAR GEL	4	PA
------------	---	----

Fertility Regulators

CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP

GnRH/LHRH Antagonists

Drug Name	Drug Tier	Requirements/ Limits
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 FLEXPPO SOPN 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
NORDITROPIN FLEXPPO SOPN 30 MG/3ML	4	PA
NUTROPIN AQ NUSPIN 10 SOPN	4	PA; SP
OMNITROPE SOCT 10 MG/1.5ML, 5 MG/1.5ML	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		

Drug Name	Drug Tier	Requirements/ Limits
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
<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)

Drug Name	Drug Tier	Requirements/ Limits
HECTOROL SOLN 4 MCG/2ML (<i>Use doxercalciferol</i>)	NF	
KUVAN PACK (<i>Use sapropterin dihydrochloride</i>)	NF	PA;
KUVAN TBSO (<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 tbso</i>	4	PA;
SENSIPAR TABS (<i>Use cinacalcet hcl</i>)	NF	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd</i>	1	PA
<i>sodium phenylbutyrate tabs</i>	1	PA
ZEMPLAR CAPS (<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

Drug Name	Drug Tier	Requirements/ Limits
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
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (<i>Use octreotide acetate</i>)	NF	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN 120 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SOMATULINE DEPOT SOLN 60 MG/0.2ML	4	PA; QL(0.0075 ml daily); SP
SOMATULINE DEPOT SOLN 90 MG/0.3ML	4	PA; QL(0.011 ml daily); SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS 15 MG, 30 MG	4	PA; QL(2 ea daily); SP
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS (<i>Use tolvaptan</i>)	4	PA; QL(2 ea daily); SP
<i>tolvaptan tabs</i>	4	PA; QL(2 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE 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	
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, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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 IV 0.8 %-400 MG/250ML (<i>Use moxifloxacin hcl in sodium chloride</i>)	1	
AVELOX TABS OR 400 MG (<i>Use moxifloxacin hcl</i>)	NF	
BAXDELA SOLR	3	PA
BAXDELA TABS	3	PA
CIPRO SUSR 5 GM/100ML, 500 MG/5ML	2	2 rtl MAX fill,30 rtl day(s) supply,
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl tabs</i>	1	
<i>ciprofloxacin in d5w soln 200 mg/100ml-5 %</i>	3	
<i>ciprofloxacin susr</i>	1	2 rtl MAX fill,30 rtl day(s) supply,
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
LEVAQUIN TABS (<i>Use levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 5 %-500 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 (<i>Use ursodiol</i>)	NF	
URSO 250 TABS (<i>Use ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS (<i>Use 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	
<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 (<i>Use metoclopramide hcl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NF	PA
ASACOL HD TBEC (<i>Use mesalamine</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP (<i>Use mesalamine</i>)	NF	
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NF	
DELZICOL CPDR (<i>Use mesalamine</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA;
LIALDA TBEC (<i>Use mesalamine</i>)	NF	
<i>mesalamine cp24 or 0.375 gm</i>	1	PA
<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)
RENFLEXIS SOLR	4	PA;
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	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LOTIRONEX 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	
VELPHORO CHEW	3	PA
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc 1080 mg</i>	1	
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA

Drug Name	Drug Tier	Requirements/Limits
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	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	
PROSCAR TABS (<i>Use finasteride</i>)	NF	5 mg only
RAPAFLO CAPS (<i>Use silodosin</i>)	NF	
<i>silodosin caps</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</i>	1	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		

Drug Name	Drug Tier	Requirements/ Limits
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	
COLCRYS TABS (<i>Use colchicine</i>)	NF	
<i>febuxostat tabs</i>	1	PA; QL(1 ea daily)
KRYSTEXXA SOLN	4	PA
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)
<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		

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

Drug Name	Drug Tier	Requirements/Limits
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;
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

Drug Name	Drug Tier	Requirements/Limits
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;
ZIEXTENZO SOSY	4	PA;
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 325 mg, 65 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	
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

Drug Name	Drug Tier	Requirements/ Limits
CYKLOKAPRON SOLN (Use tranexamic acid)	NF	
LYSTEDA TABS (Use tranexamic acid)	NF	
tranexamic acid soln	1	
tranexamic acid tabs	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
phenobarbital elix 20 mg/5ml	1	
phenobarbital soln 20 mg/5ml	1	
phenobarbital tabs 100 mg, 15 mg, 30 mg, 64.8 mg, 97.2 mg, 16.2 mg, 32.4 mg	1	
Hypnotics - Tricyclic Agents		
doxepin hcl (sleep) tabs	1	PA; QL(1 ea daily)
SILENOR TABS (Use doxepin hcl (sleep))	NF	PA; QL(1 ea daily)
Non-Barbiturate Hypnotics		
AMBIEN CR TBCR (Use zolpidem tartrate)	NF	ST; Must try immediate release zolpidem; QL(1 ea daily)
AMBIEN TABS (Use zolpidem tartrate)	NF	QL(1 ea daily); AL(At least 18 yrs old)
estazolam tabs	1	
eszopiclone tabs	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (Use triazolam)	NF	
LUNESTA TABS (Use eszopiclone)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (Use temazepam)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
temazepam caps	1	QL(1 ea daily)
triazolam tabs	1	
zaleplon caps 10 mg	1	QL(2 ea daily); AL(At least 18 yrs old)
zaleplon caps 5 mg	1	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tabs or 10 mg, 5 mg	1	QL(1 ea daily); AL(At least 18 yrs old)
zolpidem tartrate tbc or 6.25 mg, 12.5 mg	1	ST; Must try immediate release zolpidem; QL(1 ea daily)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA; QL(1 ea daily)
ramelteon tabs	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
ROZEREM TABS (Use ramelteon)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
calcium polycarbophil tabs	1	
FIBERCON TABS (Use calcium polycarbophil)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	PA
GOLYTELY SOLR 2.97 GM-22.74 GM-236 GM-5.86 GM-6.74 GM (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	0	

Drug Name	Drug Tier	Requirements/ Limits
MOVIPREP SOLR (<i>Use peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	2	PA
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr</i>	1	PA
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 2.97 gm-22.74 gm-236 gm-5.86 gm-6.74 gm</i>	0	
PREPOPIK PACK	3	PA
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	PA
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (<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</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %</i>	1	
XYLOCAINE SOLN 0.5 %, 1 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (<i>Use lidocaine hcl (local anesth.)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
<i>azithromycin pack or 1 gm</i>	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM (<i>Use azithromycin</i>)	NF	
ZITHROMAX SOLR IV 500 MG (<i>Use azithromycin</i>)	NF	
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		

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NF	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	3	
erythromycin base cpep 250 mg	3	
erythromycin base tabs 250 mg, 500 mg	3	
erythromycin base tbec 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate susr 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate tabs 400 mg	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/SPERMICIDE MISC	0	QL(2 ea daily)
FC FEMALE CONDOM MISC	0	QL(1 ea daily)
FEMCAP DEVI	0	
K-Y ME & YOU EXTRA LUBRICATED DEVI	0	QL(2 ea daily)
K-Y ME & YOU INTENSE DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDERED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	QL(2 ea daily)
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	

Drug Name	Drug Tier	Requirements/ Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
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 LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)
ADVOCATE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
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	
AQUALANCE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)
AURORA LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
CARETOUCH SAFETY LANCETS/26G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/28G MISC	1	QL(6.6667 ea daily)
CARETOUCH SAFETY LANCETS/30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 28G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 30G MISC	1	QL(6.6667 ea daily)
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 21G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 23G MISC	1	QL(6.6667 ea daily)
CLEVER CHOICE COMFORT EZLANCETS 28G MISC	1	QL(6.6667 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
DIATHRIVE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DIATHRIVE LANCING DEVICE MISC	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)

Drug Name	Drug Tier	Requirements/ Limits
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 COMFORT LANCETS 30G/PULL TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS 30G/THIN TOP MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
EASY COMFORT LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	
EASY 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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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 TWIST & CAP LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EMBRACE LANCING DEVICE WITH EJECTOR MISC	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)

Drug Name	Drug Tier	Requirements/ Limits
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL BUTTERFLY TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
GENTEEL LANCING DEVICE/GLORIOUS GOLD MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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 INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GLOBAL LANCING DEVICE MISC	1	
GLUCOCOM 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 MISC	1	QL(6.6667 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
GNP LANCETS THIN MISC	1	QL(6.6667 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
GNP SUPER THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
GOJJI LANCING DEVICE/CLEAR CAP MISC	1	
GOJJI STERILE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS 21G MISC	1	QL(6.6667 ea daily)
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 28G MISC	1	QL(6.6667 ea daily)
LANCETS 30G MISC	1	QL(6.6667 ea daily)
LANCETS 30G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 30G/TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 31G TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS 33G EXTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS 33G UNIVERSAL DESIGN MISC	1	QL(6.6667 ea daily)
LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
LANCETS MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	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)

Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	QL(6.6667 ea daily)
LONGS LANCETS STANDARD MISC	1	QL(6.6667 ea daily)
LONGS LANCETS THIN MISC	1	QL(6.6667 ea daily)
LONGS LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW MISC	1	QL(6.6667 ea daily)
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGL E-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
NOVA SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCETS MISC	1	QL(6.6667 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	1	
ON CALL LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL LANCING DEVICE MISC	1	
ON CALL PLUS LANCETS MISC	1	QL(6.6667 ea daily)
ON CALL PLUS LANCING DEVICE MISC	1	
ONETOUCH CLUB LANCETS FINE POINT MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA LANCING DEVICE MISC	1	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCETS FINE 30G MISC	1	QL(6.6667 ea daily)
ONETOUCH DELICA PLUS LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH FINEPOINT LANCETS MISC	1	QL(6.6667 ea daily)
ONETOUCH ULTRASOFT LANCETS MISC	1	QL(6.6667 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PERFECT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 28G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 31G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
PHARMACIST CHOICE ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
PHARMACY COUNTER LANCETS MISC	1	QL(6.6667 ea daily)
PIP LANCETS/28G MISC	1	QL(6.6667 ea daily)
PIP LANCETS/30G MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
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)
PURE COMFORT LANCETS 30G 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
READYLANC SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANC SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANC SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANC SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANC SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 LANCET DEVICES 30G MISC	1	
RELION 2-IN-1 LANCING DEVICE 25G MISC	1	
RELION 2-IN-1 LANCING DEVICE 30G MISC	1	
RELION LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
RELION LANCETS STANDARD 21G MISC	1	QL(6.6667 ea daily)
RELION LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	QL(6.6667 ea daily)
RELION LANCING DEVICE MISC	1	
RELION ULTRA THIN LANCETS/30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
SAPS HEALTH TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SAPSCARE TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
SB LANCETS THIN MISC	1	QL(6.6667 ea daily)
SB LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
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 LANCET 21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETS UNIVERSAL 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SMARTTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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 COMFORT TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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-CARE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II AUTO LANCET MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTRA-THIN II LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE II MISC	1	QL(6.6667 ea daily)
UNILET EXCELITE MISC	1	QL(6.6667 ea daily)
UNILET G.P. LANCET MISC	1	QL(6.6667 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	QL(6.6667 ea daily)
UNILET LANCET MISC	1	QL(6.6667 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS SUPER-THIN30G MISC	1	QL(6.6667 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
ABOUTTIME PEN NEEDLE 32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 30GX 5/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ABOUTTIME PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE ULTRAFINE/U- 100/1ML/30G X 1/2" 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
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/ULTR A-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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	1	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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

Drug Name	Drug Tier	Requirements/ Limits
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 ULTICARE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX 5/32" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTICARE PEN NEEDLES/32GX1/4" MISC	1	QL(5 ea daily)
GNP ULTICARE PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	1	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLE 31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4" MISC	1	QL(5 ea daily)
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
HEALTHWISE MICRON PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X1/4" MISC	1	QL(5 ea daily)
KROGER PEN NEEDLES/31G X3/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/31G X5/16" MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES/32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES/31G X 8MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
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
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	1	QL(5 ea daily); RX/OTC
MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16" MISC	1	QL(5 ea daily)
MAXICOMFORT II PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily)
MAXICOMFORT INSULIN SYRINGES 27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MICRODOT PEN NEEDLE/31G X 6 MM MISC	1	QL(5 ea daily)
MICRODOT PEN NEEDLE/32G X 4 MM MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	1	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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/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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	1	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	1	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	1	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE 32G X6MM MISC	1	QL(5 ea daily)
PURE COMFORT PEN NEEDLE/32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
PURE COMFORT PEN NEEDLE/32G X4MM MISC	1	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	1	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE 1ML/31GX15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X4MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32G X5/32" MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
SECURESAFE SAFETY PEN NEEDLES/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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-100/0.5ML/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
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PEN NEEDLES31G X 6MM MISC	1	QL(5 ea daily)
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 31G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
TRUE COMFORT PRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 5MM MISC	1	QL(5 ea daily); RX/OTC
TRUE COMFORT PRO PEN NEEDLES 32G X 6MM MISC	1	QL(5 ea daily)

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/ULTRAFINE U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/32G X 1/4" MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31GX6MM MISC	1	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	1	QL(5 ea daily)
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	1	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	1	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTAIN MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAIN MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA MISC	1	QL(5 ea daily); RX/OTC
ULTIGUARD SAFEPAK/SYRINGE/NE EDLE/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
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/3 0G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/3 0G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/3 1G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/3 0G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/3 1G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30 G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31 G X 5/16" MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16" MISC	1	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
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)
ULTRACARE PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 1/14" MISC	1	QL(5 ea daily)
ULTRACARE PEN NEEDLES/32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
ULTRACARE PEN NEEDLES/32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	1	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP)		
AIMOVIG SOAJ	2	PA; QL(0.04 ml daily)
EMGALITY SOAJ	3	PA; QL(0.07 ml daily)
EMGALITY SOSY	3	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)

Drug Name	Drug Tier	Requirements/ Limits
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use dihydroergotamine mesylate</i>)	NF	ST
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	QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use naratriptan hcl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>eletriptan hydrobromide tabs</i>	1	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
FROVA TABS (<i>Use frovatriptan succinate</i>)	NF	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
<i>frovatriptan succinate tabs</i>	1	ST; QL(0.4 ea daily); AL(At least 18 yrs old)
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use sumatriptan</i>)	NF	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
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)

Drug Name	Drug Tier	Requirements/ Limits
IMITREX TABS OR 50 MG, 100 MG, 25 MG (<i>Use sumatriptan succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 10 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (<i>Use rizatriptan benzoate</i>)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
RELPAK TABS (<i>Use eletriptan hydrobromide</i>)	NF	ST; QL(0.2 ea daily); AL(At least 18 yrs old)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL(0.6 ea daily); AL(At least 6 yrs old)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(0.4 ea daily); AL(At least 6 yrs old)
<i>sumatriptan soln</i>	1	QL(0.2 ea daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<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 50 mg, 100 mg, 25 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)
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	1	
<i>sodium acetate soln 4 meq/ml</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
CALCIUM GLUCONATE SOLN	1	
<i>calcium gluconate soln</i>	1	
Electrolyte Mixtures		
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-MB/DEXTROSE 5% SOLN 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MEQ/L-5 %, 20 MEQ/L-22 MEQ/L-23 MEQ/L-25 MEQ/L-3 MEQ/L-3 MMOLE/L-5 %	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 129 MEQ/L-130 MEQ/L-2.7 MEQ/L-24 MEQ/L-28 MEQ/L-5 %, 130 MEQ/L-149 MEQ/L-24 MEQ/L-28 MEQ/L-3 MEQ/L-5 %	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE/SODIUM CHLORIDE SOLN 0.45 %-20 MEQ/L, 0.9 %-40 MEQ/L (<i>Use potassium chloride in nacl</i>)	NF	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
Phosphate		
<i>potassium phosphates soln 224 mg/ml-236 mg/ml</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use potassium chloride</i>)	NF	
K-TAB TBCR 8 MEQ (<i>Use potassium chloride</i>)	1	
<i>potassium acetate soln</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 10 meq, 8 meq</i>	1	
<i>potassium chloride microencapsulated crystals er tbcr</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
POTASSIUM CHLORIDE SOLN IV 10 MEQ/100ML, 10 MEQ/50ML	1	
<i>potassium chloride soln iv 2 meq/ml</i>	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 3 %, 5 %, 4 meq/ml, 0.45 %, 0.9 %</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant) tabs</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	
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 (Use everolimus (immunosuppressant))	NF	PA; QL(20 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
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		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
DEBACTEROL SOLN	2	
PERIDEX SOLN (Use chlorhexidine gluconate (mouth-throat))	NF	
Dental Products		
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetanide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
PRENATAL LOW IRON TABS	2	QL(1 ea daily)
PRENATAL MULTIVITAMIN TABS	2	QL(1 ea daily)
PRENATAL ONE DAILY TABS	2	QL(1 ea daily)
PRENATAL TABS 0.8 MG-1.5 MG-1.7 MG-100 MG-11 UNIT-18 MG-2.6 MG-25 MG-263 MG-27 MG-4 MCG-400 UNIT-4000 UNIT, 0.8 MG-1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG, 1.5 MG-1.7 MG-10 MCG-100 MG-1200 MCG-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG-5 MG-800 MCG, 1.7 MG-1.8 MG-120 MG-2.6 MG-20 MG-200 MG-25 MG-28 MG-30 UNIT-400 UNIT-4000 UNIT-8 MCG-800 MCG, 1.7 MG-1.84 MG-100 MG-11 UNIT-160 MG-18 MG-2.6 MG-200 MG-25 MG-27 MG-4 MCG-400 UNIT-4000 UNIT-800 MCG	2	QL(1 ea daily)
PRENATAL TABS 1 MG-1.84 MG-10 MG-12 MCG-120 MG-2 MG-20 MG-200 MG-22 MG-25 MG-27 MG-3 MG-400 UNIT-4000 UNIT	2	QL(1 ea daily); RX/OTC
PRENATAL VITAMIN & MINERAL TABS	2	QL(1 ea daily)
PRENATAL VITAMIN TABS	2	QL(1 ea daily)
PRENATAL VITAMIN/IRON TABS	2	QL(1 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
PREPLUS TABS	2	QL(1 ea daily); RX/OTC
PX PRENATAL MULTIVITAMINS TABS	2	QL(1 ea daily)
QC PRENATAL TABS	2	QL(1 ea daily)
RA PRENATAL FORMULA/FOLICACID TABS	2	QL(1 ea daily)
RA PRENATAL TABS	2	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	2	QL(1 ea daily)
SM PRENATAL VITAMINS TABS	2	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	2	QL(1 ea daily); RX/OTC
TRICARE TABS	2	QL(1 ea daily); RX/OTC
VITATHELY/GINGER TABS	2	QL(1 ea daily); RX/OTC
VOL-PLUS TABS	2	QL(1 ea daily); RX/OTC
WESTAB PLUS TABS	2	QL(1 ea daily); RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs 500 mg</i>	1	QL(6 ea daily)
<i>cyclobenzaprine hcl tabs 10 mg, 5 mg</i>	1	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<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)

Drug Name	Drug Tier	Requirements/ Limits
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, 50 mg, 25 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (<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
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,

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month; QL(32 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>triamcinolone acetonide (nasal)</i>)	NF	
NASONEX SUSP (Use <i>mometasone furoate (nasal)</i>)	NF	PA; QL(1.14 gm daily)
<i>triamcinolone acetonide (nasal) aero</i>	1	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use <i>riluzole</i>)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORT SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	

Drug Name	Drug Tier	Requirements/ Limits
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 (Use <i>dorzolamide hcl-timolol maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 0.5 %-2 %, 20 mg/ml-5 mg/ml, 22.3 mg/ml-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln</i>	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>)	NF	
TIMOPTIC-XE SOLG (Use <i>timolol maleate (ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NF	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (Use <i>pilocarpine hcl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (Use brimonidine tartrate)	NF	
apraclonidine hcl soln	1	
brimonidine tartrate soln	1	
IOPIDINE SOLN 0.5 % (Use apraclonidine hcl)	NF	
IOPIDINE SOLN 1 %	3	
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACIGUENT OINT	3	
bacitracin (ophthalmic) oint	3	
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NF	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	NF	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	1	
gentamicin sulfate (ophth) oint	1	
gentamicin sulfate (ophth) soln	1	
KLARITY-A SOLN	3	
levofloxacin (ophth) soln	1	
moxifloxacin hcl (ophth) soln	1	
NATACYN SUSP	2	
neomycin-bacitracin zn-polymyxin oint	1	

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

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

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP (Use tobramycin-dexamethasone)	NF	
tobramycin-dexamethasone susp	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use ketorolac tromethamine (ophth))	NF	
ACULAR SOLN (Use ketorolac tromethamine (ophth))	NF	
ALOCRIOL SOLN	3	PA
ALOMIDE SOLN	3	PA
azelastine hcl (ophth) soln	1	
BEPREVE SOLN	3	PA
bromfenac sodium (ophth) soln	1	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	2	PA; QL(2.143 ml daily)
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	
ELESTAT SOLN (Use epinastine hcl (ophth))	NF	
EMADINE SOLN	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
ketorolac tromethamine (ophth) soln	1	
ketotifen fumarate (ophth) soln	1	
LASTACRAFT SOLN	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUSP (Use <i>ciprofloxacin-dexamethasone</i>)	NF	PA
<i>ciprofloxacin-dexamethasone susp</i>	1	PA
<i>ciprofloxacin-fluocinolone acetone soln</i>	1	PA; QL(0.5 ea daily)
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN (Use <i>ciprofloxacin-fluocinolone acetone</i>)	3	PA; QL(0.5 ea daily)
Otic Steroids		
DERMOTIC OIL (Use <i>fluocinolone acetone (otic)</i>)	NF	
<i>fluocinolone acetone (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

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

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

Drug Name	Drug Tier	Requirements/ Limits
MEGACE ES SUSP (<i>Use megestrol acetate (appetite)</i>)	NF	PA
<i>megestrol acetate (appetite) susp</i>	1	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (<i>Use progesterone micronized</i>)	NF	
PROVERA TABS (<i>Use medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (<i>Use disulfiram</i>)	NF	
<i>disulfiram tabs</i>	1	
LUCEMYRA TABS	3	PA; QL(224 ea per 14 days retail)
Anti-Cataleptic Agents		
XYREM SOLN	4	PA; QL(18 ml daily); SP
Antidementia Agents		
ARICEPT TABS 10 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (<i>Use donepezil hydrochloride</i>)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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, 8 mg, 4 mg</i>	1	QL(2 ea daily)
<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 (<i>Use memantine hcl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>Use memantine hcl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (<i>Use galantamine hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
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 (<i>Use tetrabenazine</i>)	NF	PA; QL(3 ea daily); SP
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use dalfampridine</i>)	NF	PA; QL(2 ea daily); SP
AUBAGIO TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT	4	PA; QL(0.0714 ml daily); SP
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	3	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use 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 0.25 MG	4	PA;
GILENYA CAPS 0.5 MG	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 TABS	4	PA
OCREVUS SOLN	4	PA
PLEGRIDY SOPN SC	4	PA; QL(0.0357 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

Drug Name	Drug Tier	Requirements/ Limits
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
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	3	PA; QL(1 ea daily)
LYRICA CR TB24 330 MG	3	PA; QL(2 ea daily)
Premenstrual Dysphoric Disorder (PMDD) Agents		
<i>fluoxetine hcl (pmdd) caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl (pmdd) caps 20 mg</i>	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUDEXTA CAPS	3	PA
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	1	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	PA; QL(2 ea daily)
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 (<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	
ZYBAN TB12 (<i>Use bupropion hcl (smoking deterrent)</i>)	NF	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, 125 MG-200 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	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)
<i>tetracycline hcl caps</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN CAPS 100 MG (<i>Use doxycycline hyclate</i>)	NF	QL(2 ea daily)
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, 125 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 112 mcg, 137 mcg, 175 mcg, 200 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	
WESTHROID TABS	2	
WP THYROID TABS	2	
TOXOIDS		

Drug Name	Drug Tier	Requirements/Limits
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
DAPTACEL SUSP	0	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	0	
INFANRIX SUSP	0	
KINRIX SUSP	0	
PEDIARIX SUSP	0	
PENTACEL SUSP	0	
QUADRACEL SUSP	0	
TDVAX SUSP	0	
TENIVAC INJ	0	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT 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	

Drug Name	Drug Tier	Requirements/ Limits
LIBRAX CAPS (<i>Use chlordiazepoxide hcl-clidinium bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 800 mg, 400 mg</i>	1	
<i>famotidine in nacl soln</i>	1	
<i>famotidine soln iv 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
<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 TABS 20 MG (<i>Use famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (<i>Use famotidine</i>)	NF	
<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		

Drug Name	Drug Tier	Requirements/ Limits
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)
Proton Pump Inhibitors		
ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NF	QL(1 ea daily)
DEXILANT CPDR	3	PA; QL(1 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (<i>Use esomeprazole magnesium</i>)	NF	RX/OTC
NEXIUM CPDR 40 MG (<i>Use 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 (<i>Use lansoprazole</i>)	NF	QL(2 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
PREVACID CPDR 15 MG (Use lansoprazole)	NF	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use lansoprazole)	NF	
PRILOSEC OTC TBEC (Use omeprazole magnesium)	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use pantoprazole sodium)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use pantoprazole sodium)	NF	
rabeprazole sodium tbec	1	QL(1 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use misoprostol)	NF	QL(4 ea daily)
misoprostol tabs	1	QL(4 ea daily)
Ulcer Therapy Combinations		
omeprazole-sodium bicarbonate caps 1100 mg- 20 mg	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS 1100 MG- 20 MG (Use omeprazole- sodium bicarbonate)	NF	RX/OTC
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
darifenacin hydrobromide tb24	1	QL(1 ea daily)
DETROL LA CP24 (Use tolterodine tartrate)	NF	QL(1 ea daily)
DETROL TABS (Use tolterodine tartrate)	NF	
DITROPAN XL TB24 (Use oxybutynin chloride)	NF	
ENABLEX TB24 (Use darifenacin hydrobromide)	NF	QL(1 ea daily)
oxybutynin chloride syrp	1	
oxybutynin chloride tabs	1	
oxybutynin chloride tb24	1	

Drug Name	Drug Tier	Requirements/Limits
solifenacin succinate tabs	1	PA; QL(1 ea daily)
tolterodine tartrate cp24 2 mg, 4 mg	1	QL(1 ea daily)
tolterodine tartrate tabs 1 mg, 2 mg	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
tropium chloride cp24 60 mg	1	QL(1 ea daily)
tropium chloride tabs 20 mg	1	
VESICARE TABS (Use solifenacin succinate)	NF	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride tabs 10 mg, 5 mg, 50 mg	1	QL(4 ea daily)
bethanechol chloride tabs 25 mg	1	
URECHOLINE TABS 10 MG, 5 MG, 50 MG (Use bethanechol chloride)	NF	QL(4 ea daily)
URECHOLINE TABS 25 MG (Use bethanechol chloride)	NF	
Urinary Antispasmodics - Direct Muscle Relaxants		
flavoxate hcl tabs	1	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR	0	
BEXSERO SUSY	0	
HIBERIX SOLR	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO SOLR	0	

Drug Name	Drug Tier	Requirements/ Limits
PEDVAX HIB SUSP	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	
PREVNAR 13 SUSP	0	
TRUMENBA SUSY	0	
Viral Vaccines		
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
ENGERIX-B INJ IM 10 MCG/0.5ML, 20 MCG/ML	0	
ENGERIX-B SUSP IJ 10 MCG/0.5ML	0	

Drug Name	Drug Tier	Requirements/ Limits
ENGERIX-B SUSP IJ 20 MCG/ML	0	3 rtl MAX fill,365 rtl day(s) supply,3 mail MAX fill,365 mail day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS PRSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2019-2020 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2020-2021 SOSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUCELVAX QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

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

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE HIGH-DOSE PF 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2020-2021 SUSY	0	1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2019-2020 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2020-2021 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
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	
HEPLISAV-B SOLN	0	
HEPLISAV-B SOSY	0	
IPOL INACTIVATED IPV INJ	0	
M-M-R II SOLR	0	1 rtl MAX fill,365 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
RECOMBIVAX HB SUSP	0	
ROTARIX SUSR	0	
ROTATEQ SOLN	0	
SHINGRIX SUSR	0	QL(1 ea per fill retail)2 rtl pack lmt amt,999 rtl pack lmt day(s),; AL(At least 50 yrs old)
TWINRIX SUSY	0	
VAQTA SUSP	0	
VARIVAX INJ	0	2 rtl MAX fill,365 rtl day(s) supply,
ZOSTAVAX SUSR	0	QL(1 ea per fill retail)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 <i>clindamycin phosphate vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	
GYNAZOLE-1 CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
GYNE-LOTRIMIN CREA (Use <i>clotrimazole vaginal</i>)	NF	
METROGEL-VAGINAL GEL (Use <i>metronidazole vaginal</i>)	NF	
<i>metronidazole vaginal gel</i>	1	
<i>miconazole nitrate vaginal supp</i>	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Contraceptive - pH Modulators		
PHEXXI GEL	0	PV
Vaginal Estrogens		
ESTRACE CREA (Use <i>estradiol vaginal</i>)	NF	
<i>estradiol vaginal crea</i>	1	
<i>estradiol vaginal tabs</i>	1	
FEMRING RING	3	
PREMARIN CREA	2	
VAGIFEM TABS (Use <i>estradiol vaginal</i>)	NF	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<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,

Drug Name	Drug Tier	Requirements/ Limits
<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		
<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 8000 unit/ml</i>	1	
VITAMIN D2 TABS	0	AL(At least 65 yrs old)
Water Soluble Vitamins		
<i>niacin cpcr or 250 mg, 500 mg</i>	1	
<i>niacin tabs or 250 mg, 50 mg, 100 mg, 500 mg</i>	1	
<i>niacin tbcrr or 750 mg, 250 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
SLO-NIACIN TBCR 250 MG (<i>Use niacin</i>)	NF	
SLO-NIACIN TBCR 750 MG, 500 MG (<i>Use niacin</i>)	1	

Index

1ST TIER UNIFINE PENTIPS/MINI/31GX5MM .. 90	ACCU-CHEK SAFE-T-PRO PLUSLANCETS..... 77	ADEMPAS.....50
1ST TIER UNIFINE PENTIPS29GX12MM 90	ACCU-CHEK SOFTCLIX LANCETS..... 77	ADIPEX-P.....1
1ST TIER UNIFINE PENTIPS31GX6MM 90	ACCUPRIL..... 30	ADJUSTABLE LANCING DEVICE..... 77
1ST TIER UNIFINE PENTIPS31GX8MM 90	ACCURETIC..... 31	ADVAIR DISKUS..... 14
1ST TIER UNIFINE PENTIPS32GX4MM 90	acebutolol hcl..... 48	ADVAIR HFA..... 14
1ST TIER UNIFINE PENTIPS32GX6MM 90	acetaminophen w/ codeine . 8	ADVANCED MOBILE LANCET 30G..... 77
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM .. 90	acetaminophen-caff- dihydrocod..... 8	ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM.... 90
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM .. 90	acetazolamide..... 65	ADVOCATE INSULIN PEN NEEDLES 31GX5MM..... 90
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM 90	acetazolamide sodium..... 65	ADVOCATE INSULIN PEN NEEDLES 31GX8MM..... 90
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM..... 90	acetic acid..... 71	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" 90
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM 90	acetic acid (otic)..... 133	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16" 90
1ST TIER UNILET COMFORTOUCH LANCETS 28G..... 77	acetylcysteine..... 55	ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16" 90
1ST TIER UNILET COMFORTOUCH LANCETS 30G..... 77	ACIPHEX..... 139	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" 90
abacavir sulfate..... 44	acitretin..... 59	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16" 91
abacavir sulfate-lamivudine . 44	ACTHAR..... 66	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16" 91
abacavir sulfate-lamivudine- zidovudine 44	ACTHIB..... 140	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" 91
ABELCET..... 27	ACTI-LANCE LANCETS 28G..... 77	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" 91
ABILIFY..... 44	ACTI-LANCE LITE SAFETY LANCETS 28G..... 77	ADVOCATE LANCETS..... 78
abiraterone acetate..... 36	ACTI-LANCE SPECIAL SAFETY LANCETS 17G... 77	ADVOCATE LANCETS 30G... 77
ABOUTTIME PEN NEEDLE 32GX 5/32"..... 90	ACTI-LANCE SPECIAL SAFETY LANCETS 17G... 77	ADVOCATE LANCING DEVICE..... 78
ABOUTTIME PEN NEEDLES 30GX 5/16"..... 90	ACTI-LANCE SPECIAL SAFETY LANCETS 23G... 77	ADVOCATE RAPID-SAFE LANCING DEVICE..... 78
ABOUTTIME PEN NEEDLES 31G X 3/16"..... 90	ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G... 77	ADVOCATE SAFETY LANCETS..... 78
ABOUTTIME PEN NEEDLES 31G X 5/16"..... 90	ACTIGALL..... 70	ADVOCATE SAFETY LANCETS 26G..... 78
ABRAXANE..... 40	ACTIMMUNE..... 39	AFINITOR..... 37
acamprosate calcium..... 135	ACTIQ..... 6	AFLURIA 2018-2019..... 141
acarbose..... 23	ACTONEL..... 66	AFLURIA PF 2018-2019... 141
ACCOLATE..... 14	ACTOPLUS MET..... 23	AFLURIA QUADRIVALENT 2018-2019..... 141
ACCU-CHEK FASTCLIX LANCETS..... 77	ACTOS..... 24	
ACCU-CHEK MULTICLIX LANCETS..... 77	ACULAR..... 132	
ACCU-CHEK SAFE-T-PRO LANCETS..... 77	ACULAR LS..... 132	
	acyclovir..... 47	
	acyclovir topical..... 60	
	ADACEL..... 138	
	ADAGEN..... 3	
	ADALAT CC..... 49	
	adapalene..... 55	
	adapalene-benzoyl peroxide..... 55	
	ADCETRIS..... 36	
	ADCIRCA..... 50	
	ADDERALL..... 1	
	ADDERALL XR..... 1	
	adefovir dipivoxil..... 46	

AFLURIA QUADRIVALENT 2019-2020.....	141	ALTERNATE SITE LANCING DEVICE.....	78	ANCOBON.....	27
AFLURIA QUADRIVALENT 2020-2021.....	141	ALTOPREV.....	30	ANDRODERM.....	9
AGAMATRIX ULTRA-THIN LANCETS 33G.....	78	alvimopan.....	71	ANNOVERA.....	53
AGGRENOL.....	72	amantadine hcl.....	40	ANORO ELLIPTA.....	15
AGRYLIN.....	72	AMARYL.....	25	ANTABUSE.....	135
AIMOVIG.....	123	AMBIEN.....	74	ANUSOL-HC.....	10
AIMSCO LUBRICATED.....	76	AMBIEN CR.....	74	ANZEMET.....	26
AIMSCO TWIST LANCETS 32G.....	78	AMBISOME.....	27	APOKYN.....	40
AIMSCO TWIST LANCETS 33G.....	78	ambrisentan.....	50	apraclonidine hcl.....	131
AKYNZEO.....	26	amcinonide.....	60	aprepitant.....	27
albendazole.....	10	AMCINONIDE.....	60	APRISO.....	70
ALBENZA.....	10	AMERGE.....	124	APTIOM.....	17
albuterol sulfate.....	14,15	AMICAR.....	73	APTIVUS.....	44
ALCAINE.....	131	amikacin sulfate.....	3	AQUA LANCE ADJUSTABLE LANCING DEVICE.....	78
alclometasone dipropionate.....	60	amiloride & hydrochlorothiazide.....	65	AQUALANCE LANCETS ULTRA THIN 30G.....	78
ALDACTAZIDE.....	65	amiloride hcl.....	65	ARALAST NP.....	137
ALDACTONE.....	65	aminocaproic acid.....	73	ARANESP ALBUMIN FREE.....	73
ALDARA.....	63	aminophylline.....	15	ARAVA.....	5
ALDURAZYME.....	67	amiodarone hcl.....	13	ARCALYST.....	4
alendronate sodium.....	66	AMITIZA.....	70	ARCAPTA NEOHALER.....	15
alfuzosin hcl.....	71	amitriptyline hcl.....	22	ARICEPT.....	135
ALIMTA.....	35	amlodipine besylate.....	49	ARIKAYCE.....	3
ALINIA.....	11	amlodipine besylate- atorvastatin calcium.....	50	ARIMIDEX.....	36
aliskiren fumarate.....	33	amlodipine besylate-benazepril hcl.....	31	aripiprazole.....	44
ALKERAN.....	34	amlodipine besylate-olmesartan medoxomil.....	31	ARIXTRA.....	16
ALLEGRA ALLERGY.....	28	amlodipine besylate- valsartan.....	31	armodafinil.....	2
ALLEGRA ALLERGY CHILDRENS.....	28	amlodipine-valsartan- hydrochlorothiazide.....	31	ARMOUR THYROID.....	138
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	55	amoxapine.....	22	ARNUITY ELLIPTA.....	14
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	55	amoxicillin.....	134	AROMASIN.....	36
allopurinol.....	72	amoxicillin & pot clavulanate.....	134	ARRANON.....	35
almotriptan malate.....	124	amphetamine- dextroamphetamine.....	1	arsenic trioxide.....	39
ALOCRIAL.....	132	amphotericin b.....	27	ARTHROTEC 50.....	4
alogliptin benzoate.....	24	ampicillin.....	134	ARTHROTEC 75.....	4
ALOMIDE.....	132	ampicillin & sulbactam sodium.....	134	ARZERRA.....	36
alosetron hcl.....	70	ampicillin sodium.....	134	ASACOL HD.....	70
ALOXI.....	26	AMPYRA.....	135	asenapine maleate.....	42
ALPHAGAN P.....	131	ANADROL-50.....	9	aspirin.....	6
alprazolam.....	13	ANAFRANIL.....	22	aspirin-dipyridamole.....	72
ALREX.....	131	anagrelide hcl.....	72	ASSURE COMFORT LANCETS ULTRA THIN 28G.....	78
ALTABAX.....	57	anastrozole.....	36	ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....	78
ALTACE.....	30			ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....	78
				ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....	78

ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....	78	AURORA UNIFINE PENTIPS/MINI/31GX3/16"	91	BACIGUENT.....	131
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....	78	AUSTEDO.....	135	bacitracin.....	10
ASSURE ID INSULIN SAFETY SYRINGE/U- 100/0.5ML/29G X 1/2".....	91	AUTO-LANCET.....	78	bacitracin (ophthalmic).....	131
ASSURE ID INSULIN SAFETY SYRINGE/U- 100/1ML/29G X 1/2".....	91	AUTO-LANCET MINI.....	78	baclofen.....	129
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	91	AUTOLET IMPRESSION LANCING DEVICE.....	78	BACTRIM.....	10
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	91	AUTOLET LANCING DEVICE.....	78	BACTRIM DS.....	10
ASSURE LANCE LANCETS 21G.....	78	AUTOLET MINI.....	78	BALCOLTRA.....	51
ASSURE LANCE LANCETS 21G.....	78	AUTOLET PLUS.....	78	balsalazide disodium.....	70
ASSURE LANCE PLUS SAFETY LANCETS 25G.....	78	AVALIDE.....	31	BALVERSA.....	37
ASSURE LANCE PLUS SAFETY LANCETS 30G.....	78	AVANDIA.....	24	BANZEL.....	17
ASSURE LANCE SAFETY LANCET 28G.....	78	AVAPRO.....	31	BAQSIMI ONE PACK.....	24
ASSURE LANCETS.....	78	AVELOX.....	69	BAQSIMI TWO PACK.....	24
ATACAND.....	31	AVODART.....	71	BARACLUDE.....	46
ATACAND HCT.....	31	AVONEX.....	136	BASAGLAR KWIKPEN.....	24
atazanavir sulfate.....	44	AVONEX PEN.....	136	BAXDELA.....	69
ATELVIA.....	66	AYGESTIN.....	134	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	91
atenolol.....	48	azacitidine.....	35	BD AUTOSHIELD 29G X 5/16".....	91
atenolol & chlorthalidone.....	31	AZACTAM.....	11	BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	91
ATGAM.....	126	AZASAN.....	126	BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	91
ATIVAN.....	13	AZASITE.....	131	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	91
atomoxetine hcl.....	2	AZATHIOPRINE.....	126	BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	91
atorvastatin calcium.....	30	azathioprine.....	126	BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	91
atovaquone.....	11	azelaic acid.....	64	BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	91
atovaquone-proguanil hcl.....	33	azelastine hcl.....	129	BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	91
ATRIPLA.....	44	azelastine hcl (ophth).....	132	BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	91
atropine sulfate.....	138	AZELEX.....	55	BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	91
ATROVENT HFA.....	14	AZILECT.....	41	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	91
AUBAGIO.....	135	azithromycin.....	75	BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	91
AUGMENTIN.....	134	AZOR.....	31	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	92
AUGMENTIN ES-600.....	134	aztreonam.....	11	BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	92
AURORA LANCET SUPER THIN30G.....	78	AZULFIDINE.....	70		
AURORA LANCET THIN 23G.....	78	AZULFIDINE EN-TABS.....	70		
AURORA PEN NEEDLES 29GX12MM.....	91	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	91		
AURORA PEN NEEDLES 31G X6MM.....	91	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	91		
AURORA PEN NEEDLES 31G X8MM.....	91	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	91		
AURORA UNIFINE PENTIPS/32GX5/32".....	91	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	91		
		B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	91		

BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM.....	92	BD INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	92	BENZAFLIN.....	55
BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM.....	92	BD LANCET ULTRAFINE 30G.....	78	BENZAFLIN WITH PUMP.....	55
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM.....	92	BD LANCET ULTRAFINE 33G.....	78	BENZAMYCIN.....	56
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16".....	92	BD MICROTAINER LANCETS.....	78	benzonatate.....	54,55
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	92	BD PEN NEEDLE/MICRO/ULTRAFINE/32G X 6MM.....	92	benzoyl peroxide.....	56
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	92	BD PEN NEEDLE/MINI/ULTRAFINE/31G X 5MM.....	92	BENZOYL PEROXIDE CLEANSER.....	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	92	BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32".....	92	benzoyl peroxide-erythromycin.....	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	92	BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM.....	92	benztropine mesylate.....	40
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	92	BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM.....	92	BEPREVE.....	132
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	92	BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 8MM.....	92	betamethasone dipropionate (topical).....	60
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	92	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	93	betamethasone dipropionate augmented.....	61
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	92	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	93	betamethasone valerate.....	61
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	92	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	93	BETAPACE.....	48
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	92	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	93	BETAPACE AF.....	48
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	92	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	93	BETASERON.....	136
BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	92	BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16".....	93	betaxolol hcl.....	48
BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	92	BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	93	betaxolol hcl (ophth).....	130
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	92	BD VEO INSULIN SYRINGE ULTRA-FINE/U-100/1ML/31G X 15/64".....	93	bethanechol chloride.....	140
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	92	BELSOMRA.....	74	BEVESPI AEROSPHERE.....	15
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	92	BELVIQ.....	2	BEVYXXA.....	15
		benazepril & hydrochlorothiazide.....	32	bexarotene.....	39
		benazepril hcl.....	30	BEXSERO.....	140
		BENICAR.....	31	BEYAZ.....	51
		BENICAR HCT.....	32	bicalutamide.....	36
				BICNU.....	34
				BIDIL.....	50
				BIKTARVY.....	44
				BILTRICIDE.....	10
				bimatoprost.....	133
				bisacodyl.....	75
				bisoprolol & hydrochlorothiazide.....	32
				bisoprolol fumarate.....	48
				bleomycin sulfate.....	37
				BLEPH-10.....	131
				BONIVA.....	66
				BOOSTRIX.....	138
				BORTEZOMIB.....	37
				bosentan.....	50
				BOSULIF.....	37
				BOTOX.....	130
				BRAFTOVI.....	37
				BREO ELLIPTA.....	15
				BRILINTA.....	72

brimonidine tartrate.....	131	calcipotriene-betamethasone dipropionate.....	61	CAREFINE PEN NEEDLES 32GX6MM.....	93
BRIVIACT.....	17	calcitonin (salmon).....	66	CAREONE ADVANCED LANCINGDEVICE.....	78
bromfenac sodium (ophth).....	132	calcitriol.....	67	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	93
bromocriptine mesylate.....	40	calcitriol (topical).....	60	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	93
BROVANA.....	15	calcium acetate (phosphate binder).....	71	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	93
BRUKINSA.....	37	calcium chloride (dihydrate).....	125	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	93
budesonide.....	53	CALCIUM GLUCONATE.....	125	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	93
budesonide (inhalation).....	14	calcium gluconate.....	125	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	93
budesonide (nasal).....	129	calcium polycarbophil.....	74	CAREONE LANCET SUPER THIN/30G.....	78
budesonide-formoterol fumarate dihydrate.....	15	CAMPATH.....	36	CAREONE LANCET THIN.....	78
BULLSEYE MINI SAFETY LANCETS.....	78	CAMPTOSAR.....	40	CAREONE UNIFINE PENTIPS 29GX12MM.....	93
BULLSEYE SAFETY LANCETS.....	78	CANASA.....	70	CAREONE UNIFINE PENTIPS 31GX5MM.....	93
bumetanide.....	65	CANCIDAS.....	27	CAREONE UNIFINE PENTIPS 31GX6MM.....	93
BUMEX.....	65	candesartan cilexetil.....	31	CAREONE UNIFINE PENTIPS 31GX8MM.....	93
BUNAVAIL.....	9	candesartan cilexetil- hydrochlorothiazide.....	32	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	93
BUPHENYL.....	67	CAPASTAT SULFATE.....	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	93
BUPRENEX.....	9	capecitabine.....	35	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	93
buprenorphine.....	9	CAPRELSA.....	37	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	93
buprenorphine hcl.....	9	captopril.....	30	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	94
buprenorphine hcl-naloxone hcl dihydrate.....	9	CARAFATE.....	139	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	94
bupropion hcl.....	20	CARBAGLU.....	67	CARESENS LANCETS.....	78
bupropion hcl (smoking deterrent).....	136	carbamazepine.....	17	CARETOUCH LANCING DEVICewith EJECTOR.....	79
buspirone hcl.....	12	CARBATROL.....	17	CARETOUCH PEN NEEDLES 31G X 6 MM.....	94
busulfan.....	34	carbidopa.....	40	CARETOUCH PEN NEEDLES 31GX 5MM.....	94
BUSULFEX.....	35	carbidopa-levodopa.....	40	CARETOUCH PEN NEEDLES 31GX 8MM.....	94
butalbital-acetaminophen.....	5	carbidopa-levodopa- entacapone.....	41	CARETOUCH PEN NEEDLES 32GX 4MM.....	94
butalbital-acetaminophen- caffeine.....	5	carbinoxamine maleate.....	28		
butalbital-acetaminophen- caffeine w/ codeine.....	8	carboplatin.....	35		
butalbital-aspirin-caffeine.....	5	CARDIOCOM LANCING DEVICE.....	78		
butalbital-aspirin-caffeine w/cod.....	8	CARDIZEM.....	49		
butenafine hcl.....	57	CARDIZEM CD.....	49		
butorphanol tartrate.....	9	CARDIZEM LA.....	49		
BUTRANS.....	9	CARDURA.....	31		
BYSTOLIC.....	48	CAREFINE PEN NEEDLE 32GX4MM.....	93		
cabergoline.....	68	CAREFINE PEN NEEDLES 29GX1/2".....	93		
CABLIVI.....	72	CAREFINE PEN NEEDLES 30GX5/16".....	93		
CADUET.....	50	CAREFINE PEN NEEDLES 31GX6MM.....	93		
CAFERGOT.....	123	CAREFINE PEN NEEDLES 31GX8MM.....	93		
CALAN.....	49	CAREFINE PEN NEEDLES 32GX5MM.....	93		
CALAN SR.....	49				
calcipotriene.....	60				

CARETOUCH PEN NEEDLES 32GX 5MM.....	94	CERDELGA.....	72	CIPRO.....	69
CARETOUCH SAFETY LANCETS/26G.....	79	CEREBYX.....	19	CIPRO HC.....	133
CARETOUCH SAFETY LANCETS/28G.....	79	CEREZYME.....	72	CIPRODEX.....	133
CARETOUCH SAFETY LANCETS/30G.....	79	CESAMET.....	26	ciprofloxacin.....	69
CARETOUCH TWIST LANCETS 28G.....	79	cetirizine hcl.....	28	ciprofloxacin hcl.....	69
CARETOUCH TWIST LANCETS 30G.....	79	cetirizine-pseudoephedrine	55	ciprofloxacin hcl (ophth)....	131
CARETOUCH TWIST LANCETS 33G.....	79	CETRAXAL.....	133	ciprofloxacin hcl (otic).....	133
carisoprodol.....	129	CETROTIDE.....	67	ciprofloxacin in d5w.....	69
carmustine.....	35	cevimeline hcl.....	127	ciprofloxacin-ciprofloxacin hcl.....	69
carteolol hcl (ophth).....	130	CHANTIX.....	136	ciprofloxacin-dexamethasone	133
carvedilol.....	48	CHANTIX CONTINUING MONTHPAK.....	136	ciprofloxacin-fluocinolone acetonide.....	133
CASODEX.....	36	CHANTIX STARTING MONTH PAK.....	136	cisplatin.....	35
caspofungin acetate.....	27	CHEMET.....	25	citalopram hydrobromide....	21
CATAPRES.....	31	CHEMSTRIP-K.....	64	CLARINEX.....	28
CATAPRES-TTS-1.....	31	CHILDRENS ADVIL.....	4	clarithromycin.....	75
CATAPRES-TTS-2.....	31	CHILDRENS MOTRIN.....	4	CLARITIN.....	28
CATAPRES-TTS-3.....	31	chloramphenicol sodium succinate.....	11	CLARITIN ALLERGY CHILDRENS.....	28
CAYA.....	76	chlordiazepoxide hcl.....	13	CLARITIN CHILDRENS.....	28
CAYSTON.....	11	chlordiazepoxide hcl-clidinium bromide.....	138	CLARITIN REDITABS.....	28
cefaclor.....	51	chlorhexidine gluconate (mouth-throat).....	127	CLARITIN-D 12 HOUR.....	55
cefadroxil.....	51	chloroquine phosphate....	33	CLARITIN-D 24 HOUR.....	55
cefazolin sodium.....	51	chlorothiazide.....	65	CLASSIC PRENATAL.....	128
cefdinir.....	51	chlorpromazine hcl.....	43	CLEANLET LANCETS 28G.....	79
cefditoren pivoxil.....	51	chlorpropamide.....	25	clemastine fumarate.....	28
cefepime hcl.....	51	chlorthalidone.....	65	CLENPIQ.....	74
cefixime.....	51	chlorzoxazone.....	129	CLEOCIN.....	11,143
CEFOTAN.....	51	CHOLBAM.....	70	CLEOCIN PEDIATRIC GRANULES.....	11
cefotaxime sodium.....	51	cholecalciferol.....	144	CLEOCIN PHOSPHATE.....	11
cefotetan disodium.....	51	cholestyramine.....	29	CLEOCIN-T.....	56
cefoxitin sodium.....	51	cholestyramine light.....	29	CLEVER CHEK LANCETS ULTRATHIN.....	79
cefpodoxime proxetil.....	51	CHORIONIC GONADOTROPIN.....	66	CLEVER CHEK LANCETS ULTRATHIN 30G.....	79
cefprozil.....	51	CIALIS.....	50	CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	94
ceftazidime.....	51	ciclopirox.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" 94	
ceftriaxone sodium.....	51	ciclopirox olamine.....	57	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" 94	
cefuroxime axetil.....	51	cidofovir.....	46	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	94
cefuroxime sodium.....	51	cilostazol.....	72		
CELEBREX.....	4	CILOXAN.....	131		
celecoxib.....	4	CIMDUO.....	44		
CELEXA.....	21	cimetidine.....	139		
CELLCEPT.....	126	cimetidine hcl.....	139		
CELONTIN.....	20	cinacalcet hcl.....	67		
cephalexin.....	51	CINRYZE.....	72		

CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	94	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	95	clocortolone pivalate.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	94	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	95	CLODERM.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	94	CLICKFINE PEN NEEDLE 32GX5/32".....	95	CLODERM PUMP.....	61
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	94	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	95	clofarabine.....	35
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	94	CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	95	clomipramine hcl.....	22
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	94	CLICKFINE PEN NEEDLES 31G X 1/4".....	95	clonazepam.....	17
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	94	CLICKFINE PEN NEEDLES 31G X 3/16".....	95	clonidine.....	31
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	94	CLICKFINE PEN NEEDLES 31G X 5/16".....	95	clonidine hcl.....	31
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16".....	94	CLICKFINE PEN NEEDLES 31G X 8MM.....	95	clonidine hcl (adhd).....	2
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	94	CLICKFINE PEN NEEDLES 32G X 5/32".....	95	clopidogrel bisulfate.....	72
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	94	CLICKFINE PEN NEEDLES/31GX1/4".....	95	clorazepate dipotassium.....	13
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	94	CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	95	clotrimazole.....	127
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	94	CLIMARA.....	69	clotrimazole (topical).....	57
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16".....	94	CLIMARA PRO.....	69	clotrimazole vaginal.....	143
CLEVER CHOICE COMFORT EZLANCETS 21G.....	79	CLINDAGEL.....	56	clotrimazole w/ betamethasone.....	57
CLEVER CHOICE COMFORT EZLANCETS 23G.....	79	clindamycin hcl.....	11	clozapine.....	42
CLEVER CHOICE COMFORT EZLANCETS 28G.....	79	clindamycin palmitate hydrochloride.....	11	CLOZARIL.....	42
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	94	clindamycin phosphate.....	11	COAGUCHEK LANCETS.....	79
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	94	clindamycin phosphate (topical).....	56	COARTEM.....	33
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	94	clindamycin phosphate vaginal.....	143	CODEINE SULFATE.....	6
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	95	clindamycin phosphate-benzoyl peroxide.....	56	codeine sulfate.....	6
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	95	clindamycin phosphate-benzoyl peroxide (refrigerate).....	56	COGENTIN.....	40
		clindamycin phosphate- tretinoin.....	56	COLACE.....	75
		CLINIMIX 4.25%/DEXTROSE 10%.....	130	COLAZAL.....	70
		CLINIMIX 4.25%/DEXTROSE 25%.....	130	colchicine.....	72
		CLINIMIX 4.25%/DEXTROSE 5%.....	130	colchicine w/ probenecid.....	72
		CLINIMIX 5%/DEXTROSE 25%.....	130	COLCRYS.....	72
		CLINIMIX E 5%/DEXTROSE 20%.....	130	colesevelam hcl.....	29
		clobazam.....	17	COLESTID.....	29
		clobetasol propionate.....	61	COLESTID FLAVORED.....	29
		clobetasol propionate emollient base.....	61	colestipol hcl.....	29
				COLY-MYCIN S.....	133
				COMBIGAN.....	130
				COMBIVIR.....	44
				COMETRIQ.....	38
				COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	95
				COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	95
				COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	95
				COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	95

COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16"	95	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16"	95	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2"	95	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16"	95	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16"	95	COMFORT ASSURED LANCETS MICRO THIN 33G	79	COMFORT ASSURED LANCETS SUPER THIN 28G	79	COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	95	COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"	95	COMFORT EZ MICRO/32G X 4MM	95	COMFORT EZ SHORT/31G X 8MM	95	COMFORT EZ/31G X 5MM	95	COMFORT EZ/31G X 6MM	95	COMFORT LANCETS	79	COMPLERA	44	COMTAN	40	CONCERTA	2	CONTRACE	2	COPAXONE	136	COPIKTRA	38	CORDRAN	61	COREG	48	CORGARD	48	CORLANOR	50	CORTEF	53	CORTENEMA	10	cortisone acetate	53	CORTISPORIN	57	CORTISPORIN-TC	133	COSENTYX	60	COSENTYX SENSOREADY PEN	60	COSMEGEN	37	COSOPT	130	COUMADIN	15	COZAAR	31	CREON	65	CRESEMBA	27	CRESTOR	30	CRIVAN	44	cromolyn sodium	13	cromolyn sodium (ophth)	132	crotamiton	64	CUBICIN	11	CUBICIN RF	11	CUPRIMINE	126	CUTIVATE	61	CUVITRU	133	CVS LANCETS 21G	79	CVS LANCETS MICRO THIN 33G	79	CVS LANCETS MICRO-THIN 33G	79	CVS LANCETS ORIGINAL	79	CVS LANCETS THIN 26G	79	CVS LANCETS ULTRA THIN 30G	79	CVS LANCETS ULTRA-THIN 30G	79	CVS LANCING DEVICE	79	CVS PRENATAL	128	CVS ULTRA THIN LANCETS	79	cyanocobalamin	73	cyclobenzaprine hcl	129	cyclophosphamide	35	cycloserine	34	CYCLOSET	24	cyclosporine	126	cyclosporine modified (for microemulsion)	126	CYKLOKAPRON	74	CYMBALTA	22	cyproheptadine hcl	29	CYSTADANE	67	CYSTAGON	71	CYSTARAN	132	cytarabine	35	CYTOMEL	138	CYTOTEC	140	CYTOVENE	46	D.H.E. 45	123	dacarbazine	39	DACOGEN	35	dactinomycin	37	DAKLINZA	47	dalfampridine	136	DALIRESP	14	danazol	9	DANTRIUM	129	dantrolene sodium	129	dapsone	11	DAPTACEL	138	daptomycin	11	DARAPRIM	33	darifenacin hydrobromide	140	DAURISMO	36	DAYPRO	4	DAYTRANA	2	DDAVP	68	DEBACTEROL	127	decitabine	35	deferasirox	25	deferiprone	25	DELESTROGEN	69	DELSTRIGO	44	DELZICOL	70	DEMADEX	65	demeclocycline hcl	137	DEMEROL	6	DENAVIR	60	DEPACON	20	DEPAKENE	20	DEPAKOTE	20	DEPAKOTE ER	20	DEPEN TITRATABS	126	DEPO-ESTRADIOL	69	DEPO-MEDROL	53	DEPO-PROVERA CONTRACEPTIVE	53	DEPO-SUBQ PROVERA 104	53	DEPO-TESTOSTERONE	10	DERMA-SMOOTH/FS BODY	61	DERMA-SMOOTH/FS SCALP	61	DERMOTIC	133	DESCOVY	44	desipramine hcl	22	desloratadine	28	desmopressin acetate	68	desmopressin acetate spray	68
--	----	--	----	--	----	---	----	---	----	--	----	--	----	--	----	--	----	-------------------------------	----	-------------------------------	----	----------------------	----	----------------------	----	-----------------	----	----------	----	--------	----	----------	---	----------	---	----------	-----	----------	----	---------	----	-------	----	---------	----	----------	----	--------	----	-----------	----	-------------------	----	-------------	----	----------------	-----	----------	----	----------------------------	----	----------	----	--------	-----	----------	----	--------	----	-------	----	----------	----	---------	----	--------	----	-----------------	----	-------------------------	-----	------------	----	---------	----	------------	----	-----------	-----	----------	----	---------	-----	-----------------	----	-------------------------------	----	-------------------------------	----	----------------------	----	----------------------	----	-------------------------------	----	-------------------------------	----	--------------------	----	--------------	-----	---------------------------	----	----------------	----	---------------------	-----	------------------	----	-------------	----	----------	----	--------------	-----	--	-----	-------------	----	----------	----	--------------------	----	-----------	----	----------	----	----------	-----	------------	----	---------	-----	---------	-----	----------	----	-----------	-----	-------------	----	---------	----	--------------	----	----------	----	---------------	-----	----------	----	---------	---	----------	-----	-------------------	-----	---------	----	----------	-----	------------	----	----------	----	--------------------------	-----	----------	----	--------	---	----------	---	-------	----	------------	-----	------------	----	-------------	----	-------------	----	-------------	----	-----------	----	----------	----	---------	----	--------------------	-----	---------	---	---------	----	---------	----	----------	----	----------	----	-------------	----	-----------------	-----	----------------	----	-------------	----	-------------------------------	----	--------------------------	----	-------------------	----	-------------------------	----	--------------------------	----	----------	-----	---------	----	-----------------	----	---------------	----	----------------------	----	----------------------------	----

desmopressin acetate spray refrigerated.....	68	diclofenac sodium.....	4	docusate sodium.....	75
desogestrel & ethinyl estradiol.....	52	diclofenac sodium (actinic keratoses).....	59	dofetilide.....	13
desogestrel-ethinyl estradiol (biphasic).....	52	diclofenac sodium (ophth).....	132	DOLOPHINE.....	6
desogestrel-ethinyl estradiol (triphasic).....	52	diclofenac sodium (topical).....	57	donepezil hydrochloride....	135
desonide.....	61	diclofenac w/ misoprostol...	4	DOPTelet.....	73
DESOWEN.....	61	dicloxacin sodium.....	134	dorzolamide hcl.....	132
desoximetasone.....	61	dicyclomine hcl.....	138	dorzolamide hcl-timolol maleate.....	130
DESOXYN.....	1	didanosine.....	44	DOVATO.....	44
desvenlafaxine succinate....	22	DIFFERIN.....	56	DOVONEX.....	60
DETROL.....	140	DIFICID.....	76	doxazosin mesylate.....	31
DETROL LA.....	140	diflorasone diacetate.....	61	doxepin hcl.....	22
dexamethasone.....	53,54	DIFLUCAN.....	27	doxepin hcl (antipruritic)....	59
DEXAMETHASONE INTENSOL.....	54	diflunisal.....	6	doxepin hcl (sleep).....	74
dexamethasone sodium phosphate.....	54	digoxin.....	49	doxercalciferol.....	67
dexamethasone sodium phosphate (ophth).....	131	dihydroergotamine mesylate.....	123	DOXIL.....	37
dexchlorpheniramine maleate.....	28	DILANTIN.....	19	doxorubicin hcl.....	37
DEXEDRINE.....	1	DILANTIN INFATABS.....	19	doxorubicin hcl liposomal....	37
DEXILANT.....	139	DILANTIN-125.....	19	doxycycline (monohydrate)...	137
dexmethylphenidate hcl.....	2	DILAUDID.....	6	doxycycline hyclate.....	137
dextroamphetamine sulfate... 1		diltiazem hcl.....	49	doxylamine-pyridoxine.....	27
dextrose in lactated ringers...	125	DILTIAZEM HCL.....	49	DRISDOL.....	144
DIACOMIT.....	17	diltiazem hcl.....	49	dronabinol.....	27
DIASTAT ACUDIAL.....	17	diltiazem hcl coated beads...	49	DROPLET GENTEEL LANCING DEVICE.....	79
DIASTAT PEDIATRIC.....	17	diltiazem hcl extended release beads.....	49	DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2".....	96
DIATHRIVE LANCETS.....	79	dimethyl fumarate.....	136	DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2".....	96
DIATHRIVE LANCETS ULTRA THIN 30G.....	79	DIOVAN.....	31	DROPLET INSULIN SYRINGE 1ML/29G X 1/2".....	96
DIATHRIVE LANCING DEVICE.....	79	DIOVAN HCT.....	32	DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16".....	96
DIATHRIVE PEN NEEDLE/31 G X 6MM.....	96	DIPENTUM.....	70	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2".....	96
DIATHRIVE PEN NEEDLE/31 GX 8MM.....	96	diphenhydramine hcl.....	28	DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16".....	96
DIATHRIVE PEN NEEDLE/31GX 5MM.....	96	diphenoxylate w/ atropine... 25		DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2".....	96
DIATHRIVE PEN NEEDLE/32GX 4MM.....	96	DIPHThERIA/TETANUS TOXoids ADSORBED PEDIATRIC.....	138	DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16".....	96
diazepam.....	13	DIPROLENE.....	61	DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16".....	96
diazepam (anticonvulsant)....	17	DIPROLENE AF.....	61	DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2".....	96
diazoxide.....	24	dipyridamole.....	72	DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16".....	96
DIBENZYLINE.....	31	disopyramide phosphate....	13	DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64".....	96
DICLEGIS.....	26	disulfiram.....	135	DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16".....	96
diclofenac epolamine.....	57	DITROPAN XL.....	140		
diclofenac potassium.....	4	divalproex sodium.....	20		
		DIVIGEL.....	69		
		docetaxel.....	40		
		DOCETAXEL.....	40		
		docetaxel.....	40		
		docusate calcium.....	75		

DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	96	drospirenone-ethinyl estradiol- levomefolate calcium.....	52	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	97
DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	96	DROXIA.....	73	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	97
DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	96	DRUG MART ADJUSTABLE LANCING DEVICE.....	79	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	97
DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	96	DRUG MART LANCETS THIN.....	79	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	97
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	96	DRUG MART ON-THE-GO LANCETS GENTLE 30G.....	79	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	97
DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	96	DRUG MART UNIFINE PENTIPS 31GX5MM.....	97	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	97
DROPLET LANCETS ULTRA THIN 30G.....	79	DRUG MART UNIFINE PENTIPS29G X 12MM.....	97	EASY COMFORT LANCETS80 EASY COMFORT LANCETS 30G/PULL TOP.....	80
DROPLET LANCING DEVICE.....	79	DRUG MART UNIFINE PENTIPS31GX6MM.....	97	EASY COMFORT LANCETS 30G/THIN TOP.....	80
DROPLET PEN NEEDLES 29G X1/2".....	96	DRUG MART UNIFINE PENTIPS31GX8MM.....	97	EASY COMFORT LANCETS TWIST TOP.....	80
DROPLET PEN NEEDLES 29GX12MM.....	96	DRUG MART UNILET LANCETSSUPER THIN 30G.....	79	EASY COMFORT PEN NEEDLES31GX1/4".....	97
DROPLET PEN NEEDLES 30G X 5/16".....	96	DRUG MART UNILET LANCETSULTRA THIN 28G.....	79	EASY COMFORT PEN NEEDLES31GX3/16".....	97
DROPLET PEN NEEDLES 31G X3/16".....	96	DRUG MART UNILET MICRO THIN LANCETS 33G.....	79	EASY COMFORT PEN NEEDLES31GX5/16".....	97
DROPLET PEN NEEDLES 31G X5/16".....	96	DUAC.....	56	EASY COMFORT PEN NEEDLES32GX5/32".....	97
DROPLET PEN NEEDLES 31GX5MM.....	96	DUAVEE.....	69	EASY MINI EJECT LANCING DEVICE.....	80
DROPLET PEN NEEDLES 31GX6MM.....	96	DUETACT.....	23	EASY MINI LANCING DEVICE.....	80
DROPLET PEN NEEDLES 31GX8MM.....	96	DULCOLAX.....	75	EASY TOUCH 32GX5MM.....	97
DROPLET PEN NEEDLES 32G X 1/4".....	96	duloxetine hcl.....	22	EASY TOUCH 32GX6MM.....	97
DROPLET PEN NEEDLES 32G X 3/16".....	96	DUPIXENT.....	63	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	97
DROPLET PEN NEEDLES 32G X 5/32".....	97	DURAGESIC.....	6	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	97
DROPLET PEN NEEDLES 32GX4MM.....	97	DUREX EXTRA SENSITIVE.....	76	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	97
DROPLET PEN NEEDLES 32GX5MM.....	97	DUREZOL.....	131	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	97
DROPLET PEN NEEDLES 32GX6MM.....	97	dutasteride.....	71	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	97
DROPLET PERSONAL LANCETS30G.....	79	DYAZIDE.....	65	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	97
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16".....	97	DYRENIUM.....	65		
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4".....	97	DYSPORT.....	130		
drospirenone-ethinyl estradiol.....	52	E-Z JECT LANCETS.....	80		
		E-Z JECT LANCETS 21G.....	79		
		E-Z JECT LANCETS COLOR.....	80		
		E-Z JECT LANCETS SUPER THIN 30G.....	80		
		E-Z JECT LANCETS THIN 26G.....	80		
		E-ZJECT LANCETS MICRO- THIN 33G.....	80		
		E.E.S. GRANULES.....	76		

EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	97	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	80	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	80
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	97	EASY TOUCH LANCETS 28G/PULL-TOP.....	80	EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM.....	98
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	97	EASY TOUCH LANCETS 28G/TWIST.....	80	EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16".....	98
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	98	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	98
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	98	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	98
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	98	EASY TOUCH LANCETS 30G/PULL-TOP.....	80	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	98
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	98	EASY TOUCH LANCETS 30G/TWIST.....	80	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	98
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	98	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	80	EASY TWIST & CAP LANCETS.....	80
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	98	EASY TOUCH LANCETS 32G/PULL-TOP.....	80	EC-NAPROSYN.....	4
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	98	EASY TOUCH LANCETS 32G/TWIST.....	80	econazole nitrate.....	57
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	98	EASY TOUCH LANCETS 33G/TWIST.....	80	EDARBI.....	31
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	98	EASY TOUCH LANCING DEVICE/EJECTOR.....	80	EDECIN.....	65
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	98	EASY TOUCH PEN NEEDLE 30G X 5/16".....	98	EDURANT.....	44
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	98	EASY TOUCH PEN NEEDLES 29GX1/2".....	98	efavirenz.....	44
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98	EASY TOUCH PEN NEEDLES 31GX1/4".....	98	efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	44
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	98	EASY TOUCH PEN NEEDLES 31GX5/16".....	98	efavirenz-lamivudine-tenofovir disoproxil fumarate.....	44
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	EASY TOUCH PEN NEEDLES 32GX1/4".....	98	EFFEXOR XR.....	22
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	80	EASY TOUCH PEN NEEDLES 32GX3/16".....	98	EFFIENT.....	72
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	80	EASY TOUCH PEN NEEDLES 32GX5/32".....	98	EFUDEX.....	59
EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	80	EASY TOUCH PEN NEEDLES/31G X 3/16".....	98	EGRIFTA.....	67
EASY TOUCH LANCETS 26G/PULL-TOP.....	80	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	80	EGRIFTA SV.....	67
		EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	80	ELAPRASE.....	67
		EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	80	ELELYSO.....	72
		EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	80	ELESTAT.....	132
		EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	80	ELESTRIN.....	69
				eletriptan hydrobromide....	124
				ELIDEL.....	63
				ELIGARD.....	36
				ELIMITE.....	64
				ELIQUIS.....	15
				ELIQUIS STARTER PACK....	15
				ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	98
				ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	98

ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16"	99	entecavir.....	47	EQL THIN LANCETS 26G...	81
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16"	99	ENTEREG.....	71	EQUETRO.....	41,42
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	99	ENTOCORT EC.....	54	ERAXIS.....	27
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	99	ENTRESTO.....	50	ERBITUX.....	36
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2"	99	EPCLUSA.....	47	ergocalciferol.....	144
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2"	99	EPIDIOLEX.....	17	ergoloid mesylates.....	136
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16"	99	EPIDUO.....	56	ERGOMAR.....	124
ELIXOPHYLLIN.....	15	epinastine hcl (ophth)....	132	ergotamine w/ caffeine....	123
ELLA.....	53	epinephrine (anaphylaxis)	143	ERIVEDGE.....	36
ELLENCE.....	37	EPIPEN 2-PAK.....	144	erlotinib hcl.....	38
ELMIRON.....	71	EPIPEN-JR 2-PAK.....	144	ERTACZO.....	57
ELOCON.....	61	epirubicin hcl.....	37	ertapenem sodium.....	11
EMADINE.....	132	EPIVIR.....	44	ERWINAZE.....	39
EMBEDA.....	6	EPIVIR HBV.....	47	ERYPED 200.....	76
EMBRACE LANCETS ULTRA THIN 30G.....	80	eplerenone.....	33	ERYPED 400.....	76
EMBRACE LANCING DEVICE WITH EJECTOR.....	80	EPOGEN.....	73	erythromycin (acne aid)....	56
EMCYT.....	36	epoprostenol sodium.....	50	erythromycin (ophth).....	131
EMEND.....	27	eprosartan mesylate.....	31	erythromycin base.....	76
EMEND TRIPACK.....	27	EPZICOM.....	45	erythromycin ethylsuccinate	76
EMFLAZA.....	54	EQL COLOR LANCETS 21G.....	80	escitalopram oxalate.....	21
EMGALITY.....	123	EQL COLOR LANCETS MICRO THIN 33G.....	80	ESGIC.....	6
EMSAM.....	21	EQL INSULIN SYRINGE/0.3ML/29G X 1/2"	99	esomeprazole magnesium... 139	
emtricitabine.....	44	EQL INSULIN SYRINGE/0.3ML/30G X 5/16"	99	estazolam.....	74
emtricitabine-tenofovir disoproxil fumarate.....	44	EQL INSULIN SYRINGE/0.3ML/31G X 5/16"	99	ESTRACE.....	69
EMTRIVA.....	44	EQL INSULIN SYRINGE/0.5ML/29G X 1/2"	99	estradiol.....	69
EMVERM.....	10	EQL INSULIN SYRINGE/0.5ML/30G X 5/16"	99	estradiol vaginal.....	143
ENABLEX.....	140	EQL INSULIN SYRINGE/0.5ML/31G X 5/16"	99	estradiol valerate.....	69
enalapril maleate.....	30	EQL INSULIN SYRINGE/1ML/29G X 1/2"	99	ESTROGEL.....	69
enalapril maleate & hydrochlorothiazide.....	32	EQL INSULIN SYRINGE/1ML/30G X 5/16"	99	ESTROSTEP FE.....	52
ENBREL.....	5	EQL INSULIN SYRINGE/1ML/31G X 5/16"	99	eszopiclone.....	74
ENBREL MINI.....	5	EQL PRENATAL FORMULA.....	128	ethacrynic acid.....	65
ENBREL SURECLICK.....	5	EQL SUPER THIN LANCETS 30G.....	81	ethambutol hcl.....	34
ENERGIX-B.....	141			ethosuximide.....	20
enoxaparin sodium.....	16			ethynodiol diacet & eth estrad.....	52
entacapone.....	40			etidronate disodium.....	66
				etodolac.....	4
				etonogestrel-ethinyl estradiol	53
				ETOPOPHOS.....	40
				etoposide.....	40
				EUCRISA.....	64
				EURAX.....	64
				EVAMIST.....	69
				everolimus.....	38
				everolimus (immunosuppressant).....	127
				EVISTA.....	67

EVOCLIN.....	56	famotidine in nacl.....	139	FIFTY50 PEN NEEDLES	
EVOXAC.....	128	FANAPT.....	42	31GX5MM.....	100
EVZIO.....	26	FANAPT TITRATION		FIFTY50 PEN	
EXEL COMFORT POINT		PACK.....	42	NEEDLES/31GX8MM.....	100
INSULIN PEN NEEDLES 29G X		FANTASY LUBRICATED..	76	FIFTY50 PEN	
12MM.....	99	FANTASY		NEEDLES/32GX4MM.....	100
EXEL COMFORT POINT		LUBRICATED/SPERMICIDE		FIFTY50 PEN	
INSULIN PEN NEEDLES 31G X		.....	76	NEEDLES/32GX6MM.....	100
6MM.....	99	FARESTON.....	36	FIFTY50 SAFETY SEAL	
EXEL COMFORT POINT		FARXIGA.....	25	LANCETS 30G.....	81
INSULIN PEN NEEDLES 31G X		FASENRA.....	13	FIFTY50 SAFETY SEAL	
8MM.....	99	FASENRA PEN.....	13	LANCETS 32G.....	81
EXEL COMFORT POINT		FASLODEX.....	36	FIFTY50 SUPERIOR	
INSULIN SYRINGE/0.3ML/29G X		FAZACLO.....	42,43	COMFORTINSULIN	
1/2".....	99	FC FEMALE CONDOM....	76	SYRINGE/0.3ML/31G X	
EXEL COMFORT POINT		febuxostat.....	72	5/16".....	100
INSULIN SYRINGE/0.3ML/30G X		felbamate.....	19	FIFTY50 SUPERIOR	
5/16".....	99	FELBATOL.....	19	COMFORTINSULIN	
EXEL COMFORT POINT		FELDENE.....	4	SYRINGE/0.5ML/31G X	
INSULIN SYRINGE/0.5ML/28G X		felodipine.....	49	5/16".....	100
1/2".....	99	FEMARA.....	36	FIFTY50 SUPERIOR	
EXEL COMFORT POINT		FEMCAP.....	76	COMFORTINSULIN	
INSULIN SYRINGE/0.5ML/30G X		FEMHRT LOW DOSE....	69	SYRINGE/1ML/31G X	
5/16".....	99	FEMRING.....	143	5/16".....	100
EXEL COMFORT POINT		fenofibrate.....	29	FIFTY50 UNILET LANCETS	
INSULIN SYRINGE/1ML/28G X		fenofibrate micronized.....	29	33G.....	81
1/2".....	99	fenoprofen calcium.....	5	FINACEA.....	64
EXEL COMFORT POINT		FENSOLVI.....	67	finasteride.....	71
INSULIN SYRINGE/1ML/29G X		fentanyl.....	6	FINE 30.....	81
1/2".....	99	fentanyl citrate.....	6	FINGERSTIX LANCETS....	81
EXEL COMFORT POINT		FER-IN-SOL.....	73	FIORICET.....	6
INSULIN SYRINGE/1ML/30G X		FERRIPROX.....	25	FIORICET/CODEINE.....	8
5/16".....	99	ferrous fumarate-folic acid..	73	FIORINAL.....	6
EXELDERM.....	57	ferrous sulfate.....	73	FIORINAL/CODEINE #3....	8
exemestane.....	36	FETZIMA.....	22	FIRAZYR.....	72
EXFORGE.....	32	FETZIMA TITRATION		FIRDAPSE.....	34
EXFORGE HCT.....	32	PACK.....	22	FIRMAGON.....	36
EXJADE.....	25	fexofenadine hcl.....	28	FIRVANQ.....	11
EXTAVIA.....	136	fexofenadine-pseudoephedrine		FLAGYL.....	10
EZ-LETS LANCETS 21G....	81	.....	55	flavoxate hcl.....	140
EZ-LETS LANCETS 26G		FIASP.....	24	flecainide acetate.....	13
SUPER-SOFT.....	81	FIASP FLEXTOUCH.....	24	FLECTOR.....	57
EZ-LETS LANCETS 28G		FIASP PENFILL.....	24	FLOLAN.....	50
ULTRA-SOFT.....	81	FIBERCON.....	74	FLOMAX.....	71
EZ-LETS LANCETS 30G....	81	FIFTY50 PEN NEEDLES 31G		FLONASE ALLERGY	
ezetimibe.....	30	X3/16" (5MM).....	99	RELIEF.....	129
ezetimibe-simvastatin.....	29	FIFTY50 PEN NEEDLES 31G		FLONASE ALLERGY RELIEF	
FABRAZYME.....	67	X5/16" (8MM).....	99	CHILDRENS.....	129
FALESSA.....	52			FLOVENT DISKUS.....	14
famciclovir.....	47			FLOVENT HFA.....	14
famotidine.....	139			FLOXIN OTIC.....	133
				floxuridine.....	35
				FLUAD 2018-2019.....	141

FLUAD 2019-2020.....	141	fluticasone propionate.....	62	FREDS PHARMACY UNIFINE	
FLUAD 2020-2021.....	141	fluticasone propionate		PENTIPS PLUS 31GX5MM100	
FLUAD QUADRIVALENT		(nasal).....	130	FREDS PHARMACY UNIFINE	
INFLUENZA VACCINE FOR		fluticasone-salmeterol.....	15	PENTIPS PLUS 31GX8MM100	
ADULTS.....	141	fluvastatin sodium.....	30	FREDS PHARMACY UNILET	
FLUARIX QUADRIVALENT		fluvoxamine maleate.....	21	LANCETS SUPER THIN	
2018-2019.....	141	FLUZONE HIGH-DOSE PF		30G.....	81
FLUARIX QUADRIVALENT		2018-2019.....	142	FREDS PHARMACY UNILET	
2019-2020.....	141	FLUZONE HIGH-DOSE PF		LANCETS ULTRA THIN	
FLUARIX QUADRIVALENT		2019-2020.....	142	28G.....	81
2020-2021.....	141	FLUZONE HIGH-DOSE PF		FREESTYLE LANCETS.....	81
FLUBLOK QUADRIVALENT		2020-2021.....	142	FREESTYLE PRECISION	
2018-2019.....	141	FLUZONE QUADRIVALENT		INSULIN SYRINGE/U-	
FLUBLOK QUADRIVALENT		2018-2019.....	142	100/0.5ML/30G X 5/16".....	100
2019-2020.....	141	FLUZONE QUADRIVALENT		FREESTYLE PRECISION	
FLUBLOK QUADRIVALENT		2019-2020.....	142	INSULIN SYRINGE/U-	
2020-2021.....	141	FLUZONE QUADRIVALENT		100/0.5ML/31G X 5/16".....	100
FLUCELVAX QUADRIVALENT		2020-2021.....	142	FREESTYLE PRECISION	
2018-2019.....	141	FML.....	132	INSULIN SYRINGE/U-	
FLUCELVAX QUADRIVALENT		FML FORTE.....	132	100/1ML/31G X 5/16".....	100
2019-2020.....	142	FML LIQUIFILM.....	132	FREESTYLE PRECISION	
FLUCELVAX QUADRIVALENT		FOCALIN.....	2	INSULIN SYRINGES/U-	
2020-2021.....	142	FOCALIN XR.....	2	100/1ML/30G X 5/16".....	100
fluconazole.....	27	follic acid.....	73	FREESTYLE UNISTICK II	
flucytosine.....	27	FOLOTYN.....	35	LANCETS.....	81
fludarabine phosphate.....	35	fondaparinux sodium.....	16	FROVA.....	124
fludrocortisone acetate.....	54	FORA GTBL BLOOD KETONE		frovatriptan succinate.....	124
FLULAVAL QUADRIVALENT		TEST STRIPS.....	64	FULPHILA.....	73
2018-2019.....	142	FORA LANCETS.....	81	fulvestrant.....	36
FLULAVAL QUADRIVALENT		FORA LANCING DEVICE.....	81	FURADANTIN.....	12
2019-2020.....	142	FORA LANCING		furosemide.....	65
FLULAVAL QUADRIVALENT		DEVICE/CLEARCAP.....	81	FUZEON.....	45
2020-2021.....	142	FORTAZ.....	51	FYCOMPA.....	17
FLUMADINE.....	47	FORTEO.....	66	gabapentin.....	17
FLUMIST QUADRIVALENT.....	142	FOSAMAX.....	66	GABITRIL.....	19
flunisolide (nasal).....	129	FOSAMAX PLUS D.....	66	GALAFOLD.....	67
fluocinolone acetonide.....	61,62	fosamprenavir calcium.....	45	galantamine hydrobromide.....	135
fluocinolone acetonide		fosfomycin tromethamine.....	12	GAMMAGARD LIQUID.....	133
(otic).....	133	fosinopril sodium.....	30	GAMMAGARD S/D IGA LESS	
fluocinonide.....	62	fosinopril sodium &		THAN 1MCG/ML.....	133
fluocinonide emulsified base.....	62	hydrochlorothiazide.....	32	GAMMAKED.....	133
fluorometholone (ophth).....	131	fosphenytoin sodium.....	19	GAMUNEX-C.....	133
fluorouracil.....	35	FOSRENOL.....	71	ganciclovir sodium.....	46
fluorouracil (topical).....	59	FRAGMIN.....	16	ganirelix acetate.....	67
fluoxetine hcl.....	21	FREDS PHARMACY		GANIRELIX ACETATE.....	67
fluoxetine hcl (pmdd).....	136	AUTOLET LANCING		GARDASIL 9.....	142
FLUOXETINE		DEVICE.....	81	gatifloxacin (ophth).....	131
HYDROCHLORIDE.....	21	FREDS PHARMACY UNIFINE		gemcitabine hcl.....	35
fluphenazine hcl.....	43	PENTIPS PEN NEEDLES		gemfibrozil.....	30
flurandrenolide.....	62	32GX4MM.....	100	GENERESS FE.....	52
flurbiprofen.....	5			GENOTROPIN.....	67
flurbiprofen sodium.....	132			GENOTROPIN MINIQUEL.....	67
flutamide.....	36				

gentamicin in saline.....	3	GLOBAL EASY GLIDE	GLOBAL INSULIN SYRINGES/U-
gentamicin sulfate.....	3	INSULIN SYRINGE/1ML/31G X	100/0.3ML/30GX5/16".....
gentamicin sulfate (ophth)...	131	15/64".....	101
gentamicin sulfate (topical)...	57	GLOBAL EASY GLIDE	GLOBAL LANCING DEVICE 81
GENTEEL BUTTERFLY TOUCH		INSULINSYRINGE/U-	GLUCAGEN DIAGNOSTIC... 64
LANCETS.....	81	100/0.3ML/31G X 5/16"...	GLUCAGEN HYPOKIT..... 24
GENTEEL LANCING		100	glucagon (rdna)..... 24
DEVICE/GLORIOUS GOLD. 81		GLOBAL EASY GLIDE PEN	GLUCAGON EMERGENCY
GENTEEL LANCING		NEEDLES 32GX4MM....	KIT..... 24
DEVICE/PRECIOUS		100	GLUCOCOM LANCETS
PLATINUM.....	81	GLOBAL INJECT EASE	28G..... 81
GENTEEL LANCING		INSULIN SYRINGE/U-	GLUCOCOM LANCETS
DEVICE/STATELY SILVER. 81		100/0.3ML/29G X 1/2"...	30G..... 81
GENTEEL PLUS LANCING		100	GLUCOCOM LANCETS
DEVICE/BUFF BLACK.....	81	GLOBAL INJECT EASE	33G..... 82
GENTEEL PLUS LANCING		INSULIN SYRINGE/U-	GLUCOPRO INSULIN
DEVICE/BUTTERFLY BLUE 81		100/0.3ML/30G X 5/16"...	SYRINGE/U-100/0.3ML/30G X
GENTEEL PLUS LANCING		100	1/2"..... 101
DEVICE/PLAYFUL PURPLE 81		GLOBAL INJECT EASE	GLUCOPRO INSULIN
GENTEEL PLUS LANCING		INSULIN SYRINGE/U-	SYRINGE/U-100/0.3ML/30G X
DEVICE/PRINCESS PINK.....	81	100/0.3ML/31G X 5/16"...	5/16"..... 101
GENTEEL PLUS LANCING		100	GLUCOPRO INSULIN
DEVICE/WILLOWY WHITE. 81		GLOBAL INJECT EASE	SYRINGE/U-100/0.3ML/31G X
GENTLE-LET GP LANCETS 81		INSULIN SYRINGE/U-	5/16"..... 101
GENTLE-LET LANCETS		100/0.5ML/28G X 1/2"...	GLUCOPRO INSULIN
GENERAL PURPOSE		101	SYRINGE/U-100/0.5ML/30G X
STYLE/FINE POINT.....	81	GLOBAL INJECT EASE	1/2"..... 101
GENTLE-LET LANCETS		INSULIN SYRINGE/U-	GLUCOPRO INSULIN
GENERAL PURPOSE		100/0.5ML/30G X 1/2"...	SYRINGE/U-100/0.5ML/30G X
STYLE/MEDIUM POINT.....	81	101	5/16"..... 101
GENTLE-LET LANCETS		GLOBAL INJECT EASE	GLUCOPRO INSULIN
SAFETY STYLE/FINE		INSULIN SYRINGE/U-	SYRINGE/U-100/0.5ML/31G X
POINT.....	81	100/0.5ML/30G X 5/16"...	5/16"..... 101
GENTLE-LET LANCETS		101	GLUCOPRO INSULIN
SAFETY STYLE/MEDIUM		GLOBAL INJECT EASE	SYRINGE/U-100/1ML/30G X
POINT.....	81	INSULIN SYRINGE/U-	1/2"..... 101
GENVOYA.....	45	100/0.5ML/31G X 5/16"...	GLUCOPRO INSULIN
GEODON.....	42	101	SYRINGE/U-100/1ML/30G X
GILENYA.....	136	GLOBAL INJECT EASE	5/16"..... 101
GILOTTRIF.....	38	INSULIN SYRINGE/U-	GLUCOPRO INSULIN
glatiramer acetate.....	136	100/1ML/28G X 1/2".....	SYRINGE/U-100/1ML/31G X
GLEEVEC.....	38	101	5/16"..... 101
GLEOSTINE.....	35	GLOBAL INJECT EASE	GLUCOTROL..... 25
glimepiride.....	25	INSULIN SYRINGE/U-	GLUCOTROL XL..... 25
glipizide.....	25	100/1ML/30G X 1/2".....	glyburide..... 25
glipizide-metformin hcl.....	23	101	glyburide micronized..... 25
GLOBAL EASE INJECT PEN		GLOBAL INJECT EASE	glyburide-metformin..... 23
NEEDLES 29GX12MM....	100	INSULIN SYRINGE/U-	glycine (gu irrigant)..... 71
GLOBAL EASE INJECT PEN		100/1ML/31G X 5/16"...	glycopyrrolate..... 138
NEEDLES 31GX8MM.....	100	101	GLYNASE..... 25
GLOBAL EASE INJECT PEN		GLOBAL INJECT EASE	GLYSET..... 23
NEEDLES 32GX4MM.....	100	LANCETS 28G.....	GLYXAMBI..... 23
GLOBAL EASE INJECT PEN		81	GNP CLICKFINE PEN
NEEDLES 31GX5MM....	100	GLOBAL INJECT EASE	NEEDLEUNIVERSAL/31GX5/16"
		LANCETS 30G.....	..... 101
		81	
		GLOBAL INSULIN	
		SYRINGE/U-100/0.3ML/30G X	
		1/2".....	
		101	

GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....101	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....102	GOODSENSE LANCING DEVICE.....82
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" 101	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....102	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16".....102
GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....101	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....102	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16".....102
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....101	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....102	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4".....102
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....101	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....102	GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32".....103
GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....102	GOODSENSE PRENATAL VITAMINS.....128
GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....102	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....102	granisetron hcl.....26
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....102	GRASTEK.....3
GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....102	griseofulvin microsize.....27
GNP INSULIN SYRINGE/1ML/28G X 1/2".....102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....102	griseofulvin ultramicrosize...27
GNP INSULIN SYRINGE/1ML/29G X 1/2".....102	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....102	guanfacine hcl.....31
GNP INSULIN SYRINGE/1ML/30G X 5/16".....102	GOJJI BLOOD KETONE TEST STRIPS.....64	guanfacine hcl (adhd).....2
GNP INSULIN SYRINGE/1ML/31G X 5/16".....102	GOJJI LANCING DEVICE/CLEAR CAP.....82	GUANIDINE HCL.....34
GNP LANCETS.....82	GOJJI STERILE LANCETS 30G.....82	GVOKE PFS.....24
GNP LANCETS 21G.....82	GOLYTELY.....74	GYNAZOLE-1.....143
GNP LANCETS MICRO THIN 33G.....82	GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16".....102	GYNE-LOTTRIMIN.....143
GNP LANCETS SUPER THIN 30G.....82	GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....82	H-E-B IN CONTROL PEN NEEDLE 31GX3/16".....103
GNP LANCETS THIN.....82	GOODSENSE LANCETS MICRO-THIN 33G.....82	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....103
GNP LANCETS THIN 26G..82	GOODSENSE LANCETS MICRO-THIN 33G.....82	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....103
GNP MICRO THIN LANCETS 33G.....82	UNIVERSAL.....82	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....103
GNP PRENATAL.....128	GOODSENSE LANCETS ULTRA-THIN 26G.....82	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM.....103
GNP SUPER THIN LANCETS/30G.....82	GOODSENSE LANCETS ULTRA-THIN 30G.....82	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4".....103
GNP ULTICARE PEN NEEDLES/31GX5/16".....102	GOODSENSE LANCETS ULTRA-THIN 30G.....82	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16".....103
GNP ULTICARE PEN NEEDLES/32GX 5/32".....102	GOODSENSE LANCETS ULTRA-THIN 30G.....82	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16".....103
GNP ULTICARE PEN NEEDLES/32GX1/4".....102	UNIVERSAL.....82	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....103
GNP ULTICARE PEN NEEDLES31G X 5MM.....102	GOODSENSE LANCETS ULTRA-THIN 30G.....82	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....103
	UNIVERSAL.....82	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32".....103

H-E-B INCONTROL ADVANCED LANCING DEVICE.....	82	HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	103	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	104
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	82	HEALTHWISE MICRON PEN NEEDLES/32G X 5/32".....	103	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	104
H-E-B INCONTROL LANCETS SUPER THIN 30G.....	82	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	103	HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16").....	104
H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	82	HEALTHWISE PEN NEEDLES 29GX12MM.....	103	HM ULTICARE SHORT PEN NEEDLES 31GX8MM.....	104
H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	103	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	103	HORIZANT.....	136
HAEGARDA.....	72	HEALTHWISE SHORT PEN NEEDLES/31G X 3/16".....	103	HUMATROPE.....	67
HAEMOLANCE.....	82	HEALTHWISE SHORT PEN NEEDLES/31G X 5/16".....	103	HUMATROPE COMBO PACK.....	67
HAEMOLANCE LOW FLOW LANCETS.....	82	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	103	HUMIRA.....	4
HAEMOLANCE PLUS.....	82	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	82	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3
HAEMOLANCE PLUS HIGH FLOW.....	82	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	103	HUMIRA PEN.....	3,4
HAEMOLANCE PLUS LOW FLOW.....	82	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	103	HUMIRA PEN-CD/UC/HS STARTER.....	4
HAEMOLANCE PLUS MAX FLOW.....	82	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	103	HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	4
HAEMOLANCE PLUS PEDIATRIC FLOW.....	82	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	104	HUMIRA PEN-PS/UV STARTER.....	4
HALAVEN.....	40	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	104	HUMULIN R U-500 (CONCENTRATED).....	24
halcinonide.....	62	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	82	HUMULIN R U-500 KWIKPEN.....	24
HALCION.....	74	HECTOROL.....	68	HY-VEE LANCETS.....	82
HALDOL.....	42	HEMANGEOL.....	48	HY-VEE THIN LANCETS.....	82
HALDOL DECANOATE 100.....	42	heparin sod (porcine) in d5w.....	16	HYCANTIN.....	40
HALDOL DECANOATE 50.....	42	heparin sodium (porcine).....	16	hydralazine hcl.....	33
halobetasol propionate.....	62	HEPARIN SODIUM/NACL 0.45%.....	16	HYDREA.....	39
HALOG.....	62	HEPLISAV-B.....	142	hydrochlorothiazide.....	66
haloperidol.....	42	HEPSERA.....	47	hydrocodone bitartrate.....	6
haloperidol decanoate.....	42	HERCEPTIN.....	36	HYDROCODONE BITARTRATE/GUAIFENESIN	55
haloperidol lactate.....	42	HETLIOZ.....	74	hydrocodone polistirex- chlorpheniramine polistirex.....	55
HARVONI.....	47	HIBERIX.....	140	hydrocodone-acetaminophen.....	8
HAVRIX.....	142	HIPREX.....	12	hydrocodone-ibuprofen.....	8
HEALTH CARE LANCING DEVICE.....	82	HIZENTRA.....	134	hydrocortisone.....	54
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	103	HM PRENATAL.....	128	hydrocortisone (intrarectal).....	10
HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	103			hydrocortisone (rectal).....	10
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	103			hydrocortisone (topical).....	62
HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	103			hydrocortisone acetate (rectal).....	10
HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	103			hydrocortisone butyrate.....	62
				hydrocortisone valerate.....	62
				hydrocortisone w/acetic acid.....	133
				hydromorphone hcl.....	6

HYDROMORPHONE		INSUPRA.....	33	INSULIN	
HYDROCHLORIDE.....	6	INSULIN SYRINGE/0.3ML/29G		SYRINGES/0.5ML/29GX1/2"	
hydroxychloroquine sulfate..	33	X 1".....	104	.....	105
hydroxyurea.....	39	INSULIN SYRINGE/0.3ML/29G		INSULIN	
hydroxyzine hcl.....	12	X 1/2".....	104	SYRINGES/0.5ML/30GX5/16"	
hydroxyzine pamoate.....	12	INSULIN SYRINGE/0.3ML/30G		.....	105
HYPER-SAL.....	55	X 5/16".....	104	INSULIN	
HYPERSAL.....	55	INSULIN SYRINGE/0.3ML/31G		SYRINGES/0.5ML/31GX	
HYQVIA.....	134	X 5/16".....	104	5/16".....	105
HYZAAR.....	32	INSULIN SYRINGE/0.5ML/27G		INSULIN	
ibandronate sodium.....	66	X 1/2".....	104	SYRINGES/0.5ML/31GX5/16"	
IBRANCE.....	38	INSULIN SYRINGE/0.5ML/28G		.....	105
ibuprofen.....	5	X 1/2".....	104	INSULIN	
icatibant acetate.....	72	INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/27GX1/2"	
ICLUSIG.....	38	X 1/2".....	104	.....	105
icosapent ethyl.....	29	INSULIN SYRINGE/0.5ML/30G		INSULIN	
IDAMYCIN PFS.....	37	X 5/16".....	104	SYRINGES/1ML/27GX1/2"	105
idarubicin hcl.....	37	INSULIN SYRINGE/0.5ML/31G		INSULIN	
IFEX.....	35	X 5/16".....	104	SYRINGES/1ML/28GX1/2"	105
ifosfamide.....	35	INSULIN SYRINGE/1ML/28G X		INSULIN	
ILARIS.....	4	1/2".....	104	SYRINGES/1ML/29GX1/2"	105
ILEVRO.....	132	INSULIN SYRINGE/1ML/29G X		INSULIN	
imatinib mesylate.....	38	1/2".....	104	SYRINGES/1ML/30GX1/2"	105
IMBRUVICA.....	38	INSULIN SYRINGE/1ML/30G X		INSULIN	
imipenem-cilastatin.....	11	5/16".....	104	SYRINGES/1ML/31GX5/16"	
imipramine hcl.....	23	INSULIN SYRINGE/NEEDLE		.....	105
imipramine pamoate.....	23	0.3ML/30G X 5/16".....	104	INSUPEN 29G X 12MM.....	105
imiquimod.....	63	INSULIN SYRINGE/NEEDLE		INSUPEN 31G X 5MM.....	105
IMITREX.....	124	0.3ML/31G X 5/16".....	104	INSUPEN 31G X 8MM.....	105
IMITREX STATDOSE		INSULIN SYRINGE/NEEDLE		INSUPEN 32G X 4MM.....	105
REFILL.....	124	0.5ML/29G X 1/2".....	104	INSUPEN PEN NEEDLES 32G	
IMITREX STATDOSE		INSULIN SYRINGE/NEEDLE		X4MM.....	105
SYSTEM.....	124	0.5ML/30G X 5/16".....	104	INSUPEN SENSITIVE	
IMODIUM A-D.....	25	INSULIN SYRINGE/NEEDLE		32GX6MM.....	105
IMPAVIDO.....	10	0.5ML/31G X 5/16".....	104	INSUPEN ULTRAFIN	
IMURAN.....	127	INSULIN SYRINGE/NEEDLE		29GX12MM.....	105
IN TOUCH LANCING		1ML/29G X 1/2".....	104	INSUPEN ULTRAFIN	
DEVICE.....	82	INSULIN SYRINGE/NEEDLE		30GX8MM.....	105
IN TOUCH STERILE		1ML/30G X 5/16".....	104	INSUPEN ULTRAFIN	
LANCETS30G.....	82	INSULIN SYRINGE/NEEDLE		31GX6MM.....	105
INCRELEX.....	67	1ML/31G X 5/16".....	104	INSUPEN ULTRAFIN	
INCRUSE ELLIPTA.....	14	INSULIN SYRINGE/U-		31GX8MM.....	105
indapamide.....	66	100/0.3ML/29G X 1/2".....	104	INTELENCE.....	45
INDERAL LA.....	48	INSULIN SYRINGE/U-		INTRAROSA.....	143
indomethacin.....	5	100/0.5ML/29G X 1/2".....	104	INTRON A.....	39
INFANRIX.....	138	INSULIN SYRINGE/U-		INTUNIV.....	2
INFLECTRA.....	70	100/1ML/29G X 1/2".....	104	INVANZ.....	11
INLYTA.....	38	INSULIN SYRINGE/U-		INVEGA.....	42
		100/1ML/30G X 5/16".....	104	INVIRASE.....	45
		INSULIN SYRINGE/U-		IONOSOL-MB/DEXTROSE	
		100/1ML/31G X 5/16".....	105	5%.....	125
		INSULIN		IOPIDINE.....	131
		SYRINGES/0.5ML/27GX1/2"		IPOL INACTIVATED IPV...142	
		.....	105	ipratropium bromide.....	14
		INSULIN		ipratropium bromide (nasal)	129
		SYRINGES/0.5ML/28GX1/2"			
		.....	105		

ipratropium-albuterol	15	KEPIVANCE	39	KLARON	56
irbesartan	31	KEPPRA	17,18	KLONOPIN	17
irbesartan-hydrochlorothiazide	32	KEPPRA XR	18	KMART VALU PLUS INSULIN SYRINGE/1ML/29G	105
irinotecan hcl	40	KERYDIN	57	KMART VALU PLUS INSULIN SYRINGE/1ML/30G	105
irrigation solutions, physiological	127	ketoconazole	27	KOSELUGO	38
ISENTRESS	45	ketoconazole (topical)	57	KP PRENATAL MULTIVITAMINS	128
ISENTRESS HD	45	KETONE	64	KRINTAFEL	33
ISOLYTE-P/DEXTROSE 5%	125	KETONE TEST STRIPS	64	KROGER AUTOLET LANCING DEVICE	82
ISOLYTE-S	125	ketoprofen	5	KROGER HEALTHPRO TWIST LANCETS/26G	82
isoniazid	34	ketorolac tromethamine	5	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"	105
ISOPTO CARPINE	130	ketorolac tromethamine (ophth)	132	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"	105
ISORDIL TITRADOSE	12	KETOSTIX	64	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"	105
isosorbide dinitrate	12	ketotifen fumarate (ophth)	132	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"	105
isosorbide mononitrate	12	KEVEYIS	65	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"	106
isotretinoin	56	KIMONO COLORS	76	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16"	106
isradipine	49	KIMONO LUBRICATED	76	KROGER INSULIN SYRINGE/1ML/29G X 1/2"	106
ISTODAX (OVERFILL)	38	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	76	KROGER INSULIN SYRINGE/1ML/30G X 5/16"	106
itraconazole	27	KIMONO PLUS SPERMICIDE LUBRICATED	76	KROGER INSULIN SYRINGE/1ML/31G X 5/16"	106
ivermectin	10	KIMONO PLUS SPERMICIDE/LUBRICATED	76	KROGER LANCETS	83
ivermectin (pediculicide)	64	KIMONO PS LUBRICATED	76	KROGER LANCETS 21G	83
IXEMPRA KIT	40	KIMONO PS PLUS SPERMICIDE/LUBRICATED	76	KROGER LANCETS MICRO THIN33G	83
JADENU	26	KIMONO SENSATION LUBRICATED	76	KROGER LANCETS SUPER THIN	83
JADENU SPRINKLE	25	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	76	KROGER LANCETS THIN	83
JAKAFI	38	KIMONO SPECIAL	76	KROGER LANCETS THIN 26G	83
JANUMET	23	KINNEY LANCETS	82	KROGER LANCETS ULTRATHIN30G	83
JANUMET XR	23	KINNEY THIN LANCETS	82	KROGER LANCING DEVICE	83
JANUVIA	24	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16"	105	KROGER PEN NEEDLES 29G X12MM	106
JARDIANCE	25	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16"	105	KROGER PEN NEEDLES 31G X8MM	106
JEVTANA	40	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"	105		
JUBLIA	57	KINRAX	138		
JULUCA	45	KITABIS PAK	3		
JYNARQUE	68	KLARITY-A	131		
K-TAB	126				
K-Y ME & YOU EXTRA LUBRICATED	76				
K-Y ME & YOU INTENSE	76				
KADIAN	6				
KALETRA	45				
KALYDECO	137				
KAMELEON LUBRICATED	76				
KAPVAY	2				
KCL 0.3%/D5W/NACL 0.9%	125				
KEFLEX	51				
KENALOG-40	54				

KROGER PEN NEEDLES 31GX1/4".....	106	LANCETS SAFETY SEAL 26G.....	83	LEADER INSULIN SYRINGE/1ML/29G X 1/2".....	106
KROGER PEN NEEDLES/31G X1/4".....	106	LANCETS SAFETY SEAL 28G.....	83	LEADER INSULIN SYRINGE/1ML/30G X 5/16".....	106
KROGER PEN NEEDLES/31G X3/16".....	106	LANCETS SAFETY SEAL 30G.....	83	LEADER INSULIN SYRINGE/1ML/31G X 5/16".....	106
KROGER PEN NEEDLES/31G X5/16".....	106	LANCETS SUPER THIN 28G.....	83	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16".....	106
KROGER PEN NEEDLES/32G X5/32".....	106	LANCETS THIN.....	83	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16".....	106
KRYSTEXXA.....	72	LANCETS TWIST TOP.....	83	LEADER UNIFINE PENTIPS/MINI/31GX3/16".....	106
KUVAN.....	68	LANCETS ULTRA FINE.....	83	LEADER UNIFINE PENTIPS/NANO/32GX5/32".....	106
KYLEENA.....	53	LANCETS ULTRA THIN.....	83	LEADER UNIFINE PENTIPS/PLUS/32GX5/32".....	106
KYPROLIS.....	38	LANCETS ULTRA THIN 30G.....	83	LEDIPASVIR/SOFOSBUVIR	47
labetalol hcl.....	48	LANCETSBULLSEYE SAFETY.....	83	leflunomide.....	5
LAC-HYDRIN.....	63	LANCING DEVICE.....	83	LENVIMA 10 MG DAILY DOSE.....	38
LAC-HYDRIN TWELVE.....	63	LANCING DEVICE ADJUSTABLE.....	83	LENVIMA 12MG DAILY DOSE.....	38
LACRISERT.....	130	LANOXIN.....	49,50	LENVIMA 14 MG DAILY DOSE.....	38
lactated ringer's.....	125	lansoprazole.....	139	LENVIMA 18 MG DAILY DOSE.....	38
lactated ringer's (irrigation).....	127	lanthanum carbonate.....	71	LENVIMA 20 MG DAILY DOSE.....	38
lactic acid (ammonium lactate).....	63	LANZO.....	83	LENVIMA 24 MG DAILY DOSE.....	38
lactulose.....	75	lapatinib ditosylate.....	38	LENVIMA 4 MG DAILY DOSE.....	38
lactulose (encephalopathy).....	70	LASIX.....	65	LENVIMA 8 MG DAILY DOSE.....	38
LAMICTAL.....	18	LASTACFT.....	132	LETAIRIS.....	50
LAMICTAL CHEWABLE DISPERSIBLE.....	18	latanoprost.....	133	letrozole.....	36
LAMICTAL ODT.....	18	LATUDA.....	42	leucovorin calcium.....	39
lamivudine.....	45	LEADER ADVANCED LANCING DEVICE.....	83	LEUKERAN.....	35
lamivudine (hbv).....	47	LEADER INSULIN SYRINGE/0.3ML/29G X 1/2".....	106	LEUKINE.....	73
lamivudine-zidovudine.....	45	LEADER INSULIN SYRINGE/0.3ML/31G X 5/16".....	106	leuprolide acetate.....	36
lamotrigine.....	18	LEADER INSULIN SYRINGE/0.5ML/28G X 1/2".....	106	levalbuterol hcl.....	15
LANCET DEVICE ADJUSTABLE.....	83	LEADER INSULIN SYRINGE/0.5ML/29G X 1/2".....	106	levalbuterol tartrate.....	15
LANCET DEVICE WITH EJECTOR.....	83	LEADER INSULIN SYRINGE/0.5ML/30G X 5/16".....	106	LEVAQUIN.....	69
LANCETS.....	83	LEADER INSULIN SYRINGE/0.5ML/31G X 5/16".....	106	LEVEMIR.....	24
LANCETS 26G TWIST TOP.....	83	LEADER INSULIN SYRINGE/1ML/28G X 1/2".....	106	LEVEMIR FLEXTOUCH.....	24
LANCETS 28G.....	83			levetiracetam.....	18
LANCETS 30G.....	83			levobunolol hcl.....	130
LANCETS 30G TWIST TOP.....	83			levocetirizine dihydrochloride.....	28
LANCETS 30G/TWIST TOP.....	83			levofloxacin.....	70
LANCETS 31G TWIST TOP.....	83				
LANCETS 33G EXTRA FINE.....	83				
LANCETS 33G UNIVERSAL DESIGN.....	83				
LANCETS MICRO THIN 33G.....	83				
LANCETS SAFETY SEAL 21G.....	83				

levofloxacin (ophth).....	131	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	106	LITETOUCH PEN NEEDLES/31G X 5MM/MINI.....	107
levofloxacin in d5w.....	69	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	107	LITETOUCH PEN NEEDLES/31G X 8MM/SHORT.....	107
levonorgestrel & eth estradiol.....	52	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	107	LITHIUM.....	41
levonorgestrel (emergency oc).....	53	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	107	lithium carbonate.....	41
levonorgestrel-eth estradiol (triphasic).....	52	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	107	LITHOBID.....	41
levonorgestrel-ethinyl estradiol (91-day).....	52	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	107	LIVALO.....	30
levonorgestrel-ethinyl estradiol (continuous).....	52	LITETOUCH INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	107	LIVE BETTER ADVANCED LANCING DEVICE.....	83
levorphanol tartrate.....	6	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	107	LIVE BETTER LANCET SUPERTHIN 30G.....	83
levothyroxine sodium.....	138	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	107	LIVE BETTER LANCET ULTRATHIN 28G.....	84
LEXAPRO.....	21	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	107	LO LOESTRIN FE.....	52
LEXIVA.....	45	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	107	LOCOID.....	62
LIALDA.....	70	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	107	LODINE.....	5
LIBERTY MEDICAL LANCETS 30G.....	83	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	107	LODOSYN.....	40
LIBERTY MINI LANCING DEVICE.....	83	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	107	LOMOTIL.....	25
LIBRAX.....	139	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	107	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	107
lidocaine.....	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	107	LONGS LANCETS STANDARD.....	84
lidocaine hcl.....	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107	LONGS LANCETS THIN.....	84
lidocaine hcl (local anesth.).....	75	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	107	LONGS LANCETS ULTRA THIN.....	84
lidocaine hcl (mouth-throat).....	127	LITETOUCH INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	107	loperamide hcl.....	25
lidocaine-prilocaine.....	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107	LOPID.....	30
LIDODERM.....	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	107	lopinavir-ritonavir.....	45
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	83	LITETOUCH LANCETS MICRO THIN 33G.....	83	LOPRESSOR.....	48
LIFESCAN UNISTIK II LANCETS.....	83	LITETOUCH PEN NEEDLES 29GX12.7MM.....	107	LOPRESSOR HCT.....	32
LILETTA.....	53	LITETOUCH PEN NEEDLES 31G X 6MM.....	107	LOPROX.....	57
LINCOCIN.....	11	LITETOUCH PEN NEEDLES 31G X 6MM/ULTRA SHORT.....	107	LOPROX SHAMPOO.....	58
lincomycin hcl.....	11	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	107	loratadine.....	28
lindane.....	64	LITETOUCH PEN NEEDLES/31G X 3/16".....	107	loratadine & pseudoephedrine.....	55
linezolid.....	11,12			lorazepam.....	13
LINZESS.....	70			LORBRENA.....	38
liothyronine sodium.....	138			LORTAB.....	8
LIPITOR.....	30			losartan potassium.....	31
lisinopril.....	30			losartan potassium & hydrochlorothiazide.....	32
lisinopril & hydrochlorothiazide.....	32			LOSEASONIQUE.....	52
LITE TOUCH LANCETS.....	83			LOTEMAX.....	132
LITE TOUCH LANCING PEN.....	83			LOTENSIN.....	30
LITETOUCH INSULIN PEN NEEDLES/32G X 4MM/MINI.....	106			LOTENSIN HCT.....	32
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	106			loteprednol etabonate.....	132
				LOTREL.....	32

LOTRIMIN AF.....	58	MAGELLAN INSULIN SAFETY	MEDIC INSULIN
LOTRIMIN AF JOCK ITCH..	58	SYRINGE/U-100/0.5ML/30G X	SYRINGE/0.3ML/30G X
LOTRIMIN ULTRA.....	58	5/16".....	5/16".....
LOTRISONE.....	58	107	108
LOTRONEX.....	71	MAGELLAN INSULIN SAFETY	MEDIC INSULIN
lovastatin.....	30	SYRINGE/U-100/1ML/29G X	SYRINGE/0.5ML/30G X
LOVAZA.....	29	1/2".....	5/16".....
LOVENOX.....	16,17	107	108
loxapine succinate.....	43	MAGELLAN INSULIN SAFETY	MEDICHOICE PRE-SET
lubiprostone.....	70	SYRINGE/U-100/1ML/30G X	SAFETY LANCET DUAL
LUCEMYRA.....	135	5/16".....	USE.....
luliconazole.....	58	107	84
LUMIGAN.....	133	magnesium sulfate.....	MEDICHOICE PRE-SET
LUMIZYME.....	68	126	SAFETY LANCET LOW
LUNESTA.....	74	MALARONE.....	FLOW.....
LUPANETA PACK.....	67	33	84
LUPRON DEPOT (1-		malathion.....	MEDICHOICE PRE-SET
MONTH).....	36	64	SAFETY LANCET MEDIUM
LUPRON DEPOT (3-		maprotiline hcl.....	FLOW.....
MONTH).....	36	20	84
LUPRON DEPOT (4-		MARATHON MEDICAL	MEDICHOICE PRE-SET
MONTH).....	36	PENTIPS29GX12MM....	SAFETY LANCET MODERATE
LUPRON DEPOT (6-		108	FLOW.....
MONTH).....	36	MARATHON MEDICAL	84
LUPRON DEPOT-PED (1-		PENTIPS31GX5MM.....	MEDICHOICE SAFETY
MONTH).....	67	108	LANCETEXTRA.....
LUPRON DEPOT-PED (3-		MARATHON MEDICAL	MEDICHOICE SAFETY
MONTH).....	67	PENTIPS31GX8MM.....	LANCETNORMAL.....
LUXIQ.....	62	108	84
LUZU.....	58	MARATHON MEDICAL	MEDICINE SHOPPE PEN
LYNPARZA.....	38	PENTIPS32GX4MM.....	NEEDLES 29G X 12MM....
LYRICA.....	18	27	108
LYRICA CR.....	136	MARINOL.....	MEDICINE SHOPPE PEN
LYSODREN.....	36	21	NEEDLES 31G X 6MM....
LYSTEDA.....	74	MATULANE.....	108
M-M-R II.....	142	MAVENCLAD.....	MEDICINE SHOPPE PEN
M-NATAL PLUS.....	128	136	NEEDLES 31G X 8MM....
MACROBID.....	12	MAVYRET.....	108
MACRODANTIN.....	12	47	MEDISENSE THIN
mafenide acetate.....	60	MAXALT.....	LANCETS.....
MAGELLAN INSULIN SAFETY		124	84
SYRINGE/U-100/0.3ML/29G X		MAXALT-MLT.....	MEDLANCE PLUS EXTRA
1/2".....	107	124	LANCETS 21G.....
MAGELLAN INSULIN SAFETY		MAXI-COMFORT INSULIN	84
SYRINGE/U-100/0.3ML/30G X		SYRINGE/U-	MEDLANCE PLUS
5/16".....	107	100/0.5ML/28GX1/2".....	LANCETS.....
MAGELLAN INSULIN SAFETY		108	84
SYRINGE/U-100/0.5ML/29G X		MAXI-COMFORT INSULIN	MEDLANCE PLUS LANCETS
1/2".....	107	SYRINGE/U-	LITE 25G.....
		100/1ML/28GX1/2".....	84
		108	MEDLANCE PLUS LITE
		MAXI-COMFORT SAFETY	LANCETS 25G.....
		PEN NEEDLE/29G X	84
		5/16".....	MEDLANCE PLUS SPECIAL
		108	LANCETS 0.8MM.....
		MAXICOMFORT II PEN	84
		NEEDLES/31G X 1/4".....	MEDLANCE PLUS SUPERLITE
		108	30G.....
		MAXICOMFORT INSULIN	84
		SYRINGES 27G X 1/2".....	MEDLANCE PLUS SUPERLITE
		108	30G/COMFORT MAX.....
		MAXIDEX.....	84
		132	MEDLANCE PLUS UNIVERSAL
		MAXIPIME.....	LANCETS 21G.....
		51	84
		MAXITROL.....	MEDLANCE PLUS/LITE
		132	25G.....
		MAXX LUBRICATED.....	84
		76	MEDLANCE/EXTRA.....
		MAXX PLUS SPERMICIDE	84
		LUBRICATED.....	MEDLANCE/LITE.....
		76	84
		MAXZIDE.....	MEDLANCE/UNIVERSAL... 84
		65	MEDROL.....
		MAXZIDE-25.....	54
		65	MEDROL DOSEPAK.....
		MAYZENT.....	54
		136	medroxyprogesterone
		meclizine hcl.....	acetate.....
		26	134
		meclofenamate sodium.....	medroxyprogesterone acetate
		5	(contraceptive).....
			53

mefenamic acid.....	5	METHADOSE.....	7	MICROTAINER SAFETY FLOW	
mefloquine hcl.....	33	METHADOSE SUGAR-		LANCET/STERILE/SINGLE-USE	
MEGACE ES.....	135	FREE.....	7	.....	84
megestrol acetate.....	36	methamphetamine hcl.....	1	midodrine hcl.....	144
megestrol acetate		methazolamide.....	65	miglitol.....	23
(appetite).....	135	methenamine hippurate.....	12	miglustat.....	72
MEIJER COLOR LANCETS		methimazole.....	138	MIGRANAL.....	124
UNIVERSAL 33G.....	84	METHITEST.....	10	MILLIPRED.....	54
MEIJER LANCETS.....	84	methocarbamol.....	129	MILLIPRED DP.....	54
MEIJER LANCETS THIN.....	84	METHOTREXATE.....	4	MINASTRIN 24 FE.....	52
MEIJER LANCETS		methotrexate sodium.....	35	MINI LANCING DEVICE.....	84
UNIVERSAL21G.....	84	methoxsalen rapid.....	60	MINIPRESS.....	31
MEIJER LANCETS		methscopolamine		MINIVELLE.....	69
UNIVERSAL30G.....	84	bromide.....	139	MINOCIN.....	137
MEIJER LANCETS		methyclothiazide.....	66	minocycline hcl.....	137
UNIVERSAL33G.....	84	methyl dopa.....	31	minoxidil.....	33
MEIJER PEN NEEDLES 29G		METHYLIN.....	2	MIRAPEX.....	41
X12MM.....	108	methylphenidate hcl.....	2	MIRCERA.....	73
MEIJER PEN NEEDLES 31G		methylprednisolone.....	54	MIRCETTE.....	52
X6MM.....	108	methylprednisolone		MIRENA.....	53
MEIJER PEN NEEDLES 31G		acetate.....	54	mirtazapine.....	20
X8MM.....	108	methylprednisolone sod		MIRVASO.....	64
MEIJER SUPER THIN		succ.....	54	misoprostol.....	140
LANCETS.....	84	metoclopramide hcl.....	70	mitomycin.....	37
MEKINIST.....	38	metolazone.....	66	mitoxantrone hcl.....	37
MEKTOVI.....	38	metoprolol &		MM INSULIN SYRINGE/U-	
meloxicam.....	5	hydrochlorothiazide.....	32	100/0.3ML/30G X 5/16".....	108
melphalan.....	35	metoprolol succinate.....	48	MM INSULIN SYRINGE/U-	
melphalan hcl.....	35	metoprolol tartrate.....	48	100/0.3ML/31G X 5/16".....	108
memantine hcl.....	135	METROCREAM.....	64	MM INSULIN SYRINGE/U-	
MENACTRA.....	140	METROGEL.....	64	100/1/2ML/30G X 5/16".....	108
MENEST.....	69	METROGEL-VAGINAL.....	143	MM INSULIN SYRINGE/U-	
MENOSTAR.....	69	METROLOTION.....	64	100/1/2ML/31G X 5/16".....	108
MENQUADFI.....	140	metronidazole.....	10	MM INSULIN SYRINGE/U-	
MENVEO.....	140	metronidazole (topical).....	64	100/1ML/30G X 5/16".....	108
meperidine hcl.....	6,7	metronidazole vaginal.....	143	MM INSULIN SYRINGE/U-	
meprobamate.....	12	mexiletine hcl.....	13	100/1ML/31G X 5/16".....	108
MEPRON.....	11	micafungin sodium.....	27	MM LANCING DEVICE.....	84
mercaptapurine.....	35	MICARDIS.....	31	MM PEN NEEDLES 31G X	
meropenem.....	11	MICARDIS HCT.....	32	1/4".....	108
MERREM.....	11	miconazole nitrate		MM PEN NEEDLES 31G X	
mesalamine.....	70	vaginal.....	143	3/16".....	108
MESTINON.....	34	MICRODOT PEN		MM PEN NEEDLES 31G X	
MESTINON TIMESPAN.....	34	NEEDLE/31G X 6 MM.....	108	5/16".....	108
metaproterenol sulfate.....	15	MICRODOT PEN		MM PEN NEEDLES 32G X	
metaxalone.....	129	NEEDLE/32G X 4 MM.....	108	5/32".....	108
metformin hcl.....	23,24	MICROLET LANCETS.....	84	MM TWIST LANCETS.....	84
methadone hcl.....	7	MICROLET NEXT.....	84	MOBIC.....	5
METHADONE HCL.....	7			modafinil.....	2,3
methadone hcl.....	7			MODERIBA 1200 DOSE	
				PACK.....	47
				moexipril hcl.....	30

mometasone furoate	62	MONOJECT ULTRA		MS CONTIN	7
mometasone furoate		COMFORT INSULIN		MS INSULIN	
(nasal)	130	SYRINGE/0.3ML/30G X		SYRINGE/0.3ML/31G X	
MONISTAT SOOTHING CARE		5/16"	109	5/16"	109
ITCH RELIEF	62	MONOJECT ULTRA		MS INSULIN	
MONOJECT INSULIN		COMFORT INSULIN		SYRINGE/0.5ML/31G X	
SYRINGE/1ML	108	SYRINGE/0.3ML/31G X		5/16"	109
MONOJECT INSULIN		5/16"	109	MS INSULIN SYRINGE/1ML/31G	
SYRINGE/1ML/31G X		MONOJECT ULTRA		X 5/16"	109
5/16"	108	COMFORT INSULIN		MULPLETA	73
MONOJECT INSULIN		SYRINGE/0.5ML/28G X		MULTAQ	13
SYRINGE/DETACH		1/2"	109	MULTI PRENATAL	128
NEEDLE/1ML/25G X 5/8" ..	108	MONOJECT ULTRA		MULTI-LANCET DEVICE	85
MONOJECT INSULIN		COMFORT INSULIN		mupirocin	57
SYRINGE/DETACH		SYRINGE/0.5ML/29G X		MVASI	36
NEEDLE/1ML/27G X 1/2" ..	108	1/2"	109	MYALEPT	68
MONOJECT INSULIN		MONOJECT ULTRA		MYAMBUTOL	34
SYRINGE/PERM		COMFORT INSULIN		MYCAMINE	27
NEEDLE/1ML/28G X 1/2" ..	109	SYRINGE/0.5ML/30G X		MYCOBUTIN	34
MONOJECT INSULIN		5/16"	109	mycophenolate mofetil	127
SYRINGE/PERM NEEDLE/U-		MONOJECT ULTRA		mycophenolate sodium	127
100/0.5ML/28G X 1/2"	109	COMFORT INSULIN		MYDRIACYL	130
MONOJECT INSULIN		SYRINGE/0.5ML/31G X		MYFORTIC	127
SYRINGE/SAFETY/PERM		5/16"	109	MYGLUCOHEALTH MGH	
NEEDLE/0.3ML/29G X 1/2" ..	109	MONOJECT ULTRA		SOFTLANCE LANCETS	
MONOJECT INSULIN		COMFORT INSULIN		30G	85
SYRINGE/SAFETY/PERM		SYRINGE/1ML/28G X		MYLERAN	35
NEEDLE/0.3ML/29GX1/2" ..	109	1/2"	109	MYRBETRIQ	140
MONOJECT INSULIN		MONOJECT ULTRA		MYSOLINE	18
SYRINGE/SAFETY/PERM		COMFORT INSULIN		nabumetone	5
NEEDLE/0.5ML/29G X 1/2" ..	109	SYRINGE/1ML/29G X		nadolol	48
MONOJECT INSULIN		1/2"	109	nafcillin sodium	134
SYRINGE/SAFETY/PERM		MONOJECT ULTRA		naftifine hcl	58
NEEDLE/1ML/29G X 1/2" ..	109	COMFORT INSULIN		NAFTIFINE	
MONOJECT INSULIN		SYRINGE/1ML/29G X		HYDROCHLORIDE	58
SYRINGE/SOFTPACK/1ML/27G		1/2"	109	NAFTIN	58
X 1/2"	109	MONOJECT ULTRA		NAGLAZYME	68
MONOJECT INSULIN		COMFORT INSULIN		nalbuphine hcl	9
SYRINGE/SOFTPACK/U-		SYRINGE/1ML/29G X		NALFON	5
100/0.5ML/28G X 1/2"	109	1/2"	109	naloxone hcl	26
MONOJECT INSULIN		MONOJECT ULTRA		naltrexone hcl	26
SYRINGE/U-100/0.3ML/30G X		COMFORT INSULIN		NAMENDA	135
5/16"	109	SYRINGE/1ML/29G X		NAMENDA TITRATION	
MONOJECT INSULIN		1/2"	109	PAK	135
SYRINGE/U-100/0.5ML/30G X		MONOJECT ULTRA		NAPROSYN	5
5/16"	109	COMFORT INSULIN		naproxen	5
MONOJECT INSULIN		SYRINGE/1ML/28G X		naproxen sodium	5
SYRINGE/U-100/1ML/28G X		1/2"	109	naratriptan hcl	124
1/2"	109	MONOJECT ULTRA		NARCAN	26
MONOJECT INSULIN		COMFORT INSULIN			
SYRINGE/U-100/1ML/30G X		SYRINGE/1ML/29G X			
5/16"	109	1/2"	109		
MONOJECT INSULIN		MONOJECT ULTRA			
SYRINGE/REGULAR LUER		COMFORT INSULIN			
TIP/SOFTPACK/1ML	109	SYRINGE/1ML/29G X			
MONOJECT ULTRA COMFORT		1/2"	109		
INSULIN SYRINGE/0.3ML/29G X		MONOJECT ULTRA			
1/2"	109	COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			
		1/2"	109		
		MONOJECT ULTRA			
		COMFORT INSULIN			
		SYRINGE/1ML/29G X			

NARDIL.....	21	nicardipine hcl.....	49	norethindrone acetate-ethinyl estradiol.....	69
NASACORT ALLERGY 24HR.....	130	NICODERM CQ.....	136	norethindrone acetate-ethinyl estradiol-fe.....	52
NASACORT ALLERGY 24HR CHILDRENS.....	130	NICORETTE.....	136	norethindrone-eth estradiol (triphasic).....	52
NASONEX.....	130	NICORETTE MINI.....	137	norgestimate-ethinyl estradiol.....	52
NATACYN.....	131	NICORETTE STARTER KIT.....	137	norgestimate-ethinyl estradiol (triphasic).....	52
NATAZIA.....	52	nicotine.....	137	norgestrel & ethinyl estradiol.....	52
nateglinide.....	25	nicotine polacrilex.....	137	NORMOSOL-M IN D5W.....	125
NATROBA.....	64	NICOTINE TRANSDERMAL SYSTEM.....	137	NORMOSOL-R.....	125
NATURE-THROID.....	138	NICOTROL INHALER.....	137	NORPACE.....	13
NATURE-THROID NT-2.5.....	138	NICOTROL NS.....	137	NORPRAMIN.....	23
NAVELBINE.....	40	nifedipine.....	49	nortriptyline hcl.....	23
NAYZILAM.....	17	NILANDRON.....	37	NORVASC.....	49
NEBUSAL.....	55	nilutamide.....	37	NORVIR.....	45
nefazodone hcl.....	22	nimodipine.....	49	NOVA MAX PLUS KETONE TESTSTRIPS.....	64
NEO-SYNALAR.....	57	NINLARO.....	38	NOVA SAFETY LANCETS 23G.....	85
neomycin sulfate.....	3	NIPENT.....	39	NOVA SAFETY LANCETS 28G.....	85
neomycin-bacitracin zn-polymyxin.....	131	nisoldipine.....	49	NOVA SUREFLEX LANCETS.....	85
neomycin-polymy-dexameth.....	132	nitazoxanide.....	11	NOVA SUREFLEX LANCING DEVICE.....	85
neomycin-polymyxin-hc (ophth).....	132	nitisinone.....	68	NOVAREL.....	66
neomycin-polymyxin-hc (otic).....	133	NITRO-BID.....	12	NOVOFINE 32GX6MM.....	109
NEONATAL COMPLETE.....	128	NITRO-DUR.....	12	NOVOFINE AUTOCOVER 30GX8MM.....	110
NEONATAL PLUS.....	128	nitrofurantoin.....	12	NOVOFINE PLUS 32GX4MM.....	110
NEONATAL VITAMIN.....	128	nitrofurantoin macrocrystal.....	12	NOVOLIN 70/30.....	24
NEORAL.....	127	nitrofurantoin monohyd macro.....	12	NOVOLIN 70/30 FLEXPEN.....	24
NEOSTIGMINE.....		nitroglycerin.....	12	NOVOLIN 70/30 FLEXPEN RELION.....	24
METHYLSULFATE.....	34	NITROGLYCERIN.....	12	NOVOLIN 70/30 RELION.....	24
NESINA.....	24	nitroglycerin.....	12	NOVOLIN N.....	24
NEULASTA.....	73	NITROSTAT.....	12	NOVOLIN N RELION.....	24
NEULASTA ONPRO KIT.....	73	NIVA-PLUS.....	128	NOVOLIN R.....	24
NEUPOGEN.....	73	NIVESTYM.....	73	NOVOLIN R RELION.....	24
NEUPRO.....	41	NIX CREME RINSE.....	64	NOVOLOG.....	25
NEURONTIN.....	18	nizatidine.....	139	NOVOLOG FLEXPEN.....	24
NEVANAC.....	133	NIZORAL.....	58	NOVOLOG MIX 70/30.....	24
nevirapine.....	45	NORCO.....	8	NOVOLOG MIX 70/30 PREFILLED FLEXPEN.....	24
NEXAVAR.....	38	NORDITROPIN FLEXPEN.....	67	NOVOLOG PENFILL.....	25
NEXIUM.....	139	norelgestromin-ethinyl estradiol.....	53	NOVOTWIST 32GX5MM.....	110
NEXIUM 24HR.....	139	norethin acet & estrad-fe.....	52	NOXAFIL.....	27
NEXPLANON.....	53	norethindrone & eth estradiol.....	52	NPLATE.....	73
niacin.....	144	norethindrone & ethinyl estradiol-fe.....	52		
niacin (antihyperlipidemic).....	30	norethindrone (contraceptive).....	53		
NIACIN TR.....	144	norethindrone acet & eth estra.....	52		
niacinamide.....	144	norethindrone acetate.....	135		
NIASPAN.....	30				

NUBEQA.....	37	ondansetron.....	26	oxazepam.....	13
NUCALA.....	13	ondansetron hcl.....	26	OXBRYTA.....	73
NUCYNTA.....	7	ONE VITE WOMENS PRENATALVITAMIN.....	128	oxcarbazepine.....	18
NUCYNTA ER.....	7	ONE VITE WOMENS PRENATALVITAMIN PLUS.....	128	OXERVATE.....	131
NUDEXTA.....	136	ONETOUCH CLUB LANCETS FINE POINT.....	85	oxiconazole nitrate.....	58
NULOJIX.....	127	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	85	OXISTAT.....	58
NUTROPIN AQ NUSPIN 10.....	67	ONETOUCH DELICA LANCETS FINE 30G.....	85	OXSORALEN ULTRA.....	60
NUVARING.....	53	ONETOUCH DELICA LANCING DEVICE.....	85	oxybutynin chloride.....	140
NUVIGIL.....	3	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	85	oxycodone hcl.....	7
nystatin.....	27	ONETOUCH DELICA PLUS LANCETS FINE 30G.....	85	OXYCODONE HYDROCHLORIDE ER.....	7
nystatin (mouth-throat).....	127	ONETOUCH DELICA PLUS LANCING DEVICE.....	85	oxycodone w/ acetaminophen.....	8
nystatin (topical).....	58	ONETOUCH FINEPOINT LANCETS.....	85	oxycodone-ibuprofen.....	9
nystatin-triamcinolone.....	58	ONETOUCH ULTRASOFT LANCETS.....	85	OXYCONTIN.....	7
O-CAL FA.....	128	ONFI.....	17	oxymorphone hcl.....	7
OCREVUS.....	136	OPANA.....	7	OZEMPIC.....	24
octreotide acetate.....	68	OPSUMIT.....	50	paclitaxel.....	40
OCUFLOX.....	131	ORAPRED ODT.....	54	paliperidone.....	42
ODEFSEY.....	45	ORENITRAM.....	50	palonosetron hcl.....	26
ODOMZO.....	36	ORFADIN.....	68	PALYNZIQ.....	68
OFEV.....	137	ORKAMBI.....	137	PAMELOR.....	23
ofloxacin.....	70	orphenadrine citrate.....	129	pamidronate disodium.....	66
ofloxacin (ophth).....	131	ORTHO MICRONOR.....	53	PAMIDRONATE DISODIUM.....	66
ofloxacin (otic).....	133	ORTHO TRI-CYCLEN.....	52	pamidronate disodium.....	66
olanzapine.....	43	ORTHO TRI-CYCLEN LO.....	52	PANRETIN.....	59
olmesartan medoxomil.....	31	ORTHO-CYCLEN.....	52	pantoprazole sodium.....	139
olmesartan medoxomil- amlodipine-hydrochlorothiazide.....	32	ORTHO-NOVUM 1/35.....	52	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A.....	53
olmesartan medoxomil- hydrochlorothiazide.....	32	ORTHO-NOVUM 7/7/7.....	52	parenteral electrolytes.....	125
olopatadine hcl.....	133	oseltamivir phosphate.....	47,48	paricalcitol.....	68
olopatadine hcl (nasal).....	129	OSMOPREP.....	75	PARLODEL.....	41
OLUX.....	62	OSPHERA.....	67	PARNATE.....	21
omega-3-acid ethyl esters.....	29	OTEZLA.....	5	paromomycin sulfate.....	3
omeprazole.....	139	OTOVEL.....	133	paroxetine hcl.....	21
omeprazole magnesium.....	139	OVIDE.....	64	PASER.....	34
omeprazole-sodium bicarbonate.....	140	oxacillin sodium.....	134	PATADAY.....	133
OMNIFLEX DIAPHRAGM.....	76	oxaliplatin.....	35	PATANASE.....	129
OMNIPRED.....	132	oxandrolone.....	9	PATANOL.....	133
OMNITROPE.....	67	oxaprozin.....	5	PAXIL.....	21,22
ON CALL LANCETS.....	85	OXAYDO.....	7	PAXIL CR.....	21
ON CALL LANCING DEVICE.....	85			PC LANCETS SUPER THIN 30G.....	85
ON CALL PLUS LANCETS.....	85			PC UNIFINE PENTIPS 29G X1/2".....	110
ON CALL PLUS LANCING DEVICE.....	85			PC UNIFINE PENTIPS 31G X5MM MINI.....	110
ONCASPAR.....	39			PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT.....	110

PC UNIFINE PENTIPS 31G			
X8MM SHORT	110		
PEDIAPRED	54		
PEDIARIX	138		
PEDVAX HIB	141		
peg 3350-kcl-nacl-na sulfate-na			
ascorbate-ascorbic acid	75		
peg 3350-kcl-sod bicarb-sod			
chloride-sod sulfate	75		
PEGANONE	19		
PEGASYS	47		
PEGASYS PROCLICK	47		
PEGINTRON	47		
PEMAZYRE	38		
PEN NEEDLES 29G X			
12MM	110		
PEN NEEDLES 29GX1/2"	110		
PEN NEEDLES			
29GX12MM	110		
PEN NEEDLES 30GX5/16"	110		
PEN NEEDLES 30GX8MM	110		
PEN NEEDLES 31G X 1/4"			
SHORT	110		
PEN NEEDLES 31G X			
3/16"	110		
PEN NEEDLES 31G X			
5MM	110		
PEN NEEDLES 31G X			
6MM	110		
PEN NEEDLES 31G X			
8MM	110		
PEN NEEDLES 31GX5/16"	110		
PEN NEEDLES 31GX6MM			
(1/4")	110		
PEN NEEDLES 31GX8MM	110		
PEN NEEDLES 31GX8MM			
(5/16")	110		
PEN NEEDLES 32G X			
4MM	110		
PEN NEEDLES 32G X			
5MM	110		
PEN NEEDLES 32G X			
6MM	110		
PEN NEEDLES 32GX4MM	110		
PEN NEEDLES/29G X 1/2"	110		
PEN NEEDLES/31G X 1/4"	110		
PEN NEEDLES/31G X			
3/16"	110		
PEN NEEDLES/31G X			
5/16"	110		
PEN NEEDLES/31G X			
6MM	110		
PEN NEEDLES/32G X			
5/32"	110		
penicillamine	126		
penicillin g potassium	134		
PENICILLIN G POTASSIUM IN			
ISO-OSMOTIC			
DEXTROSE	134		
PENICILLIN G			
PROCAINE	134		
penicillin g sodium	134		
penicillin v potassium	134		
PENLAC NAIL LACQUER	59		
PENTACEL	138		
pentazocine w/ naloxone	9		
PENTIPS 29G X 12MM	110		
PENTIPS 29GX12MM	110		
PENTIPS 31G X 5MM	110		
PENTIPS 31G X 8MM	110		
PENTIPS 31GX5MM	110		
PENTIPS 31GX6MM	110		
PENTIPS 31GX8MM	110		
PENTIPS 32G X 4MM	110		
PENTIPS 32GX4MM	110		
pentoxifylline	72		
PEPCID	139		
PEPCID AC MAXIMUM			
STRENGTH	139		
PERCOCET	9		
PERFECT LANCETS 30G	85		
PERFECT PRESSURE			
ACTIVATED SAFETY			
LANCETS 28G	85		
PERIDEX	127		
perindopril erbumine	30		
PERJETA	36		
permethrin	64		
perphenazine	43		
perphenazine-amitriptyline			
	135		
PERSERIS	42		
PHARMACIST CHOICE			
ULTRA THIN LANCETS	85		
PHARMACIST CHOICE			
ULTRA THIN LANCETS			
28G	85		
PHARMACIST CHOICE			
ULTRA THIN LANCETS			
30G	85		
PHARMACIST CHOICE			
ULTRA THIN LANCETS			
31G	85		
PHARMACIST CHOICE			
ULTRA THIN LANCETS			
33G	85		
PHARMACY COUNTER			
LANCETS	85		
phenazopyridine hcl	71		
phendimetrazine tartrate	1		
phenelzine sulfate	21		
PHENERGAN	29		
phenobarbital	74		
phenoxybenzamine hcl	31		
phentermine hcl	2		
PHENYTEK	19		
phenytoin	19		
phenytoin sodium	20		
phenytoin sodium extended	20		
PHEXXI	143		
PHOSLYRA	71		
PHOSPHOLINE IODIDE	130		
PHOTOFRIN	39		
PICATO	59		
PIFELTRO	45		
pilocarpine hcl	130		
pilocarpine hcl (oral)	128		
pimecrolimus	63		
pimozide	136		
pindolol	48		
pioglitazone hcl	24		
pioglitazone hcl-glimepiride	23		
pioglitazone hcl-metformin			
hcl	23		
PIP LANCETS/28G	85		
PIP LANCETS/30G	85		
piperacillin sodium-tazobactam			
sodium	134		
PIQRAY 200MG DAILY			
DOSE	38		
PIQRAY 250MG DAILY			
DOSE	38		
PIQRAY 300MG DAILY			
DOSE	38		
piroxicam	5		
PLAN B ONE-STEP	53		
PLAQUENIL	34		
PLASMA-LYTE A	125		
PLASMA-LYTE-148	125		
PLAVIX	72		
PLEGRIDY	136		
PLEGRIDY STARTER			
PACK	136		
PNEUMOVAX 23	141		
PNEUMOVAX 23/1 DOSE	141		

podofilox.....	63	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	111	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	111
polymyxin b sulfate.....	12	PRECISION THINS GP LANCET.....	85	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	111
polymyxin b-trimethoprim...131		PRECISION XTRA.....	64	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM.....	111
POLYTRIM.....	131	PRECOSE.....	23	pregabalin.....	18
POMALYST.....	37	PRED FORTE.....	132	PREGNYL W/DILUENT BENZYLALCOHOL/NACL...66	
potassium acetate.....	126	PRED MILD.....	132	PREMARIN.....	69
potassium bicarbonate.....	126	prednicarbate.....	62	PREMIUM CONDOMS LUBRICATED.....	76
potassium chloride.....	126	prednisolone.....	54	PREMPHASE.....	69
POTASSIUM CHLORIDE...126		prednisolone acetate (ophth).....	132	PREMPRO.....	69
potassium chloride.....	126	PREDNISOLONE ACETATE P-F.....	132	PRENATAL.....	128
potassium chloride in dextrose.....	125	prednisolone sodium phosphate.....	54	PRENATAL LOW IRON....128	
potassium chloride in dextrose & sodium chloride.....	125	PREDNISOLONE SODIUM PHOSPHATE.....	132	PRENATAL MULTIVITAMIN.....	128
potassium chloride in nacl...125		prednisone.....	54	PRENATAL ONE DAILY...128	
potassium chloride microencapsulated crystals er.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	111	PRENATAL VITAMIN.....128	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	125	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	111	PRENATAL VITAMIN & MINERAL.....	128
POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	111	PRENATAL VITAMIN/IRON.....	128
potassium citrate (alkalinizer).....	71	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	111	PRENATAL VITAMINS....128	
potassium phosphates.....	126	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	111	PRENATAL VITAMINS PLUS LOW IRON.....	128
pramipexole dihydrochloride.41		PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	111	PRENATRIX.....	128
PRANDIN.....	25	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	111	PRENATRYL.....	128
prasugrel hcl.....	72	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	111	PREPLUS.....	129
PRAVACHOL.....	30	PREFERRED PLUS INSULIN COLORED 21G.....	85	PREPOPIK.....	75
pravastatin sodium.....	30	PREFERRED PLUS LANCETS SUPER THIN 30G.....	85	PRESSURE ACTIVATED SAFETYLANCET 21G.....	85
praziquantel.....	10	PREFERRED PLUS LANCETS THIN 26G.....	85	PREVACID.....	140
prazosin hcl.....	31	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	111	PREVACID 24HR.....	139
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	110	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	111	PREVENT SAFETY PEN NEEDLES 31GX1/4".....	111
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	110			PREVENT SAFETY PEN NEEDLES 31GX5/16".....	111
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	111			PREVNAR 13.....	141
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	111			PREZCOBIX.....	45
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	111			PREZISTA.....	45
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	111			PRIFTIN.....	34
				PRILOSEC OTC.....	140
				primaquine phosphate.....	34
				PRIMAQUINE PHOSPHATE.....	34
				PRIMAXIN IV.....	11
				primidone.....	18
				PRINIVIL.....	30
				PRISTIQ.....	22

PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	111	progesterone micronized.....	135	PX LANCETS ULTRA THIN.....	86
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	111	PROGLYCEM.....	24	PX LANCETS ULTRA THIN 28G.....	86
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	111	PROGRAF.....	127	PX MINI PEN NEEDLES 31GX5MM.....	112
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	111	PROLASTIN-C.....	137	PX PEN NEEDLE 29GX12MM.....	112
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	111	PROLEUKIN.....	39	PX PEN NEEDLE 31GX8MM.....	112
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	111	PROLIA.....	66	PX PRENATAL MULTIVITAMINS.....	129
PRO COMFORT LANCETS 30G.....	85	PROMACTA.....	73	PX SHORTLENGTH PEN NEEDLES/31GX8MM.....	112
PRO COMFORT LANCETS 31G.....	86	promethazine hcl.....	29	pyrazinamide.....	34
PRO COMFORT PEN NEEDLES/31G X 8MM.....	111	PROMETRIUM.....	135	PYRIDIDIUM.....	71
PRO COMFORT PEN NEEDLES/32G X 4MM.....	112	propafenone hcl.....	13	pyridostigmine bromide.....	34
PRO COMFORT PEN NEEDLES/32G X 5MM.....	112	proparacaine hcl.....	131	pyrimethamine.....	34
PRO COMFORT PEN NEEDLES/32G X 6MM.....	112	propranolol hcl.....	48	QC ADVANCED LANCING DEVICE.....	86
PROAIR HFA.....	15	propylthiouracil.....	138	QC LANCETS SUPER THIN.....	86
probenecid.....	72	PROSCAR.....	71	QC LANCETS ULTRA THIN.....	86
PROBUPHINE IMPLANT KIT.....	9	PROTONIX.....	140	QC PEN NEEDLES 29G X 12MM.....	112
procainamide hcl.....	13	PROTOPIC.....	63	QC PEN NEEDLES 31G X 6MM.....	112
PROCARDIA.....	49	protriptyline hcl.....	23	QC PEN NEEDLES 31G X 8MM.....	112
PROCARDIA XL.....	49	PROVENTIL HFA.....	15	QC PRENATAL.....	129
prochlorperazine.....	43	PROVERA.....	135	QC UNIFINE PENTIPS 32GX4MM.....	112
prochlorperazine maleate.....	43	PROVIGIL.....	3	QC UNILET LANCETS 28G/ULTRA THIN.....	86
PROCRT.....	73	PROZAC.....	22	QC UNILET LANCETS 33G/MICRO THIN.....	86
PROCTOCORT.....	10	PRUDOXIN.....	59	QINLOCK.....	38
PRODIGY INSULIN SYRING/U- 100/0.3ML/31G X 5/16".....	112	PSORCON.....	62	QUADRACEL.....	138
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	112	PSS SELECT GP LANCETS.....	86	QUALAQUIN.....	34
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	112	PSS SELECT SAFETY LANCETS.....	86	QUARTETTE.....	52
PRODIGY LANCING DEVICE.....	86	PTS PANELS KETONE TEST.....	64	QUESTRAN.....	29
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	86	PULMICORT.....	14	QUESTRAN LIGHT.....	29
PRODIGY SAFETY LANCETS.....	86	PULMICORT FLEXHALER.....	14	quetiapine fumarate.....	43
PRODIGY TWIST TOP LANCETS.....	86	PULMOZYME.....	137	quinapril hcl.....	30
		PURE COMFORT LANCETS 30G.....	86	quinapril-hydrochlorothiazide	32
		PURE COMFORT PEN NEEDLE 32G X6MM.....	112	quinidine sulfate.....	13
		PURE COMFORT PEN NEEDLE/32G X 5MM.....	112	quinine sulfate.....	34
		PURE COMFORT PEN NEEDLE/32G X4MM.....	112	QVAR REDIHALER.....	14
		PUSH BUTTON SAFETY LANCETS 21G.....	86	RA E-ZJECT LANCETS 28G.....	86
		PUSH BUTTON SAFETY LANCETS 28G.....	86	RA E-ZJECT LANCETS THIN 26G.....	86
		PX ADVANCED LANCING DEVICE.....	86	RA E-ZJECT LANCETS THIN 28G.....	86
		PX EXTRA SHORT PEN NEEDLES 31GX6MM.....	112	RA E-ZJECT LANCETS ULTRATHIN 30G.....	86
		PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	112		
		PX LANCET AUTO INJECTOR.....	86		

RA INSULIN SYRINGE/0.5ML/29G X 1/2".....	112	REBETOL.....	47	RELION PEN NEEDLES 29GX12MM.....	113
RA INSULIN SYRINGE/1ML/29G X 1/2".....	112	REBIF.....	136	RELION PEN NEEDLES 31G X6MM.....	113
RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	112	REBIF REBIDOSE.....	136	RELION PEN NEEDLES 31G X8MM.....	113
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16".....	112	REBIF REBIDOSE TITRATIONPACK.....	136	RELION PEN NEEDLES 31GX5/16".....	113
RA PEN NEEDLES 31G X 5MM3/16".....	112	REBIF TITRATION PACK.....	136	RELION PEN NEEDLES 31GX6MM.....	113
RA PEN NEEDLES 31G X 8MM5/16".....	112	RECLAST.....	66	RELION PEN NEEDLES 31GX8MM.....	113
RA PRENATAL.....	129	RECOMBIVAX HB.....	143	RELION PEN NEEDLES 32G X4MM.....	113
RA PRENATAL FORMULA/FOLICACID....	129	RECTIV.....	10	RELION PEN NEEDLES 32G X5/32".....	113
rabeprazole sodium.....	140	REGLAN.....	70	RELION PEN NEEDLES 32GX4MM.....	113
raloxifene hcl.....	67	REGRANEX.....	64	RELION PEN NEEDLES/31G X1/4".....	113
ramelteon.....	74	RELENZA DISKHALER... ..	48	RELION SHORT PEN NEEDLES31GX8MM.....	113
ramipril.....	30	RELION 2-IN-1 LANCET DEVICES 30G.....	86	RELION ULTRA THIN LANCETS/30G.....	86
RANEXA.....	12	RELION 2-IN-1 LANCING DEVICE 25G.....	86	RELION ULTRA THIN LANCETS30G.....	86
ranitidine hcl.....	139	RELION 2-IN-1 LANCING DEVICE 30G.....	86	RELION ULTRA THIN PLUS LANCETS 32G.....	86
ranolazine.....	12	RELION INSULIN SYRINGE 1ML/31GX15/64".....	112	RELION ULTRA THIN PLUS LANCETS 33G.....	86
RAPAFLO.....	71	RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2".....	112	RELISTOR.....	71
RAPAMUNE.....	127	RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	112	RELMAX.....	124
rasagiline mesylate.....	41	RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16".....	112	REMERON.....	20
RAZADYNE.....	135	RELION INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	113	REMERON SOLTAB.....	20
RAZADYNE ER.....	135	RELION INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	113	RENFLXIS.....	70
READYLANCE SAFETY LANCETS/21G/2.2MM.....	86	RELION INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	113	REVELA.....	71
READYLANCE SAFETY LANCETS/23G/1.8MM.....	86	RELION INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16".....	113	REOPRO.....	72
READYLANCE SAFETY LANCETS/26G/1.8MM.....	86	RELION INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	113	repaglinide.....	25
READYLANCE SAFETY LANCETS/28G/1.8MM.....	86	RELION INSULIN SYRINGE/U- 100/1ML/31G X 15/64".....	113	repaglinide-metformin hcl... ..	23
READYLANCE SAFETY LANCETS/30G/1.6MM.....	86	RELION INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	113	REPATHA.....	30
REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	112	RELION KETONE.....	64	REPATHA SURECLICK.....	30
REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	112	RELION KETONE TEST STRIPS.....	64	REQUIP.....	41
REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	112	RELION LANCETS MICRO- THIN33G.....	86	REQUIP XL.....	41
REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	112	RELION LANCETS STANDARD 21G.....	86	RESCRIPTOR.....	45
REALITY LANCETS.....	86	RELION LANCETS THIN 26G.....	86	RESECTISOL.....	71
REALITY LATEX CONDOMS/LUBRICATED..	76	RELION LANCETS ULTRA- THIN30G.....	86	RESTASIS.....	131
REALITY LATEX/ULTRA TEXTURED.....	76	RELION LANCING DEVICE.....	86	RESTASIS MULTIDOSE... ..	131
REALITY LATEX/ULTRA THIN.....	76	RELION MINI PEN NEEDLES 31GX6MM.....	113	RESTORIL.....	74
REALITY TRIGGER LANCETS.....	86			RETACRIT.....	73
				RETEVMO.....	38
				RETIN-A.....	56
				RETIN-A MICRO.....	56
				RETIN-A MICRO PUMP.....	56

RETROVIR.....	45	RUCONEST.....	72	SAFETY LANCETS.....	87
RETROVIR IV INFUSION...	45	rufinamide.....	18	SAFETY LANCETS 21G....	87
REVATIO.....	50	RUKOBIA.....	45	SAFETY LANCETS 28G....	87
REVLIMID.....	126	RUXIENCE.....	36	SAFETY LET LANCETS....	87
REXALL LANCETS ULTRA		RUZURGI.....	34	SAFETY SEAL LANCETS	
THIN.....	87	RYTHMOL SR.....	13	28G.....	87
REXULTI.....	44	SABRIL.....	19	SAFETY SEAL LANCETS	
REYATAZ.....	45	SAFE-T-LANCE LOW FLOW		30G.....	87
RIBASPHERE.....	47	25G.....	87	SAFYRAL.....	52
RIBASPHERE RIBAPAK....	47	SAFE-T-LANCE NORMAL		SAIZEN.....	67
ribavirin (hepatitis c).....	47	FLOW21G.....	87	SAIZENPREP	
RIDAURA.....	4	SAFE-T-LANCE PLUS		RECONSTITUTIONKIT....	67
rifabutin.....	34	SAFETYLANCET HIGH		SALAGEN.....	128
RIFADIN.....	34	FLOW.....	87	salsalate.....	6
RIFAMATE.....	34	SAFE-T-LANCE PLUS		SAMSCA.....	68
rifampin.....	34	SAFETYLANCET LOW		SANDIMMUNE.....	127
RIFATER.....	34	FLOW.....	87	SANDOSTATIN.....	68
RIGHT STEP PRENATAL....	129	SAFE-T-LANCE PLUS		SANTYL.....	63
RIGHTEST GD500 LANCING		SAFETYLANCET NORMAL		SAPHRIS.....	43
DEVICE.....	87	FLOW.....	87	sapropterin dihydrochloride..	68
RIGHTEST GL300		SAFESNAP INSULIN		SAPS HEALTH CARE TWIST	
LANCETS.....	87	SYRINGE/0.3ML/30G X		TOP LANCETS.....	87
RILUTEK.....	130	5/16".....	113	SAPS HEALTH TWIST TOP	
riluzole.....	130	SAFESNAP INSULIN		LANCETS 30G.....	87
rimantadine hydrochloride...	48	SYRINGE/0.5ML/29G X		SAPSCARE TWIST TOP	
ringer's.....	126	1/2".....	113	LANCETS 30G.....	87
ringer's irrigation.....	127	SAFESNAP INSULIN		SAVELLA.....	135
RINVOQ.....	4	SYRINGE/0.5ML/30G X		SAVELLA TITRATION	
risedronate sodium.....	66	5/16".....	113	PACK.....	135
RISPERDAL.....	42	SAFESNAP INSULIN		SB INSULIN SYRINGE/U-	
RISPERDAL CONSTA.....	42	SYRINGE/1ML/29G X		100/0.5ML/29G X 1/2"....	113
risperidone.....	42	1/2".....	113	SB INSULIN SYRINGE/U-	
RITALIN.....	3	SAFETY INSULIN SYRINGES		100/0.5ML/30G X 5/16"....	113
RITALIN LA.....	3	0.5ML/29GX1/2".....	113	SB INSULIN SYRINGE/U-	
ritonavir.....	45	SAFETY INSULIN SYRINGES		100/1ML/29G X 1/2".....	113
RITUXAN.....	36	0.5ML/30GX5/16".....	113	SB INSULIN SYRINGE/U-	
rivastigmine tartrate.....	135	SAFETY INSULIN SYRINGES		100/1ML/30G X 5/16".....	113
rizatriptan benzoate.....	124	1ML/27GX1/2".....	113	SB INSULIN SYRINGE/U-	
ROBAXIN-750.....	129	SAFETY INSULIN SYRINGES		100/1ML/31G X 5/16".....	114
ROCALTROL.....	68	1ML/29GX1/2".....	113	SB LANCETS THIN.....	87
ROMIDEPSIN.....	38	SAFETY INSULIN SYRINGES		SB LANCETS ULTRA THIN..	87
ropinirole hydrochloride....	41	1ML/30GX1/2".....	113	scopolamine.....	26
rosuvastatin calcium.....	30	SAFETY LANCET		SEASONIQUE.....	52
ROTARIX.....	143	21G/PRESSURE		SECURESAFE SAFETY	
ROTATEQ.....	143	ACTIVATED.....	87	INSULIN SYRINGES/U-	
ROXICODONE.....	7	SAFETY LANCET		100/0.5ML/29GX1/2"....	114
ROZEREM.....	74	23G/PRESSURE		SECURESAFE SAFETY	
		ACTIVATED.....	87	INSULIN SYRINGES/U-	
		SAFETY LANCET		100/1ML/29GX1/2".....	114
		28G/PRESSURE		SECURESAFE SAFETY PEN	
		ACTIVATED.....	87	NEEDLES/30G X 5/16"....	114
		SAFETY LANCET		SEGLUROMET.....	23
		30G/PRESSURE		SELECT-LITE LANCING	
		ACTIVATED.....	87	DEVICE.....	87

selegiline hcl.....	41	sildenafil citrate (pulmonary hypertension).....	50	sodium citrate & citric acid... 71	
selenium sulfide.....	60	SILENOR.....	74	sodium phenylbutyrate..... 68	
SELZENTRY.....	45	silodosin.....	71	sodium polystyrene sulfonate..... 127	
SENSIPAR.....	68	SILVADENE.....	60	SOFOSBUVIR/VELPATASVIR..... 47	
SEREVENT DISKUS.....	15	silver sulfadiazine.....	60	solifenacin succinate..... 140	
SEROQUEL.....	43	SIMBRINZA.....	131	SOLIRIS.....	72
SEROQUEL XR.....	43	SIMPLE DIAGNOSTICS LANCING DEVICE.....	87	SOLOSEC.....	3
SEROSTIM.....	67	SIMULECT.....	127	SOLU-CORTEF.....	54
sertraline hcl.....	22	simvastatin.....	30	SOLU-MEDROL.....	54
sevelamer carbonate.....	71	SINEMET.....	41	SOLUS V2 LANCING DEVICE.....	88
SHINGRIX.....	143	SINEMET CR.....	41	SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G.....	88
SHOPKO AUTOLET LANCING DEVICE.....	87	SINGLE-LET.....	87	SOLUS V2 TWIST LANCETS 30G.....	88
SHOPKO ON-THE-GO COMFORTLANCETS 30G... 87		SINGULAIR.....	14	SOMA.....	129
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM.....	114	sirolimus.....	127	SOMATULINE DEPOT.....	68
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM.....	114	SIRTURO.....	34	SOMAVERT.....	67
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12M.....	114	SIVEXTRO.....	12	SORBITOL.....	71
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM.....	114	SKELAXIN.....	129	SORBITOL-MANNITOL.....	71
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM.....	114	SKLICE.....	64	SORBITOL/MANNITOL IRRIGATION.....	71
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31GX5MM.....	114	SKYLA.....	53	SORIATANE.....	60
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12M.....	114	SKYRIZI.....	60	sotalol hcl.....	48
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM.....	114	SLO-NIACIN.....	144	sotalol hcl (afib/afl).....	48
SHOPKO UNILET LANCETS SUPER THIN 30G.....	87	SLYND.....	53	SOVALDI.....	47
SHOPKO UNILET LANCETS ULTRA THIN 28G.....	87	SM MICRO THIN LANCETS 33G.....	87	spinosad.....	64
SHUR-SEAL.....	143	SM PRENATAL VITAMINS.....	129	SPIRIVA HANDIHALER.....	14
SIDE BUTTON SAFETY LANCET21G.....	87	SM TRUEDRAW LANCING DEVICE.....	87	SPIRIVA RESPIMAT.....	14
SIGNIFOR.....	68	SMART DIABETES VANTAGE LANCING DEVICE.....	87	spironolactone.....	65
sildenafil citrate.....	50	SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	87	spironolactone & hydrochlorothiazide.....	65
		SMART SENSE STANDARD LANCETS UNIVERSAL 21G.....	87	SPORANOX.....	27
		SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G.....	87	SPORANOX PULSEPAK... 27	
		SMART SENSE THIN LANCETSUNIVERSAL 26G.....	87	SPRAVATO 56MG DOSE... 21	
		SMARTEST LANCETS 28G.....	88	SPRAVATO 84MG DOSE... 21	
		SODIUM ACETATE.....	125	SPRYCEL.....	38
		sodium acetate.....	125	STALEVO 100.....	41
		sodium chloride.....	126	STALEVO 125.....	41
		sodium chloride (gu irrigant).....	71	STALEVO 150.....	41
		sodium chloride (inhalant).....	55	STALEVO 200.....	41
				STALEVO 50.....	41
				STALEVO 75.....	41
				stannous fluoride.....	127
				STARLIX.....	25
				stavudine.....	46

STAVUDINE.....	46	SURE COMFORT INSULIN	SURE COMFORT PEN
STEGLATRO.....	25	SYRINGE/U-100/0.3ML/31G X	NEEDLES31GX5/16"
STELARA.....	60,70	5/16".....	(8MM).....
STENDRA.....	50	114	115
STERILANCE TL.....	88	SURE COMFORT INSULIN	SURE COMFORT PEN
STIMATE.....	68	SYRINGE/U-100/0.3ML/31G X	NEEDLES32GX5/32".....
STIVARGA.....	39	5/16".....	115
STRATTERA.....	2	114	SURE COMFORT PEN
streptomycin sulfate.....	3	SURE COMFORT INSULIN	NEEDLES32GX6MM.....
STRIBILD.....	46	SYRINGE/U-100/0.5ML/28G X	115
STRIVERDI RESPIMAT.....	15	1/2".....	SURE-FINE PEN NEEDLES
STROMECTOL.....	10	114	29GX1/2" 12.7MM.....
SUBLOCADE.....	9	SURE COMFORT INSULIN	115
SUBOXONE.....	9	SYRINGE/U-100/0.5ML/29G X	SURE-FINE PEN NEEDLES
SUBSYS.....	7,8	1/2".....	31GX3/16" 5MM.....
SUCRAID.....	65	114	115
sucralfate.....	139	SURE COMFORT INSULIN	SURE-FINE PEN NEEDLES
SULAR.....	49	SYRINGE/U-100/0.5ML/30G X	31GX5/16" 8MM.....
sulconazole nitrate.....	59	5/16".....	115
sulfacetamide sodium (acne).....	56	114	SURE-JECT INSULIN
sulfacetamide sodium		SURE COMFORT INSULIN	SYRINGE/U-100/0.3ML/29G X
(ophth).....	131	SYRINGE/U-100/0.5ML/30G X	1/2".....
sulfacetamide sodium w/		5/16".....	115
sulfur.....	57	114	SURE-JECT INSULIN
sulfacetamide sodium-sulfur in		SURE COMFORT INSULIN	SYRINGE/U-100/0.3ML/30G X
urea vehicle.....	57	SYRINGE/U-100/1ML/28G X	5/16".....
SULFADIAZINE.....	137	1/2".....	115
sulfamethoxazole-trimethoprim		114	SURE-JECT INSULIN
.....	10	SURE COMFORT INSULIN	SYRINGE/U-100/0.5ML/29G X
SULFAMYLLON.....	60	SYRINGE/U-100/1ML/30G X	1/2".....
sulfasalazine.....	70	5/16".....	115
sulindac.....	5	115	SURE-JECT INSULIN
SUMADAN WASH.....	57	SURE COMFORT LANCETS	SYRINGE/U-100/0.5ML/31G X
sumatriptan.....	124	18G.....	5/16".....
sumatriptan succinate.....	124,125	88	115
sumatriptan-naproxen		SURE COMFORT LANCETS	SURE-JECT INSULIN
sodium.....	123	21G.....	SYRINGE/U-100/1ML/28G X
SUNOSI.....	2	88	1/2".....
SUPER THIN LANCETS.....	88	SURE COMFORT LANCETS	115
SUPRAX.....	51	23G.....	SURE-JECT INSULIN
SUPREP BOWEL PREP KIT.....	75	88	SYRINGE/U-100/1ML/30G X
SURE COMFORT INSULIN		SURE COMFORT LANCETS	5/16".....
SYRINGE/U-100/0.3ML/29G X		28G.....	115
1/2".....	114	SURE COMFORT LANCETS	SURE-JECT INSULIN
SURE COMFORT INSULIN		30G.....	SYRINGE/U-100/1ML/31G X
SYRINGE/U-100/0.3ML/30G X		SURE COMFORT LANCING	5/16".....
1/2".....	114	PEN.....	115
SURE COMFORT INSULIN		88	SURE-LANCE FLAT
SYRINGE/U-100/0.3ML/30G X		SURE COMFORT PEN	LANCETS.....
5/16".....	114	NEEDLES29GX1/2"	88
		12.7MM.....	SURE-LANCE LANCETS
		115	26G.....
		SURE COMFORT PEN	88
		NEEDLES30GX5/16"	SURE-LANCE THIN LANCETS
		SHORT.....	28G.....
		115	88
		SURE COMFORT PEN	SURE-LANCE ULTRA THIN
		NEEDLES31GX3/16"	LANCETS.....
		(5MM).....	88
		115	SURE-PEN.....
			88
			SURE-TOUCH LANCETS
			UNIVERSAL.....
			88
			SURELITE LANCETS.....
			88

SURMONTIL.....	23	TECFIDERA STARTER		TEFLARO.....	51
SUSTIVA.....	46	PACK.....	136	TEGRETOL.....	18
SUTENT.....	39	TECHLITE AST LANCETS	88	TEGRETOL-XR.....	19
SYLATRON.....	39	TECHLITE INSULIN		TEGSEDI.....	137
SYMBICORT.....	15	SYRINGEU-100/0.3ML/29G X		TEKTURNA.....	33
SYMFI.....	46	1/2".....	115	telmisartan.....	31
SYMFI LO.....	46	TECHLITE INSULIN		telmisartan-amlodipine.....	32
SYMLINPEN 120.....	23	SYRINGEU-100/0.3ML/30G X		telmisartan-hydrochlorothiazide	
SYMLINPEN 60.....	23	1/2".....	115	.....	32
SYMTUZA.....	46	TECHLITE INSULIN		temazepam.....	74
SYNALAR.....	62	SYRINGEU-100/0.3ML/31G X		TEMIXYS.....	46
SYNAREL.....	67	5/16".....	115	TEMODAR.....	35
SYNERA.....	63	TECHLITE INSULIN		TEMOVATE.....	63
SYNJARDY.....	23	SYRINGEU-100/0.5ML/29G X		temozolomide.....	35
SYNJARDY XR.....	23	1/2".....	115	temsirolimus.....	39
SYNRIBO.....	39	TECHLITE INSULIN		TENIPOSIDE.....	40
SYNTHROID.....	138	SYRINGEU-100/0.5ML/30G X		TENIVAC.....	138
SYPRINE.....	126	1/2".....	116	tenofovir disoproxil fumarate	46
TABLOID.....	35	TECHLITE INSULIN		TENORETIC 100.....	32
TABRECTA.....	39	SYRINGEU-100/0.5ML/30G X		TENORETIC 50.....	32
TACLONEX.....	62	5/16".....	116	TENORMIN.....	48
tacrolimus.....	127	TECHLITE INSULIN		TEPADINA.....	35
tacrolimus (topical).....	63	SYRINGEU-100/0.5ML/31G X		terazosin hcl.....	31
tadalafil.....	50	5/16".....	116	terbinafine hcl.....	27
tadalafil (pulmonary		TECHLITE INSULIN		terbutaline sulfate.....	15
hypertension).....	50	SYRINGEU-100/1ML/29G X		terconazole vaginal.....	143
TAFINLAR.....	39	1/2".....	116	TESSALON PERLES.....	55
TAGAMET HB.....	139	TECHLITE INSULIN		TESTOSTERONE	
TAKHZYRO.....	72	SYRINGEU-100/1ML/30G X		CYPIONATE.....	10
TALZENNA.....	39	5/16".....	116	testosterone cypionate.....	10
TAMIFLU.....	48	TECHLITE INSULIN		testosterone enanthate.....	10
tamoxifen citrate.....	37	SYRINGEU-100/1ML/31G X		TETANUS/DIPHThERIA	
tamsulosin hcl.....	71	15/64".....	116	TOXOIDS-ADSORBED	
TAPAZOLE.....	138	TECHLITE INSULIN		ADULT.....	138
TARCEVA.....	39	SYRINGEU-100/1ML/31G X		tetrabenazine.....	135
TARGRETIN.....	39,59	5/16".....	116	tetracycline hcl.....	137
TARKA.....	32	TECHLITE LANCETS.....	88	TGT LANCET MICRO THIN	
TASIGNA.....	39	TECHLITE LANCETS 30G	88	33G.....	88
TASMAR.....	40	TECHLITE PEN NEEDLES		TGT LANCET THIN 26G.....	88
tavaborole.....	59	29GX 12 MM.....	116	TGT LANCET ULTRA THIN	
TAXOTERE.....	40	TECHLITE PEN NEEDLES		30G.....	88
TAYTULLA.....	52	31GX 5MM.....	116	TGT LANCING DEVICE.....	88
tazarotene.....	60	TECHLITE PEN		THALOMID.....	126
TAZORAC.....	60	NEEDLES/31GX 5MM.....	116	theophylline.....	15
TDVAX.....	138	TECHLITE PEN		THERANATAL CORE	
TECFIDERA.....	136	NEEDLES/31GX 6 MM.....	116	NUTRITION.....	129
		TECHLITE PEN		THINLETS GP LANCETS.....	88
		NEEDLES/31GX 8MM.....	116	thioridazine hcl.....	43
		TECHLITE PEN		thiotepa.....	35
		NEEDLES/32GX 4MM.....	116		
		TECHLITE PEN			
		NEEDLES/32GX 6MM.....	116		

thiothixene.....	44	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	116	TRAVEL LANCETS ADVANCED 28G.....	88
THYMOGLOBULIN.....	127	TOPCARE LANCETS MICRO- THIN 33G.....	88	travoprost.....	133
THYROGEN.....	64	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	116	trazodone hcl.....	22
thyroid.....	138	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	116	TREANDA.....	35
tiagabine hcl.....	19	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	116	TRECATOR.....	34
TIAZAC.....	49	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	116	TRELEGY ELLIPTA.....	15
TIBSOVO.....	39	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	116	TRELSTAR MIXJECT.....	37
TIGAN.....	26	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	116	TREMFYA.....	60
tigecycline.....	137	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	116	treprostinil.....	50
TIKOSYN.....	13	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	117	TRESIBA.....	25
timolol maleate.....	48	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	117	TRESIBA FLEXTOUCH.....	25
timolol maleate (ophth).....	130	TOPICORT.....	63	tretinoin.....	57
TIMOPTIC.....	130	topiramate.....	19	tretinoin (chemotherapy).....	39
TIMOPTIC-XE.....	130	topotecan hcl.....	40	tretinoin microsphere.....	57
TIVICAY.....	46	TOPROL XL.....	48	TREXALL.....	35
tizanidine hcl.....	129	toremifene citrate.....	37	TREXIMET.....	123
TOBI.....	3	TORISEL.....	39	TRI-NORINYL 28.....	53
TOBRADEX.....	132	torse mide.....	65	triamcinolone acetonide.....	54
tobramycin.....	3	TOVIAZ.....	140	triamcinolone acetonide (mouth).....	127
tobramycin (ophth).....	131	TRACLEER.....	50	triamcinolone acetonide (nasal).....	130
tobramycin sulfate.....	3	tramadol hcl.....	8	triamcinolone acetonide (topical).....	63
tobramycin- dexamethasone.....	132	tramadol-acetaminophen.....	9	triamcinolone acetonide- dimethicone-silicone.....	63
TOBREX.....	131	trandolapril.....	30	triamterene.....	65
TODAY SPONGE.....	143	trandolapril-verapamil hcl.....	32	triamterene & hydrochlorothiazide.....	65
TODAYS HEALTH ADVANCED LANCING DEVICE.....	88	tranexamic acid.....	74	triazolam.....	74
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	116	TRANSDERM SCOP.....	26	TRIBENZOR.....	32
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	116	TRANSDERM-SCOP.....	26	TRICARE.....	129
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	116	TRANXENE T.....	13	TRICOR.....	30
TODAYS HEALTH SUPER THINLANCETS 30G.....	88	tranylcypromine sulfate.....	21	TRIDESILON.....	63
TODAYS HEALTH ULTRA THINLANCETS 28G.....	88	TRAVATAN Z.....	133	trientine hcl.....	126
TOFRANIL.....	23	TRAVEL LANCETS 30G.....	88	trifluoperazine hcl.....	43
tolazamide.....	25			trifluridine.....	131
tolbutamide.....	25			trihexyphenidyl hcl.....	40
tolcapone.....	40			TRIJARDY XR.....	23
tolmetin sodium.....	5			TRIKAFTA.....	137
TOLSURA.....	27			TRILEPTAL.....	19
tolterodine tartrate.....	140			trimethobenzamide hcl.....	26
tolvaptan.....	68			trimethoprim.....	10
TOPAMAX.....	19			trimipramine maleate.....	23
TOPAMAX SPRINKLE.....	19			TRINTELLIX.....	22
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	116			TRIOSTAT.....	138
				TRIUMEQ.....	46
				TRIZIVIR.....	46

tropicamide.....	130	TRUEPLUS INSULIN		TRUSTEX LUBRICATED	
tropium chloride.....	140	SYRINGE/U-100/0.5ML/28G X		EXTRALARGE.....	76
TRUE COMFORT INSULIN		1/2".....	117	TRUSTEX LUBRICATED	
SYRINGE/0.5ML/31G X		TRUEPLUS INSULIN		EXTRASTRENGTH.....	77
5/16".....	117	SYRINGE/U-100/0.5ML/29G X		TRUSTEX	
TRUE COMFORT INSULIN		1/2".....	117	LUBRICATED/RIBBED/STUDDED	
SYRINGE/1ML/31G X		TRUEPLUS INSULIN		D.....	77
5/16".....	117	SYRINGE/U-100/0.5ML/30G X		TRUSTEX	
TRUE COMFORT PEN		5/16".....	117	LUBRICATED/SPERMICIDE	
NEEDLES31G X 5MM.....	117	TRUEPLUS INSULIN		.....	77
TRUE COMFORT PEN		SYRINGE/U-100/0.5ML/31G X		TRUSTEX	
NEEDLES31G X 6MM.....	117	5/16".....	117	LUBRICATED/SPERMICIDE	
TRUE COMFORT PEN		TRUEPLUS INSULIN		EXTRA LARGE.....	77
NEEDLES32G X 4MM.....	117	SYRINGE/U-100/1ML/28G X		TRUSTEX	
TRUE COMFORT PRO		1/2".....	117	LUBRICATED/SPERMICIDE	
INSULINSYRINGE/0.5ML/31G X		TRUEPLUS INSULIN		EXTRA STRENGTH.....	77
5/16".....	117	SYRINGE/U-100/1ML/29G X		TRUSTEX NATURAL	
TRUE COMFORT PRO		1/2".....	118	CONDOMS	
INSULINSYRINGE/1ML/31G X		TRUEPLUS INSULIN		+LUBE/LUBRICATED.....	77
5/16".....	117	SYRINGE/U-100/1ML/30G X		TRUSTEX WITH NONOXYNOL-	
TRUE COMFORT PRO PEN		5/16".....	118	9/RIBBED/STUDDDED.....	77
NEEDLES 31G X 5MM.....	117	TRUEPLUS INSULIN		TRUSTEX/RIA	
TRUE COMFORT PRO PEN		SYRINGE/U-100/1ML/31G X		LUBRICATED.....	77
NEEDLES 31G X 6MM.....	117	5/16".....	118	TRUSTEX/RIA LUBRICATED	
TRUE COMFORT PRO PEN		TRUEPLUS LANCETS		SPERMICIDE.....	77
NEEDLES 31G X 8MM.....	117	26G.....	88	TRUSTEX/RIA	
TRUE COMFORT PRO PEN		TRUEPLUS LANCETS		LUBRICATED/SPERMICIDE	
NEEDLES 32G X 4MM.....	117	28G.....	88	.....	77
TRUE COMFORT PRO PEN		TRUEPLUS LANCETS 28G		TRUVADA.....	46
NEEDLES 32G X 5MM.....	117	SUPER THIN.....	88	TUKYSA.....	39
TRUE COMFORT PRO PEN		TRUEPLUS LANCETS		TURALIO.....	39
NEEDLES 32G X 6MM.....	117	30G.....	88	TUSSIONEX PENNKINETIC	
TRUE COMFORT TWIST TOP		TRUEPLUS LANCETS 30G		EXTENDED RELEASE.....	55
LANCETS 30G.....	88	ULTRA THIN.....	88	TUZISTRA XR.....	55
TRUE METRIX BLOOD		TRUEPLUS LANCETS		TWINRIX.....	143
GLUCOSETEST STRIPS.....	65	33G.....	88	TWIRLA.....	53
TRUE METRIX CONTROL		TRUEPLUS LANCETS 33G		TWYNSTA.....	32
SOLUTION LEVEL 3.....	88	MICRO THIN.....	88	TYBLUME.....	53
TRUEDRAW LANCING		TRUEPLUS PEN NEEDLES		TYBOST.....	46
DEVICE.....	88	29GX12MM.....	118	TYGACIL.....	137
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYKERB.....	39
NEEDLES 29GX12.7MM.....	117	31GX5MM.....	118	TYLENOL/CODEINE #3.....	9
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYLENOL/CODEINE #4.....	9
NEEDLES 31GX5MM.....	117	31GX6MM.....	118	TYMLOS.....	66
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		TYSABRI.....	136
NEEDLES 31GX6MM.....	117	31GX8MM.....	118	UCERIS.....	10
TRUEPLUS 5-BEVEL PEN		TRUEPLUS PEN NEEDLES		UDENYCA.....	73
NEEDLES 31GX8MM.....	117	32GX4MM.....	118	ULESFIA.....	64
TRUEPLUS 5-BEVEL PEN		TRUEPLUS SAFETY		ULORIC.....	72
NEEDLES 32GX4MM.....	117	LANCETS 28G.....	88	ULTI-LANCE AUTOMATIC/	
TRUEPLUS INSULIN		TRUETRACK TEST.....	65	CLEAR TIP.....	89
SYRINGE/U-100/0.3ML/29G X		TRULICITY.....	24	ULTICARE INSULIN SAFETY	
1/2".....	117	TRUMENBA.....	141	SYRINGE/0.5ML/29G X	
TRUEPLUS INSULIN		TRUSOPT.....	133	1/2".....	118
SYRINGE/U-100/0.3ML/30G X		TRUSTEX COLOR CONDOMS			
5/16".....	117	+ LUBE.....	76		
TRUEPLUS INSULIN		TRUSTEX LUBRICATED.....	77		
SYRINGE/U-100/0.3ML/31G X					
5/16".....	117				

ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" . 118	ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" 119	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 1/4"/SHARPS CONTAIN . . 119
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" 118	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" 119	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI . . 119
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" 118	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" 119	ULTIGUARD SAFEPAK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN . . 119
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" 118	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16" . . 119	ULTIGUARD SAFEPAK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA 120
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" 118	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16" . . 119	ULTIGUARD SAFEPAK/SYRINGE/NEEDLE/ 31G X 5/16"/SHARPS CONTAIN 120
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" 118	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16" . . . 119	ULTILET CLASSIC LANCETS 89
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" 118	ULTICARE MICRO PEN NEEDLES 31G X 8MM . . . 119	ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM 120
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" 118	ULTICARE MICRO PEN NEEDLES 32G X 4MM . . . 119	ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM 120
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" . 118	ULTICARE MICRO PEN NEEDLES/31G X 1/4" . . . 119	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM 120
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" . 118	ULTICARE MICRO PEN NEEDLES/31G X 5/16" . . . 119	ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM 120
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" . 118	ULTICARE MICRO PEN NEEDLES/32G X 4MM . . . 119	ULTILET INSULIN SYRINGE/1ML/30G X 8MM120
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" 118	ULTICARE MICRO PEN NEEDLES/32G X 5/32" . . . 119	ULTILET INSULIN SYRINGE/1ML/31G X 8MM120
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" 118	ULTICARE MINI PEN NEEDLES 31GX6MM . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM 120
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" 118	ULTICARE MINI PEN NEEDLES/31G X 6MM . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" 118	ULTICARE MINI PEN NEEDLES/32G X 1/4" . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" 118	ULTICARE MINI PEN NEEDLES31GX6MM . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" 118	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE . . . 119	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" 118	ULTICARE PEN NEEDLES 31GX 5MM/MINI 119	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" 120
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" 118	ULTICARE PEN NEEDLES/29GX 12.7MM 119	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" 118	ULTICARE SHORT PEN NEEDLES 31GX8MM . . . 119	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" 120
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" 118	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV . 119	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" 120
	ULTICARE SHORT PEN NEEDLES/31G X 8MM . . . 119	ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2" . . . 120
	ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16" 119	ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2" 120
	ULTIGUARD SAFEPAK/MICROPEN NEEDLE/32G X 5/32"/SHARPS CONTA 119	ULTILET LANCETS 89

ULTILET LANCETS 33G.....	89	ULTRA FLO INSULIN SYRINGE		ULTRA-THIN II INSULIN SYRINGE SHORT/U-	
29GX12.7MM.....	120	1ML/30GX5/16".....	121	100/1ML/30GX5/16".....	122
ULTILET PEN NEEDLE		ULTRA FLO INSULIN SYRINGE		ULTRA-THIN II INSULIN SYRINGE SHORT/U-	
31GX5MM.....	120	1ML/31GX5/16".....	121	100/1ML/31GX5/16".....	122
ULTILET PEN NEEDLE		ULTRA THIN LANCETS		ULTRA-THIN II INSULIN SYRINGE/U-	
31GX8MM.....	120	31G.....	89	100/0.5ML/29GX1/2".....	122
ULTILET PEN NEEDLE		ULTRA THIN PEN NEEDLES		ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	122
32GX4MM.....	120	32G X 4MM.....	121	.....	122
ULTILET PEN NEEDLE		ULTRA-CARE LANCETS		ULTRA-THIN II LANCETS	
32GX4MM/SHORT.....	120	30G.....	89	28G.....	89
ULTILET SAFETY LANCETS		ULTRA-COMFORT INSULIN		ULTRA-THIN II LANCETS	
21G X 2.2MM.....	89	SYRINGE/U-100/0.3ML/29G X		30G.....	89
ULTILET SAFETY LANCETS		1/2".....	121	ULTRA-THIN II MINI PEN	
23G.....	89	ULTRA-COMFORT INSULIN		NEEDLES/31GX3/16".....	122
ULTILET SHORT PEN		SYRINGE/U-100/0.3ML/30G X		ULTRA-THIN II PEN NEEDLES	
NEEDLES 31GX5/16".....	120	5/16".....	121	29GX1/2".....	122
ULTILET SHORT PEN		ULTRA-COMFORT INSULIN		ULTRA-THIN II PEN	
NEEDLES31GX3/16".....	120	SYRINGE/U-100/0.3ML/31G X		NEEDLES/SHORT/31GX5/16"	
ULTRA COMFORT INSULIN		5/16".....	121	.....	122
SYRINGE/U-100/0.3ML/30G X		ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
5/16".....	120	SYRINGE/U-100/0.5ML/28G X		SYRINGE/U-100/0.3ML/30G X	
ULTRA FLO INSULIN PEN		1/2".....	121	5/16".....	122
NEEDLE 31GX5MM.....	120	ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
ULTRA FLO INSULIN PEN		SYRINGE/U-100/0.5ML/29G X		SYRINGE/U-100/0.3ML/31G X	
NEEDLE 32GX4MM.....	120	1/2".....	121	5/16".....	122
ULTRA FLO INSULIN PEN		ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
NEEDLES.....	120	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.5ML/30G X	
ULTRA FLO INSULIN PEN		5/16".....	121	1/2".....	122
NEELE 31GX8MM.....	120	ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
ULTRA FLO INSULIN SYRINGE		SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/0.5ML/30G X	
0.3ML/29G X 1/2".....	120	5/16".....	121	5/16".....	122
ULTRA FLO INSULIN SYRINGE		ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
0.3ML/30GX1/2".....	120	SYRINGE/U-100/1ML/28G X		SYRINGE/U-100/0.5ML/31G X	
ULTRA FLO INSULIN SYRINGE		1/2".....	121	5/16".....	122
0.3ML/30GX5/16".....	120	ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
ULTRA FLO INSULIN SYRINGE		SYRINGE/U-100/1ML/29G X		SYRINGE/U-100/0.5ML/31G X	
0.3ML/31GX5/16".....	120	1/2".....	121	5/16".....	122
ULTRA FLO INSULIN SYRINGE		ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
0.5ML/29GX1/2".....	121	SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/30G X	
ULTRA FLO INSULIN SYRINGE		5/16".....	121	1/2".....	122
0.5ML/30GX1/2".....	121	ULTRA-COMFORT INSULIN		ULTRACARE INSULIN	
ULTRA FLO INSULIN SYRINGE		SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/1ML/30G X	
0.5ML/30GX5/16".....	121	5/16".....	121	5/16".....	122
ULTRA FLO INSULIN SYRINGE		ULTRA-THIN II AUTO		ULTRACARE INSULIN	
0.5ML/31GX5/16".....	121	LANCET.....	89	SYRINGE/U-100/1ML/31G X	
ULTRA FLO INSULIN SYRINGE		ULTRA-THIN II INSULIN		5/16".....	122
1/2 UNIT/0.3ML/30GX1/2".....	121	SYRINGE SHORT/U-		ULTRACARE PEN	
ULTRA FLO INSULIN SYRINGE		100/0.3ML/30GX5/16".....	121	NEEDLES/31G X 1/4".....	122
1/2 UNIT/0.3ML/30GX5/16"		.....	121	ULTRACARE PEN	
.....	121	ULTRA-THIN II INSULIN		NEEDLES/31G X 3/16".....	122
ULTRA FLO INSULIN SYRINGE		SYRINGE SHORT/U-		ULTRACARE PEN	
1/2 UNIT/0.3ML/31GX5/16"		100/0.3ML/31GX5/16".....	121	NEEDLES/31G X 5/16".....	122
.....	121	ULTRA-THIN II INSULIN		ULTRACARE PEN	
ULTRA FLO INSULIN SYRINGE		SYRINGE SHORT/U-		NEEDLES/32G X 1/14".....	122
1M/29GX1/2".....	121	100/0.5ML/30GX5/16".....	121	ULTRACARE PEN	
ULTRA FLO INSULIN SYRINGE		ULTRA-THIN II INSULIN		NEEDLES/32G X 3/16".....	122
1ML/30GX1/2".....	121	SYRINGE SHORT/U-		ULTRACARE PEN	
		100/0.5ML/31GX5/16".....	122	NEEDLES/32G X 5/32".....	122

ULTRACET.....	9	UNISTIK SAFETY LANCETS 28G.....	89	VALUMARK LANCET SUPER THIN 30G.....	89
ULTRAM.....	8	UNISTIK SAFETY LANCETS 30G.....	89	VALUMARK LANCET ULTRA THIN 28G.....	89
ULTRAVATE.....	63	UNISTIK TOUCH SAFETY LANCETS 21G.....	89	VALUMARK PEN NEEDLES 29GX12MM.....	123
UNASYN.....	134	UNISTIK TOUCH SAFETY LANCETS 23G.....	89	VALUMARK PEN NEEDLES 31GX 6MM.....	123
UNASYN BULK PACK.....	134	UNISTIK TOUCH SAFETY LANCETS 28G.....	89	VALUMARK PEN NEEDLES 31GX 8MM.....	123
UNIFINE PENTIPS 29GX12MM.....	122	UNISTIK TOUCH SAFETY LANCETS 30G.....	89	VANCOCIN.....	11
UNIFINE PENTIPS 31G X 3/16".....	122	UNIVERSAL 1 LANCETS THIN26G.....	89	VANCOCIN HCL.....	11
UNIFINE PENTIPS 31GX5MM.....	122	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	89	vancomycin hcl.....	11
UNIFINE PENTIPS 31GX6MM.....	122	UNIVERSAL 1 LANCETS LANCETS/33G/MICRO-THIN	89	VANCOMYCIN HYDROCHLORIDE.....	11
UNIFINE PENTIPS 31GX8MM.....	122	URECHOLINE.....	140	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2".....	123
UNIFINE PENTIPS 32GX4MM.....	122	UROCIT-K 10.....	71	VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	123
UNIFINE PENTIPS 32GX6MM.....	122	UROXATRAL.....	71	VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2".....	123
UNIFINE PENTIPS PLUS 29GX12MM.....	122	URSO 250.....	70	VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16".....	123
UNIFINE PENTIPS PLUS 31GX5MM.....	122	URSO FORTE.....	70	VAQTA.....	143
UNIFINE PENTIPS PLUS 31GX6MM.....	122	ursodiol.....	70	VARIVAX.....	143
UNIFINE PENTIPS PLUS 31GX8MM.....	122	UTIBRON NEOHALER.....	15	VARUBI.....	27
UNIFINE PENTIPS PLUS 32GX4MM.....	123	VAGIFEM.....	143	VASCEPA.....	29
UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16".....	123	valacyclovir hcl.....	47	VASERETIC.....	32
UNILET COMFORTOUCH LANCET.....	89	VALCYTE.....	46	VASOTEC.....	30
UNILET EXCELITE.....	89	valganciclovir hcl.....	46	VECAMYL.....	33
UNILET EXCELITE II.....	89	VALIUM.....	13	VECTIBIX.....	36
UNILET G.P. LANCET.....	89	valproate sodium.....	20	VECTICAL.....	60
UNILET G.P. SUPERLITE LANCET.....	89	valproic acid.....	20	VELCADE.....	39
UNILET GP 28 ULTRA THIN	89	valrubicin.....	37	VELETRI.....	50
UNILET LANCET.....	89	valsartan.....	31	VELPHORO.....	71
UNILET LANCETS MICRO- THIN33G.....	89	valsartan-hydrochlorothiazide	32	VELTIN.....	57
UNILET LANCETS SUPER- THIN30G.....	89	VALSTAR.....	37	VEMLIDY.....	47
UNILET LANCETS ULTRA-THIN 28G.....	89	VALTREX.....	47	venlafaxine hcl.....	22
UNILET SUPERLITE LANCET.....	89	VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	123	VENTAVIS.....	50
UNISTIK 3 GENTLE.....	89	VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	123	VENTOLIN HFA.....	15
UNISTIK PRO SAFETY LANCET 21G.....	89	VALUE PLUS LANCETS STANDARD 21G.....	89	verapamil hcl.....	49
UNISTIK PRO SAFETY LANCET 25G.....	89	VALUE PLUS LANCETS SUPERTHIN 30G.....	89	VEREGEN.....	57
UNISTIK PRO SAFETY LANCET 28G.....	89	VALUE PLUS LANCETS THIN 26G.....	89	VERELAN.....	49
		VALUE PLUS LANCING DEVICE.....	89	VERELAN PM.....	49
				VERIPRED 20.....	54
				VESICARE.....	140
				VFEND.....	27
				VIAGRA.....	50

VIBRAMYCIN.....	138	voriconazole.....	27	WP THYROID.....	138
VICTOZA.....	24	VOSEVI.....	47	XALATAN.....	133
VIDA MIA AUTOLET		VOTRIENT.....	39	XALKORI.....	39
LANCINGDEVICE.....	89	VP INSULIN SYRINGE/U-		XANAX.....	13
VIDA MIA UNIFINE		100/0.3ML/29G X 1/2"....	123	XANAX XR.....	13
PENTIPS32GX4MM.....	123	VPRIV.....	72	XARELTO.....	16
VIDA MIA UNIFINE		VYNDAMAX.....	51	XARELTO STARTER PACK.....	16
PENTIPSMINI 31GX6MM..	123	VYNDAQEL.....	51	XELJANZ.....	4
VIDA MIA UNIFINE		VYTORIN.....	29	XELJANZ XR.....	4
PENTIPSORIGINAL		VYVANSE.....	1	XELODA.....	35
29GX12MM.....	123	WALGREENS ADVANCED		XENAZINE.....	135
VIDA MIA UNILET LANCETS		TRAVELLANCETS 28G....	90	XEOMIN.....	130
SUPER THIN 30G.....	89	WALGREENS COMFORT		XGEVA.....	66
VIDA MIA UNILET LANCETS		ASSUREDLANCETS MICRO		XIFAXAN.....	10
ULTRA THIN 28G.....	90	THIN/33G.....	90	XIGDUO XR.....	23
VIDA MIA UNIPFINE		WALGREENS COMFORT		XOLAIR.....	13,14
PENTIPSSHORT		ASSUREDLANCETS SUPER		XOPENEX.....	15
31GX8MM.....	123	THIN/28G.....	90	XOPENEX CONCENTRATE.....	15
VIDAZA.....	35	WALGREENS LANCETS.....	90	XOPENEX HFA.....	15
VIDEX EC.....	46	WALGREENS THIN		XOSPATA.....	39
VIDEXPEDIATRIC.....	46	LANCETS.....	90	XPOVIO 100 MG ONCE	
vigabatrin.....	19	WALGREENS ULTRA THIN		WEEKLY.....	37
VIGAMOX.....	131	LANCETS.....	90	XPOVIO 60 MG ONCE	
VIIBRYD.....	22	warfarin sodium.....	15	WEEKLY.....	37
VIIBRYD STARTER PACK..	22	water for irrigation, sterile.....	127	XPOVIO 80 MG ONCE	
VIMPAT.....	19	WEGMANS UNIFINE PENTIPS		WEEKLY.....	37
vincristine sulfate.....	40	PLUS 32GX4MM.....	123	XPOVIO 80 MG TWICE	
vinorelbine tartrate.....	40	WEGMANS UNIFINE PENTIPS		WEEKLY.....	37
VIRACEPT.....	46	PLUS/MINI/31GX5MM....	123	XPOVIO 80 MG TWICE	
VIRAMUNE.....	46	WEGMANS UNIFINE PENTIPS		WEEKLY.....	37
VIRAMUNE XR.....	46	PLUS/SHORT/31GX8MM.....	123	XTAMPZA ER.....	8
VIREAD.....	46	WEGMANS UNIFINE PENTIPS		XTANDI.....	37
VIROPTIC.....	131	PLUS/ULTRA		XULTOPHY 100/3.6.....	23
VISTARIL.....	13	SHORT/31GX6MM.....	123	XYLOCAINE.....	75
VISTOGARD.....	26	WELCHOL.....	29	XYLOCAINE-MPF.....	75
VITALET PRO LANCETS.....	90	WELLBUTRIN SR.....	20	XYREM.....	135
VITALET PRO PLUS		WELLBUTRIN XL.....	20	XYZAL ALLERGY 24HR.....	29
LANCETS.....	90	WESTAB PLUS.....	129	XYZAL ALLERGY 24HR	
VITAMIN D2.....	144	WESTHROID.....	138	CHILDRENS.....	28
VITATHELY/GINGER.....	129	WIDE-SEAL SILICONE		YASMIN 28.....	53
VITRAKVI.....	39	DIAPHRAGM KIT 60.....	77	YAZ.....	53
VIVAGUARD LANCETS.....	90	WIDE-SEAL SILICONE		YERVOY.....	36
VIVAGUARD LANCING		DIAPHRAGM KIT 65.....	77	YONSA.....	37
DEVICE.....	90	WIDE-SEAL SILICONE		ZADITOR.....	133
VIVELLE-DOT.....	69	DIAPHRAGM KIT 70.....	77	zafirlukast.....	14
VIVITROL.....	26	WIDE-SEAL SILICONE		zaleplon.....	74
VIZIMPRO.....	39	DIAPHRAGM KIT 75.....	77	ZALTRAP.....	36
VOL-PLUS.....	129	WIDE-SEAL SILICONE		ZANAFLEX.....	129
VOLTAREN.....	57	DIAPHRAGM KIT 80.....	77	ZANOSAR.....	35
VORAXAZE.....	40	WIDE-SEAL SILICONE		ZANTAC 150 MAXIMUM	
		DIAPHRAGM KIT 85.....	77	STRENGTH.....	139
		WIDE-SEAL SILICONE			
		DIAPHRAGM KIT 90.....	77		
		WIDE-SEAL SILICONE			
		DIAPHRAGM KIT 95.....	77		

ZARONTIN.....	20	ZORTRESS.....	127
ZARXIO.....	73	ZOSTAVAX.....	143
ZAVESCA.....	72	ZOSYN.....	134
ZEGERID.....	140	ZOVIRAX.....	47,60
ZELBORAF.....	39	ZUBSOLV.....	9
ZEMAIRA.....	137	ZYBAN.....	137
ZEMPLAR.....	68	ZYDELIG.....	39
ZENPEP.....	65	ZYFLO CR.....	14
ZEPATIER.....	47	ZYKADIA.....	39
ZERVIAE.....	133	ZYLOPRIM.....	72
ZESTORETIC.....	33	ZYMAXID.....	131
ZESTRIL.....	30	ZYPREXA.....	43
ZETIA.....	30	ZYPREXA ZYDIS.....	43
ZIAC.....	33	ZYRTEC ALLERGY.....	29
ZIAGEN.....	46	ZYRTEC CHILDRENS	
ZIANA.....	57	ALLERGY.....	29
zidovudine.....	46	ZYRTEC-D	
ZIEXTENZO.....	73	ALLERGY/CONGESTION.....	55
zileuton.....	14	ZYTIGA.....	37
ZIOPTAN.....	133	ZYVOX.....	12
ziprasidone hcl.....	42		
ZIRABEV.....	36		
ZIRGAN.....	131		
ZITHROMAX.....	75		
ZITHROMAX TRI-PAK.....	75		
ZITHROMAX Z-PAK.....	75		
ZOCOR.....	30		
ZOFRAN.....	26		
ZOHYDRO ER.....	8		
ZOLADEX.....	37		
zoledronic acid.....	66		
ZOLEDRONIC ACID.....	66		
zoledronic acid.....	66		
ZOLEDRONIC ACID.....	66		
ZOLINZA.....	39		
zolmitriptan.....	125		
ZOLOFT.....	22		
zolpidem tartrate.....	74		
ZOMACTON.....	67		
ZOMIG.....	125		
ZOMIG ZMT.....	125		
ZONALON.....	59		
ZONEGRAN.....	19		
zonisamide.....	19		
ZONTIVITY.....	72		
ZORBTIVE.....	67		



Statement of Non-Discrimination

Ambetter of Illinois insured by Celtic Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter of Illinois insured by Celtic Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter of Illinois insured by Celtic Insurance Company:

- 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 of Illinois insured by Celtic Insurance Company at 1-855-745-5507 (TTY/TDD 1-844-517-3431).

If you believe that Ambetter of Illinois insured by Celtic Insurance Company 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: Ambetter of Illinois insured by Celtic Insurance Company, Attn: Appeals and Grievances, PO Box 733 Elk Grove Village, IL 60009-0733, 1-855-745-5507 (TTY/TDD 1-844-517-3431), Fax 1-833-886-7956. You can file a grievance by mail or fax. If you need help filing a grievance, Ambetter of Illinois insured by Celtic Insurance Company 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 of Illinois insured by Celtic Insurance Company, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat Ambetter of Illinois insured by Celtic Insurance Company, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter of Illinois insured by Celtic Insurance Company 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 1-855-745-5507 (TTY/TDD 1-844-517-3431)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter of Illinois insured by Celtic Insurance Company 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-855-745-5507 (TTY/TDD 1-844-517-3431) 로 전화하십시오.
Tagalog:	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter of Illinois insured by Celtic Insurance Company, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter of Illinois insured by Celtic Insurance Company، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter of Illinois insured by Celtic Insurance Company вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter of Illinois insured by Celtic Insurance Company વર્ણ કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વગરના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. ધુભાવણ સાથે વાત કરવા માટે 1-855-745-5507 (TTY/TDD 1-844-517-3431) ઉપર કોલ કરો.
Urdu:	اگر Ambetter of Illinois insured by Celtic Insurance Company کے بارے میں آپ، یا جن کی آپ مدد کر رہے ہیں ان کے سوالات ہوں تو، آپ کو بلامعاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے، 1-855-745-5507 (TTY/TDD 1-844-517-3431) پر کال کریں۔
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter of Illinois insured by Celtic Insurance Company, 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 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter of Illinois insured by Celtic Insurance Company, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-855-745-5507 (TTY/TDD 1-844-517-3431).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter of Illinois insured by Celtic Insurance Company के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-855-745-5507 (TTY/TDD 1-844-517-3431) पर कॉल करें।
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter of Illinois insured by Celtic Insurance Company, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-855-745-5507 (TTY/TDD 1-844-517-3431).
Greek:	Εάν εσείς ή κάποιος που βοηθάτε, έχετε ερωτήσεις σχετικά με την Ambetter of Illinois insured by Celtic Insurance Company, έχετε το δικαίωμα να ζητήσετε βοήθεια και πληροφορίες στη γλώσσα σας, χωρίς χρέωση. Για να μιλήσετε με διερμηνέα, καλέστε το 1-855-745-5507 (TTY/TDD 1-844-517-3431).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter of Illinois insured by Celtic Insurance Company 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 1-855-745-5507 (TTY/TDD 1-844-517-3431) an.