



FROM



nh healthy families.

2018 Prescription Drug List

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Formulary Introduction

FORMULARY

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

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

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

Drug List Key:

Brand name drugs are listed in CAPS and generic drugs are lower case.

Drugs are covered under different copay tiers depending on your benefit:

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

Prior Authorization for Non-Formulary Drugs

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

Formulary Abbreviations:

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>phentermine hcl caps</i>	1	PA
Anti-Obesity Agents		
BELVIQ TABS	3	PA
CONTRACE TB12	3	PA
Attention-Deficit/Hyperactivity Disorder (ADHD)		
<i>atomoxetine hcl caps 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>clonidine hcl (adhd) tb12</i>	1	
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use Clonidine HCl (ADHD))	NF	
STRATTERA CAPS 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
STRATTERA CAPS 60 MG, 80 MG, 100 MG (Use Atomoxetine HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
Stimulants - Misc.		
<i>armodafinil tabs</i>	1	PA; QL(1 ea daily); AL(At least 17 yrs old)
CONCERTA TBCR 18 MG, 27 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG, 54 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
<i>dexmethylphenidate hcl cp24 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>dexmethylphenidate hcl tabs 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use Dexmethylphenidate HCl)	NF	QL(1 ea daily)
METADATE CD CPR (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (Use Methylphenidate HCl)	NF	QL(30 ml daily); AL(At least 6 yrs old)
<i>methylphenidate hcl cp24 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 cpr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl soln 5 mg/5ml, 10 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 tbc 10 mg, 20 mg</i>	1	QL(3 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 18 mg, 27 mg</i>	1	QL(1 ea daily); AL(At least 6 yrs old)
<i>methylphenidate hcl tbc 36 mg, 54 mg</i>	1	QL(2 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18 MG, 27 MG	1	QL(1 ea daily); AL(At least 6 yrs old)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36 MG, 54 MG	1	QL(2 ea daily); AL(At least 6 yrs old)

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

Drug Name	Drug Tier	Requirements/ Limits
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-0.9MG/ML, 0.9%-1.4MG/ML	1	
KITABIS PAK NEBU	4	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (<i>Use Tobramycin</i>)	4	PA
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN NEBU	4	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	1	
<i>tobramycin sulfate soln 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; SP
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML,	4	PA;
HUMIRA PEN PNKT 40 MG/0.4ML	4	PA; SP
HUMIRA PEN PNKT 40 MG/0.8ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML	4	PA; SP
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML	4	PA;
HUMIRA PEN-PS/UV STARTER PNKT	4	PA;
HUMIRA PEN-PS/UV STARTER PNKT	4	PA; SP
HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	PA;
HUMIRA PSKT 10 MG/0.2ML	4	PA; QL(0.0571 ea daily)
HUMIRA PSKT 20 MG/0.4ML	4	PA; QL(0.0571 ea daily); SP
HUMIRA PSKT 40 MG/0.8ML	4	PA; SP
SIMPONI SOAJ 100 MG/ML	4	PA; SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; QL(0.0179 ml daily); SP
SIMPONI SOSY 100 MG/ML	4	PA; QL(0.357 ml daily); SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS 10 MG	4	PA; QL(2 ea daily)
XELJANZ TABS 5 MG	4	PA; QL(2 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-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SOSY SC 162 MG/0.9ML	4	PA; QL(0.129 ml daily); SP
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
ARTHROTEC 50 TBEC (Use Diclofenac w/ Misoprostol)	NF	
ARTHROTEC 75 TBEC (Use Diclofenac w/ Misoprostol)	NF	
CELEBREX CAPS 400 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	1	PA; QL(1 ea daily)
<i>celecoxib caps 50 mg, 100 mg, 200 mg</i>	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use Oxaprozin)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (Use Naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use Piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	ST; QL(4 ea daily)
<i>flurbiprofen tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</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	
MECLOFENAMATE SODIUM CAPS 50 MG	1	
<i>mefenamic acid caps</i>	1	ST; QL(6 ea daily)
<i>meloxicam tabs</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>)	1	ST; QL(4 ea daily)
NAPROSYN SUSP 125 MG/5ML (Use <i>Naproxen</i>)	1	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	
PONSTEL CAPS (Use <i>Mefenamic Acid</i>)	NF	ST; QL(6 ea daily)
<i>sulindac tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOLMETIN SODIUM CAPS	1	
TOLMETIN SODIUM TABS	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA
OTEZLA TBPK	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use <i>Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	4	PA; QL(0.143 ml daily); SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA;
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(0.14 ml daily); SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen tabs 325mg-50mg</i>	1	
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS (Use <i>Butalbital-Acetaminophen-Caffeine</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
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	
DISALCID TABS (<i>Use Salsalate</i>)	NF	
<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)
<i>codeine sulfate tabs 15 mg, 30 mg, 60 mg</i>	1	New starts limited to 7 day supply
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (<i>Use Codeine Sulfate</i>)	1	New starts limited to 7 day supply
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (<i>Use Meperidine HCl</i>)	NF	
DEMEROL TABS OR 100 MG (<i>Use Meperidine HCl</i>)	NF	New starts limited to 7 day supply;QL(6 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	QL(0.34 ea daily)
EMBEDA CPR	3	PA; QL(2 ea daily)
EXALGO T24A 32 MG (<i>Use Hydromorphone HCl</i>)	2	PA; QL(1 ea daily)
EXALGO T24A 8 MG, 12 MG, 16 MG (<i>Use Hydromorphone HCl</i>)	NF	PA; QL(2 ea daily)
<i>fentanyl citrate lpop bu 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	1	PA; QL(4 ea daily)
<i>fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	1	QL(0.34 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 t24a or 32 mg</i>	1	PA; QL(1 ea daily)
<i>hydromorphone hcl t24a or 8mg, 8 mg, 12 mg, 16 mg</i>	1	PA; QL(2 ea daily)
<i>hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg</i>	1	New starts limited to 7 day supply;QL(8 ea daily)
HYDROMORPHONE HYDROCHLORIDE SOLN 10 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	
KADIAN CP24 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (<i>Use Morphine Sulfate</i>)	NF	PA; QL(2 ea daily)
LEVORPHANOL TARTRATE TABS	1	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
<i>meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml</i>	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	New starts limited to 7 day supply;QL(500 ml per fill retail)
<i>meperidine hcl tabs or 50 mg, 100 mg</i>	1	New starts limited to 7 day supply;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 Methadone HCl)	1	
<i>methadone hcl soln or 10 mg/5ml</i>	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl)	1	QL(50 ml daily)
<i>methadone hcl soln or 5 mg/5ml</i>	1	QL(100 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl)	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 Methadone HCl)	1	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	1	QL(10 ml daily)
<i>morphine sulfate cp24 or 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg</i>	1	PA; QL(2 ea daily)
<i>morphine sulfate soln ij 0.5 mg/ml, 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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)
MORPHINE SULFATE TABS OR 15 MG, 30 MG	1	New starts limited to 7 day supply;QL(6 ea daily)
<i>morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	1	QL(2 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS OR 5 MG, 10 MG (Use Oxymorphone HCl)	NF	PA; QL(12 ea daily)
OXYCODONE HCL ER T12A	2	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</i>	1	New starts limited to 7 day supply;QL(12 ea daily)
OXYCONTIN T12A	2	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs</i>	1	PA; QL(12 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL(2 ea daily)
ROXICODONE TABS (Use Oxycodone HCl)	NF	New starts limited to 7 day supply;QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<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 Tramadol HCl)	NF	New starts limited to 7 day supply; QL(8 ea daily)
ZOHYDRO ER C12A	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	New starts limited to 7 day supply; QL(75 ml daily)
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	New starts limited to 7 day supply; QL(6 ea daily)
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	NF	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	New starts limited to 7 day supply; QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	New starts limited to 7 day supply; QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	1	New starts limited to 7 day supply
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	1	New starts limited to 7 day supply; QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 200mg-5mg, 200mg-10mg</i>	1	PA
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i>	1	New starts limited to 7 day supply; QL(5 ea daily)
IBUDONE TABS (Use Hydrocodone-Ibuprofen)	NF	PA
LORTAB ELIX	2	New starts limited to 7 day supply
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	New starts limited to 7 day supply; QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	New starts limited to 7 day supply; QL(12 ea daily)
OXYCODONE/ACETAMINOPHEN SOLN	2	New starts limited to 7 day supply

Drug Name	Drug Tier	Requirements/ Limits
OXYCODONE/IBUPROFEN TABS	1	New starts limited to 7 day supply; QL(1 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	New starts limited to 7 day supply; QL(12 ea daily)
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	NF	PA
tramadol-acetaminophen tabs	1	New starts limited to 7 day supply; QL(8 ea daily)
TREZIX CAPS	3	PA; New starts limited to 7 day supply
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply; QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	New starts limited to 7 day supply; QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	New starts limited to 7 day supply; QL(8 ea daily)
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	New starts limited to 7 day supply; QL(13 ea daily)
Opioid Partial Agonists		
BUPRENEX SOLN (Use Buprenorphine HCl)	NF	
buprenorphine hcl soln ij 0.3 mg/ml	1	
buprenorphine hcl subl sl 2 mg, 8 mg	1	QL(3 ea daily)
buprenorphine hcl-naloxone hcl dihydrate film 8mg-2mg	1	QL(2 ea daily)
buprenorphine hcl-naloxone hcl dihydrate subl 8mg-2mg, 2mg-0.5mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BUPRENORPHINE PTWK	3	PA; QL(0.143 ea daily)
butorphanol tartrate soln ij 2 mg/ml	1	
butorphanol tartrate soln na 10 mg/ml	1	PA
BUTRANS PTWK	3	PA; QL(0.143 ea daily)
nalbuphine hcl soln	1	QL(8 ml daily)
pentazocine w/ naloxone tabs	1	New starts limited to 7 day supply
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	3	QL(3 ea daily)
SUBOXONE FILM 8MG-2MG, 12MG-3MG	3	QL(2 ea daily)
TALWIN SOLN	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use Oxandrolone)	NF	
oxandrolone tabs	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROXY TABS	3	
danazol caps	1	
DEPO-TESTOSTERONE SOLN (Use Testosterone Cypionate)	NF	
METHITEST TABS	3	
testosterone cypionate soln 100 mg/ml, 200 mg/ml	1	
testosterone enanthate soln	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		

Drug Name	Drug Tier	Requirements/ Limits
Intrarectal Steroids		
CORTENEMA ENEM (Use Hydrocortisone (Intrarectal))	NF	
hydrocortisone (intrarectal) enem	1	
UCERIS FOAM RE 2 MG/ACT	4	PA
Rectal Steroids		
ANUSOL-HC CREA (Use Hydrocortisone (Rectal))	NF	
hydrocortisone (rectal) crea	1	
hydrocortisone acetate (rectal) supp	1	
PROCTOCORT CREA (Use Hydrocortisone (Rectal))	NF	
PROCTOCORT SUPP (Use Hydrocortisone Acetate (Rectal))	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole tabs	1	
ALBENZA TABS (Use Albendazole)	3	
BILTRICIDE TABS (Use Praziquantel)	3	
EMVERM CHEW	1	
ivermectin tabs	1	
praziquantel tabs	1	
STROMEKTOL TABS (Use Ivermectin)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		

Drug Name	Drug Tier	Requirements/ Limits
bacitracin solr im 50000 unit	3	
FLAGYL TABS 250 MG, 500 MG (Use Metronidazole)	NF	
metronidazole tabs or 250 mg, 500 mg	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
trimethoprim tabs	1	
XIFAXAN TABS	3	PA; AL (At least 12 yrs old)
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
BACTRIM TABS (Use Sulfamethoxazole-Trimethoprim)	NF	
sulfamethoxazole-trimethoprim soln	1	
sulfamethoxazole-trimethoprim susp	1	
sulfamethoxazole-trimethoprim tabs	1	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
atovaquone susp	1	
MEPRON SUSP (Use Atovaquone)	NF	
Carbapenems		
ertapenem sodium solr	1	
imipenem-cilastatin solr	1	
INVANZ SOLR IJ (Use Ertapenem Sodium)	3	
meropenem solr	1	

Drug Name	Drug Tier	Requirements/ Limits
MERREM SOLR (<i>Use Meropenem</i>)	NF	
PRIMAXIN IV SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	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)
VANCOGIN HCL CAPS (<i>Use Vancomycin HCl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 1 gm, 10 gm, 500 mg, 1000 mg</i>	1	
Glycylcyclines		
<i>tigecycline solr</i>	1	
TIGECYCLINE SOLR	3	
TYGACIL SOLR (<i>Use Tigecycline</i>)	3	
Leprostatics		
<i>dapsone tabs</i>	3	
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	

Drug Name	Drug Tier	Requirements/ Limits
CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML (<i>Use Clindamycin Phosphate</i>)	1	
CLEOCIN PHOSPHATE SOLN IV 600 MG/4ML, 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln ij 150 mg/ml, 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	1	
<i>clindamycin phosphate soln iv 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (<i>Use Lincomycin HCl</i>)	NF	
<i>lincomycin hcl soln</i>	1	
Monobactams		
CAYSTON SOLR	4	PA; QL(3 ml daily)
Oxazolidinones		
<i>linezolid susr or 100 mg/5ml</i>	1	
<i>linezolid tabs or 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS OR	3	PA
ZYVOX SUSR OR 100 MG/5ML (<i>Use Linezolid</i>)	NF	
ZYVOX TABS OR 600 MG (<i>Use Linezolid</i>)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 1000 MG	2	
RANEXA TB12 500 MG	2	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	1	
<i>isosorbide dinitrate tabs</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 (Use Nitroglycerin)	2	
<i>nitroglycerin cpcr or 9 mg, 2.5 mg, 6.5 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 (Use Nitroglycerin)	2	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(6 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl syrp or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE PAMOATE CAPS 100 MG	1	
<i>hydroxyzine pamoate caps 25 mg, 50 mg</i>	1	
<i>meprobamate tabs</i>	1	
VISTARIL CAPS (Use Hydroxyzine Pamoate)	NF	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>chlordiazepoxide hcl caps</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
<i>diazepam conc or 5 mg/ml</i>	1	
DIAZEPAM SOLN OR 5 MG/5ML	1	
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc or 2 mg/ml</i>	1	
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 1 mg</i>	1	QL(4 ea daily)
<i>oxazepam caps 10 mg, 15 mg, 30 mg</i>	1	
TRANXENE T TABS (Use Clorazepate Dipotassium)	NF	
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>procainamide hcl soln 500 mg/ml</i>	1	
QUINIDINE SULFATE TABS	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	
RYTHMOL TABS (<i>Use Propafenone HCl</i>)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<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)

Drug Name	Drug Tier	Requirements/Limits
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR 150 MG	4	PA; QL(0.214 ea daily); SP
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	QL(0.067 gm daily)
INCRUSE ELLIPTA AEPB	2	
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	QL(1 ea daily)
SPIRIVA RESPIMAT AERS	2	
TUDORZA PRESSAIR AEPB	3	
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>)	3	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>albuterol sulfate nebu in 0.5 %</i>	1	
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 mg</i>	1	
ANORO ELLIPTA AEPB	3	PA
ARCAPTA NEOHALER CAPS	2	PA
BREO ELLIPTA AEPB	2	
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	PA; QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	PA
<i>levalbuterol tartrate aero</i>	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
METAPROTERENOL SULFATE SYRP	1	
METAPROTERENOL SULFATE TABS	1	
PROAIR HFA AERS	2	1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
PROVENTIL HFA AERS	2	1 rtl pack lmt per fill,2 rtl MAX fill,30 rtl day(s) supply,
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	3	PA

Drug Name	Drug Tier	Requirements/ Limits
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
TRELEGY ELLIPTA AEPB	2	
VENTOLIN HFA AERS	2	1 rtl pack lmt per fill, 2 rtl MAX fill, 30 rtl day(s) supply,
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	NF	PA
XOPENEX HFA AERO	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 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 TABS	2	QL(2.47 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO TABS 10 MG, 20 MG	2	QL(1 ea daily)
XARELTO TABS 15 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 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>enoxaparin sodium soln sc 80 mg/0.8ml, 120 mg/0.8ml</i>	4	QL(1.6 ml daily)
<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, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA; SP
<i>heparin sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium)	NF	QL(2 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium)	NF	QL(0.6 ml daily); SP
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	NF	QL(0.8 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	NF	QL(1.2 ml daily,30 day(s) limit); SP
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(1.6 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
Thrombin Inhibitors		
PRADAXA CAPS 75 MG, 150 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 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	3	
DIASTAT PEDIATRIC GEL	3	
<i>diazepam (anticonvulsant) gel</i>	3	
DIAZEPAM GEL RE 20 MG, 2.5 MG	3	
DIAZEPAM RECTAL GEL GEL	3	
KLONOPIN TABS (Use Clonazepam)	NF	
ONFI SUSP 2.5 MG/ML (Use Clobazam)	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 MG (Use Clobazam)	3	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	ST; QL(2 ea daily)
BANZEL SUSP 40 MG/ML	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (<i>Use Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use Levetiracetam</i>)	NF	QL(30 ml daily)
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 (<i>Use Lamotrigine</i>)	NF	
LAMICTAL ODT TBDP 50 MG, 100 MG, 200 MG (<i>Use Lamotrigine</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL TABS (<i>Use Lamotrigine</i>)	NF	
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine tbdp 50 mg, 100 mg, 200 mg</i>	1	QL(1 ea daily)
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 750 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tabs or 500 mg</i>	1	QL(6 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG	2	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	2	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML	2	QL(30 ml daily)
MYSOLINE TABS (<i>Use Primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use Gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use Gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use Gabapentin</i>)	NF	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
POTIGA TABS	3	PA; QL(3 ea daily)
<i>primidone tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(30 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<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>)	4	PA; QL(6 ea daily); SP
SABRIL TABS	4	PA; QL(6 ea daily); SP
<i>tiagabine hcl tabs 2 mg, 4 mg</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily); SP
Hydantoins		
CEREBYX SOLN (<i>Use Fosphenytoin Sodium</i>)	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
<i>phenytoin chew</i>	1	
<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</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)

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine tabs 45 mg, 7.5 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg</i>	1	QL(3 ea daily)
<i>mirtazapine tbdp 30 mg</i>	1	QL(1.5 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	
REMERON SOLTAB TBDP 15 MG (Use <i>Mirtazapine</i>)	NF	QL(3 ea daily)
REMERON SOLTAB TBDP 30 MG (Use <i>Mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON SOLTAB TBDP 45 MG (Use <i>Mirtazapine</i>)	NF	
REMERON TABS 15 MG (Use <i>Mirtazapine</i>)	NF	QL(3 ea daily)
REMERON TABS 30 MG (Use <i>Mirtazapine</i>)	NF	QL(1.5 ea daily)
REMERON TABS 45 MG (Use <i>Mirtazapine</i>)	NF	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 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)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 100 MG (Use <i>Bupropion HCl</i>)	NF	QL(4 ea daily)
WELLBUTRIN SR TB12 150 MG (Use <i>Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN SR TB12 200 MG (Use <i>Bupropion HCl</i>)	NF	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG (Use <i>Bupropion HCl</i>)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
WELLBUTRIN XL TB24 300 MG (Use Bupropion HCl)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
phenelzine sulfate tabs	1	
tranylcypromine sulfate tabs	1	
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)
fluoxetine hcl caps 20 mg	1	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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	1	QL(1 ea daily)
FLUOXETINE HYDROCHLORIDE TABS (Use Fluoxetine HCl)	1	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 SOLN 5 MG/5ML (Use Escitalopram Oxalate)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	NF	QL(2 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	NF	QL(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 25 mg, 37.5 mg	1	QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use Paroxetine HCl)	NF	QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	QL(30 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 10 MG (<i>Use Paroxetine HCl</i>)	NF	QL(6 ea daily)
PAXIL TABS 20 MG (<i>Use Paroxetine HCl</i>)	NF	QL(3 ea daily)
PAXIL TABS 30 MG (<i>Use Paroxetine HCl</i>)	NF	QL(2 ea daily)
PAXIL TABS 40 MG (<i>Use Paroxetine HCl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 10 MG (<i>Use Fluoxetine HCl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (<i>Use Fluoxetine HCl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (<i>Use Fluoxetine HCl</i>)	NF	QL(2 ea daily)
PROZAC WEEKLY CPDR (<i>Use Fluoxetine HCl</i>)	NF	
<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		
NEFAZODONE HCL TABS 100 MG, 150 MG	3	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	
NEFAZODONE HYDROCHLORIDE TABS	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD STARTER PACK KIT	2	PA
VIIBRYD TABS	2	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
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 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)
<i>duloxetine hcl cpep 40 mg</i>	1	
EFFEXOR XR CP24 150 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(4 ea daily)
EFFEXOR XR CP24 75 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(5 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
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 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	ST; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	NF	PA
<i>clomipramine hcl caps</i>	1	PA
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	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		

Drug Name	Drug Tier	Requirements/ Limits
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 2.5mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5mg-500mg</i>	1	QL(4 ea daily)
GLUCOVANCE TABS (<i>Use Glyburide-Metformin</i>)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25mg-250mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg, 2.5mg-500mg</i>	1	QL(4 ea daily)
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
<i>pioglitazone hcl-glimepiride tabs</i>	1	QL(1 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	1	QL(2 ea daily)
SEGLUROMET TABS	2	PA; QL(2 ea daily)
SYNJARDY TABS	3	PA
XIGDUO XR TB24 5MG-500MG, 10MG-500MG, 5MG-1000MG, 10MG-1000MG	3	PA
Biguanides		
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2.5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE TABS 500 MG (Use Metformin HCl)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (Use Metformin HCl)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 (Use Metformin HCl)	NF	
metformin hcl tabs 1000 mg	1	QL(2.5 ea daily)
metformin hcl tabs 500 mg	1	QL(5 ea daily)
metformin hcl tabs 850 mg	1	QL(3 ea daily)
metformin hcl tb24 500 mg, 750 mg	1	
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
alogliptin benzoate tabs	3	PA; QL(1 ea daily)
JANUVIA TABS	2	QL(1 ea daily)
NESINA TABS	3	PA; QL(1 ea daily)
ONGLYZA TABS	3	QL(1 ea daily)
TRADJENTA TABS	2	QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
BYETTA SOPN	2	PA; QL(0.08 ml daily)
TANZEUM PEN	3	PA
TRULICITY SOPN	3	PA
VICTOZA SOPN	2	PA; QL(0.3 ml daily)
Insulin Sensitizing Agents		

Drug Name	Drug Tier	Requirements/Limits
ACTOS TABS (Use Pioglitazone HCl)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
pioglitazone hcl tabs	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	3	
APIDRA SOLOSTAR SOPN	3	
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP SOLN	2	
HUMALOG JUNIOR KWIKPEN SOPN	3	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUPN	3	
HUMALOG MIX 50/50 SUSP	3	
HUMALOG MIX 75/25 KWIKPEN SUPN	3	
HUMALOG MIX 75/25 SUSP	3	
HUMALOG SOCT	3	
HUMALOG SOLN	3	
HUMULIN 70/30 KWIKPEN SUPN	3	
HUMULIN 70/30 SUSP	3	
HUMULIN N KWIKPEN SUPN	3	
HUMULIN N SUSP	3	
HUMULIN R SOLN	3	
HUMULIN R U-500 (CONCENTRATED) SOLN	3	
LEVEMIR FLEXTOUCH SOPN	2	

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

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS	3	PA
STEGLATRO TABS	2	ST; Trial of metformin required. ;QL(1 ea daily)
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	NF	QL(4 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	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 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (<i>Use Glipizide</i>)	NF	QL(4 ea daily)
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NF	QL(4 ea daily)
TOLAZAMIDE TABS	1	QL(4 ea daily)
TOLBUTAMIDE TABS	1	QL(6 ea daily)
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS (<i>Use Loperamide HCl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU SPRINKLE PACK	4	PA
JADENU TABS	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
NARCAN LIQD	3	PA
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ALOXI SOLN (Use Palonosetron HCl)</i>	3	
ANZEMET TABS	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl tabs or 4 mg</i>	1	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
<i>ondansetron hcl tabs or 8 mg</i>	1	QL(3 ea daily,45 ea per fill retail,45 ea per fill mail)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
<i>palonosetron hcl soln</i>	1	
PALONOSETRON HYDROCHLORIDE SOLN 0.25 MG/5ML	3	
ZOFRAN ODT TBDP 4 MG (Use Ondansetron)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (Use Ondansetron)	NF	
ZOFRAN SOLN 4 MG/5ML (Use Ondansetron HCl)	NF	QL(3.34 ml daily)
ZOFRAN TABS 4 MG (Use Ondansetron HCl)	NF	QL(4 ea daily,60 ea per fill retail,60 ea per fill mail)
ZOFRAN TABS 8 MG (Use Ondansetron HCl)	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 (Use Trimethobenzamide HCl)	NF	
TRANSDERM-SCOP PT72	2	QL(0.34 ea daily)
TRANSDERM-SCOP PT72 (Use Scopolamine)	2	QL(0.34 ea daily)
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO CAPS OR 300MG-0.5MG	3	PA
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use Dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 40 mg, 125 mg</i>	1	PA; QL(0.067 ea daily)
<i>aprepitant caps 80 mg</i>	1	PA; QL(0.134 ea daily)
EMEND CAPS OR 40 MG, 125 MG (<i>Use Aprepitant</i>)	NF	PA; QL(0.067 ea daily)
EMEND CAPS OR 80 MG (<i>Use Aprepitant</i>)	NF	PA; QL(0.134 ea daily)
VARUBI TABS OR 90 MG	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (<i>Use Caspofungin Acetate</i>)	3	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	1	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (<i>Use Flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<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	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NF	QL(1 ea daily)
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
CRESEMBA CAPS OR 186 MG	3	PA
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps 100 mg</i>	1	PA; QL(4 ea daily)
<i>itraconazole soln 10 mg/ml</i>	1	PA; QL(20 ml daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP OR 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML (<i>Use Itraconazole</i>)	3	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (<i>Use Voriconazole</i>)	NF	QL(4 ea daily)
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
RYCLORA SYRP	3	

Drug Name	Drug Tier	Requirements/ Limits
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	RX/OTC
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (Use <i>Fexofenadine HCl</i>)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use <i>Fexofenadine HCl</i>)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use <i>Fexofenadine HCl</i>)	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrup 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
CLARINEX TABS 5 MG (Use <i>Desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>Loratadine</i>)	1	
CLARITIN CAPS 10 MG (Use <i>Loratadine</i>)	1	
CLARITIN CHEW 5 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
CLARITIN CHEW 5 MG (Use <i>Loratadine</i>)	1	
CLARITIN CHILDRENS CHEW (Use <i>Loratadine</i>)	1	
CLARITIN REDITABS TBDP 10 MG (Use <i>Loratadine</i>)	1	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP 5 MG/5ML (Use <i>Loratadine</i>)	1	
CLARITIN TABS 10 MG (Use <i>Loratadine</i>)	1	
DESLORATADINE ODT TBDP 2.5 MG	1	QL(1 ea daily)
<i>desloratadine tabs</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 syrup</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	1	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN (Use Cetirizine HCl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	ST; QL(1 ea daily)
VYTORIN TABS (Use Ezetimibe-Simvastatin)	2	ST; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (Use Omega-3-acid Ethyl Esters)	NF	ST; QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	ST; QL(4 ea daily)
VASCEPA CAPS 1 GM	3	PA
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 (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID FLAVORED PACK 5 GM/7.5GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use Colestipol HCl)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use Colestipol HCl)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use Cholestyramine Light)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use Cholestyramine)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use Cholestyramine)	NF	QL(25.2 gm daily)
WELCHOL PACK 3.75 GM (Use Colesevelam HCl)	2	PA; QL(1 ea daily)
WELCHOL TABS 625 MG (Use Colesevelam HCl)	2	QL(7 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS (<i>Use Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA TABS (<i>Use Fenofibrate</i>)	NF	QL(1 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>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (<i>Use Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	\$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
MEVACOR TABS (<i>Use Lovastatin</i>)	NF	\$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>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs</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)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</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	
ACEON TABS (<i>Use Perindopril Erbumine</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	
MAVIK TABS (<i>Use Trandolapril</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
PRINIVIL TABS (<i>Use Lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use Enalapril Maleate</i>)	NF	
ZESTRIL TABS (<i>Use Lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (<i>Use Phenoxybenzamine HCl</i>)	3	
<i>phenoxybenzamine hcl caps</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use Candesartan Cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use Irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use Olmesartan Medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use Losartan Potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use Valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
EPROSARTAN MESYLATE TABS	1	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</i>	1	QL(1 ea daily)
MICARDIS TABS (<i>Use Telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use Clonidine HCl</i>)	NF	QL(8 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
TENEX TABS (<i>Use Guanfacine HCl</i>)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (<i>Use Quinapril-Hydrochlorothiazide</i>)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (<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	

Drug Name	Drug Tier	Requirements/ Limits
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	
AZOR TABS (Use Amlodipine Besylate-Olmesartan Medoxomil)	NF	ST
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	
bisoprolol & hydrochlorothiazide tabs	1	QL(2 ea daily)
candesartan cilexetil-hydrochlorothiazide tabs	1	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
EXFORGE HCT TABS (Use Amlodipine-Valsartan-Hydrochlorothiazide)	NF	
EXFORGE TABS (Use Amlodipine Besylate-Valsartan)	NF	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS 100MG-25MG, 100MG-12.5MG (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(1 ea daily)
HYZAAR TABS 50MG-12.5MG (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(2 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
losartan potassium & hydrochlorothiazide tabs 100mg-25mg, 100mg-12.5mg	1	QL(1 ea daily)
losartan potassium & hydrochlorothiazide tabs 50mg-12.5mg	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NF	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	
olmesartan medoxomil-amlodipine-hydrochlorothiazide tabs	1	ST
olmesartan medoxomil-hydrochlorothiazide tabs	1	
quinapril-hydrochlorothiazide tabs 10mg-12.5mg	1	QL(3 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-12.5mg	1	QL(4 ea daily)
quinapril-hydrochlorothiazide tabs 20mg-25mg	1	QL(2 ea daily)
TARKA TBCR (Use Trandolapril-Verapamil HCl)	NF	
telmisartan-amlodipine tabs	1	
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
trandolapril-verapamil hcl tbc	1	
TRANDOLAPRIL/VERAPAMIL HCL ER TBCR	2	
TRIBENZOR TABS (Use Olmesartan Medoxomil-Amlodipine-Hydrochlorothiazide)	NF	ST
TWYNSTA TABS (Use Telmisartan-Amlodipine)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tabs</i>	1	
VASERETIC TABS (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	
ZIAC TABS (<i>Use Bisoprolol & Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
Antihypertensives - Misc.		
VECAMEYL TABS	3	PA
Direct Renin Inhibitors		
TEKTRUNA TABS	2	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	QL(12 ea per 3 days retail)
COARTEM TABS	2	QL(24 ea per fill retail, 24 ea per fill mail, 72 ea per 144 days retail, 72 ea per 144 days mail)
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	QL(12 ea per 3 days retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	PA; QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl tabs</i>	1	QL(5 ea daily)1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
MEFLOQUINE HCL TABS	1	QL(5 ea daily)1 rtl MAX fill, 180 rtl day(s) supply, 1 mail MAX fill, 180 mail day(s) supply,
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	PA;
<i>quinine sulfate caps</i>	1	PA;
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	NF	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbc</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
CYCLOSERINE CAPS	3	QL(4 ea daily)
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SOLN IJ 100 MG/ML	1	
ISONIAZID SYRP OR 50 MG/5ML	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	NF	PA
PASER PACK	3	QL(3 ea daily)
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	PA
RIFADIN CAPS (<i>Use Rifampin</i>)	NF	
RIFADIN SOLR (<i>Use Rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
SIRTURO TABS	3	PA
TRECTOR TABS	3	QL(4 ea daily)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		

Drug Name	Drug Tier	Requirements/ Limits
Alkylating Agents		
ALKERAN SOLR IV 50 MG (<i>Use Melphalan HCl</i>)	NF	
ALKERAN TABS OR 2 MG (<i>Use Melphalan</i>)	2	
BICNU SOLR (<i>Use Carmustine</i>)	4	PA; SP
<i>busulfan soln</i>	4	PA; SP
BUSULFEX SOLN (<i>Use Busulfan</i>)	4	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>	4	PA; SP
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG (<i>Use Cyclophosphamide</i>)	4	PA; SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	PA; SP
GLEOSTINE CAPS 10 MG	4	PA; SP
GLEOSTINE CAPS 5 MG, 40 MG, 100 MG	4	PA
HEXALEN CAPS	4	PA; SP
IFEX SOLR 1 GM (<i>Use Ifosfamide</i>)	4	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>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	PA; SP
MYLERAN TABS	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin soln 50 mg/10ml, 100 mg/20ml</i>	4	PA; SP
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	4	PA; SP
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
<i>thiotepa solr</i>	4	PA; SP
TREANDA SOLR	4	PA; SP
ZANOSAR SOLR	4	PA; SP
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 (Use Clofarabine)	4	PA; SP
<i>cytarabine soln</i>	4	PA; SP
DACOGEN SOLR (Use Decitabine)	4	PA; SP
<i>decitabine solr</i>	4	PA; SP
DEPOCYT SUSP	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 iv 500 mg/10ml</i>	4	PA; SP
FOLOTYN SOLN 20 MG/ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>gemcitabine hcl solr 2 gm, 200 mg</i>	4	PA; SP
GEMZAR SOLR 200 MG (Use Gemcitabine HCl)	4	PA; SP
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	SP
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	SP
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	SP
<i>methotrexate sodium tabs or 2.5 mg</i>	1	SP
TABLOID TABS	4	PA; SP
TREXALL TABS	4	PA; SP
VIDAZA SUSR (Use Azacitidine)	4	PA; SP
XELODA TABS (Use Capecitabine)	4	PA; SP
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN 100 MG/4ML	4	PA; SP
ZALTRAP SOLN 100 MG/4ML	4	PA; SP
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA; SP
ARZERRA CONC	4	PA; SP
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA; SP
HERCEPTIN SOLR 440 MG	4	PA; SP
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA; QL(1 ea daily); SP
ODOMZO CAPS	4	PA; QL(1 ea daily)
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate tabs</i>	4	PA; QL(4 ea daily); SP
<i>anastrozole tabs</i>	1	QL(1 ea daily)
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	QL(1 ea daily)
AROMASIN TABS (<i>Use Exemestane</i>)	4	QL(1 ea daily); SP
<i>bicalutamide tabs</i>	4	PA; QL(1 ea daily); SP
CASODEX TABS (<i>Use Bicalutamide</i>)	4	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	2	
FASLODEX SOLN	4	PA; QL(0.357 ml daily); SP
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; QL(0.143 ea daily); SP
<i>flutamide caps</i>	4	PA; QL(6 ea daily); SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
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
MEGACE ORAL SUSP (<i>Use Megestrol Acetate</i>)	NF	
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (<i>Use Nilutamide</i>)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
<i>tamoxifen citrate tabs</i>	0	
TRELSTAR MIXJECT SUSR	4	PA; SP
TRELSTAR SUSR	4	PA; SP
XTANDI CAPS	4	PA; QL(4 ea daily); SP
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>)	4	PA; QL(4 ea daily); SP
ZYTIGA TABS 500 MG	4	PA; SP
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA; QL(1 ea daily)
Antineoplastic Antibiotics		
ADRIAMYCIN SOLR	4	PA; SP
<i>bleomycin sulfate solr 15 unit</i>	4	PA; SP
COSMEGEN SOLR (<i>Use Dactinomycin</i>)	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>dactinomycin solr</i>	4	PA; SP
DOXIL INJ (Use Doxorubicin HCl Liposomal)	4	PA; SP
<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
ELLENCES SOLN 50 MG/25ML (Use Epirubicin HCl)	NF	PA; SP
<i>epirubicin hcl soln 50 mg/25ml</i>	4	PA; SP
IDAMYCIN PFS SOLN 5 MG/5ML, 10 MG/10ML (Use Idarubicin HCl)	NF	PA; SP
<i>idarubicin hcl soln 5 mg/5ml, 10 mg/10ml</i>	4	PA; SP
<i>mitomycin solr iv 20 mg</i>	4	PA; SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
VALSTAR SOLN	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; QL(1 ea daily); SP
BORTEZOMIB SOLR	4	PA; SP
BOSULIF TABS 100 MG, 500 MG	4	PA; QL(1 ea daily); SP
BOSULIF TABS 400 MG	4	PA;
BRAFTOVI CAPS	4	PA; SP
CAPRELSA TABS	4	PA; QL(1 ea daily); SP
COMETRIQ KIT	4	PA; QL(2 ea daily); SP
COMETRIQ KIT	4	PA; QL(3 ea daily); SP
COMETRIQ KIT	4	PA; QL(4 ea daily); SP

Drug Name	Drug Tier	Requirements/ Limits
GILOTRIF TABS	4	PA; QL(1 ea daily)
GLEEVEC TABS (Use Imatinib Mesylate)	4	PA; QL(2 ea daily); SP
<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 (OVERFILL) SOLR	4	PA; SP
JAKAFI TABS 10 MG, 15 MG, 20 MG, 25 MG	4	PA; SP
JAKAFI TABS 5 MG	4	PA; QL(2 ea daily); SP
KYPROLIS SOLR	4	PA
LENVIMA 10 MG DAILY DOSE CPPK	4	PA; QL(1 ea daily)
LENVIMA 14 MG DAILY DOSE CPPK	4	PA; QL(2 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)
LYNPARZA CAPS	4	PA; QL(16 ea daily)
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)

Drug Name	Drug Tier	Requirements/Limits
ROMIDEPSIN SOLR	4	PA; SP
SPRYCEL TABS	4	PA; QL(1 ea daily); SP
STIVARGA TABS	4	PA; QL(4 ea daily); SP
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA; QL(1 ea daily); SP
TAFINLAR CAPS	4	PA; QL(4 ea daily)
TARCEVA TABS	4	PA; QL(1 ea daily); SP
TASIGNA CAPS 150 MG, 200 MG	4	PA; QL(4 ea daily); SP
TASIGNA CAPS 50 MG	4	PA; QL(4 ea daily)
<i>temsirolimus soln</i>	4	PA; QL(0.143 ml daily); SP
TORISEL SOLN (<i>Use Temsirolimus</i>)	4	PA; QL(0.143 ml daily); SP
TYKERB TABS	4	PA; QL(6 ea daily); SP
VELCADE SOLR	4	PA; SP
VOTRIENT TABS	4	PA; QL(4 ea daily); SP
XALKORI CAPS	4	PA; QL(2 ea daily); SP
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; QL(4 ea daily); SP
ZYDELIG TABS	4	PA; QL(2 ea daily)
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</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<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
INTRON A W/DILUENT 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>)	4	PA; SP
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN 10 MG/10ML	4	PA; SP
UVADEX SOLN	4	PA; SP
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	1	
LEUCOVORIN CALCIUM TABS OR 10 MG, 15 MG	1	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
VORAXAZE SOLR	4	PA; SP
Mitotic Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE SUSR	4	PA; SP
DOCEFREZ SOLR	4	PA; SP
<i>docetaxel conc 20 mg/ml</i>	4	PA; SP
DOCETAXEL CONC 20 MG/ML, 20 MG/0.5ML	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
ETOPOSIDE CAPS OR 50 MG	4	PA; SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</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)	4	PA; SP
<i>paclitaxel conc 100 mg/16.7ml</i>	4	PA; SP
PACLITAXEL CONC 150 MG/25ML	4	PA; SP
TAXOTERE CONC 20 MG/ML (Use Docetaxel)	4	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)	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	4	PA; SP
<i>irinotecan hcl soln</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 Adjuvants		
<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 elix</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)	3	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbc</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	1	
MIRAPEX TABS 0.125 MG (Use <i>Pramipexole Dihydrochloride</i>)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 MG (Use <i>Pramipexole Dihydrochloride</i>)	NF	
NEUPRO PT24	2	
PARLODEL CAPS 5 MG (Use <i>Bromocriptine Mesylate</i>)	1	
PARLODEL TABS 2.5 MG (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, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg</i>	1	
REQUIP TABS (Use <i>Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 2 MG, 4 MG, 6 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole hydrochloride tb24 2 mg, 4 mg, 6 mg</i>	1	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tb24 8 mg, 12 mg</i>	1	ST; QL(2 ea daily)
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	NF	
STALEVO 100 TABS	1	
STALEVO 125 TABS	1	
STALEVO 150 TABS	1	
STALEVO 200 TABS	1	
STALEVO 50 TABS	1	
STALEVO 75 TABS	1	
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use <i>Rasagiline Mesylate</i>)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (Use <i>Selegiline HCl</i>)	NF	
<i>rasagiline mesylate tabs</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 150 mg, 300 mg, 600 mg</i>	1	
LITHIUM CARBONATE CAPS 150 MG, 600 MG (Use <i>Lithium Carbonate</i>)	1	
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbc 300 mg, 450 mg</i>	1	
LITHIUM SOLN	1	
LITHOBID TBCR (Use <i>Lithium Carbonate</i>)	NF	
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	QL(2 ea daily)
EQUETRO CP12 200 MG	3	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQUETRO CP12 300 MG	3	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)
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily)
FANAPT TITRATION PACK TABS	2	PA
INVEGA TB24 3 MG, 9 MG, 1.5 MG (Use Paliperidone)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use Paliperidone)	NF	QL(2 ea daily)
<i>paliperidone tb24 3 mg, 9 mg, 1.5 mg</i>	1	QL(1 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
RISPERDAL CONSTA SUSR	2	PA; QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	QL(2 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)
<i>risperidone soln 1 mg/ml</i>	1	QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(4 ea daily)
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (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	
<i>haloperidol decanoate soln</i>	1	QL(0.036 ml daily)
<i>haloperidol lactate conc</i>	1	
<i>haloperidol lactate soln</i>	1	
<i>haloperidol tabs</i>	1	
Dibenzapines		
CLOZAPINE ODT TBDP 150 MG, 200 MG	1	
<i>clozapine tabs</i>	1	
<i>clozapine tbdp</i>	1	
CLOZARIL TABS (Use Clozapine)	NF	
FAZACLO TBDP 150 MG, 200 MG	1	
FAZACLO TBDP 25 MG, 100 MG, 12.5 MG (Use Clozapine)	NF	
<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 5 mg, 2.5 mg</i>	1	QL(4 ea daily)
<i>olanzapine tbdp or 5 mg, 10 mg, 15 mg, 20 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 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 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL(At least 10 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg</i>	1	PA; QL(1 ea daily); AL(At least 10 yrs old)
SAPHRIS SUBL 2.5 MG	2	
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use Quetiapine Fumarate)	NF	QL(4 ea daily); AL(At least 10 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use Quetiapine Fumarate)	NF	QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 300 MG (Use Quetiapine Fumarate)	2	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 400 MG (Use Quetiapine Fumarate)	NF	PA; QL(2 ea daily); AL(At least 10 yrs old)
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use Quetiapine Fumarate)	2	PA; QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA SOLR IM 10 MG (Use Olanzapine)	NF	QL(0.215 ea daily)
ZYPREXA TABS OR 10 MG, 15 MG, 20 MG, 7.5 MG (Use Olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 5 MG, 2.5 MG (Use Olanzapine)	NF	QL(4 ea daily)
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	3	
<i>chlorpromazine hcl tabs or 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
FLUPHENAZINE HCL CONC OR 5 MG/ML	1	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	1	

Drug Name	Drug Tier	Requirements/ Limits
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	1	
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	
<i>perphenazine tabs</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	
<i>trifluoperazine hcl tabs</i>	1	
Quinolinone Derivatives		
ABILIFY TABS (Use Aripiprazole)	NF	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole soln 1 mg/ml</i>	3	QL(30 ml daily); AL(At least 6 yrs old)
<i>aripiprazole tabs 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 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	
<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, 200 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS	3	QL(1 ea daily)
BIKTARVY TABS	3	QL(1 ea daily)
CIMDUO TABS	2	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	3	QL(1 ea daily)
CRIXIVAN CAPS 200 MG	2	QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	QL(6 ea daily)
DESCOVY TABS	2	QL(1 ea daily)
<i>didanosine cpdr 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	QL(1 ea daily)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (<i>Use Lamivudine</i>)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (<i>Use Lamivudine</i>)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (<i>Use Lamivudine</i>)	3	QL(1 ea daily)
EPZICOM TABS (<i>Use Abacavir Sulfate-Lamivudine</i>)	2	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
JULUCA TABS	3	QL(1 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (<i>Use Lopinavir-Ritonavir</i>)	2	QL(12.5 ml daily)
KALETRA TABS 100MG-25MG, 200MG-50MG	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>)	2	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
<i>nevirapine susp 50 mg/5ml</i>	1	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	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)

Drug Name	Drug Tier	Requirements/ Limits
NORVIR CAPS 100 MG	2	QL(12 ea daily)
NORVIR PACK 100 MG	2	QL(12 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG (Use Ritonavir)	2	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZCOBIX TABS	2	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use Zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate)	2	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	2	QL(1 ea daily)
<i>ritonavir tabs</i>	1	QL(12 ea daily)
SELZENTRY SOLN 20 MG/ML	2	QL(30 ml daily)
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps</i>	1	QL(2 ea daily)
STRIBILD TABS	3	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SUSTIVA CAPS 200 MG (Use Efavirenz)	2	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	2	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	2	QL(1 ea daily)
SYMFI LO TABS	2	QL(1 ea daily)
SYMFI TABS	2	QL(1 ea daily)
<i>tenofovir disoproxil fumarate tabs</i>	1	
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	2	QL(2 ea daily)
TRUVADA TABS 150MG-100MG, 200MG-133MG, 250MG-167MG	2	PA; QL(1 ea daily,30 day(s) limit)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
TYBOST TABS	2	QL(1 ea daily)
VIDEX EC CPDR 125 MG	2	QL(2 ea daily)
VIDEX EC CPDR 200 MG (Use Didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use Didanosine)	NF	QL(1 ea daily)
VIDEXPEDIATRIC SOLR	2	
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML (Use Nevirapine)	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (Use Nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (Use Nevirapine)	2	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	2	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150 MG, 200 MG, 250 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	2	
VITEKTA TABS	3	
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (Use Abacavir Sulfate)	2	
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)
zidovudine caps 100 mg	1	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1	QL(60 ml daily)
zidovudine tabs 300 mg	1	QL(2 ea daily)
CMV Agents		
cidofovir soln	3	
CYTOVENE SOLR (Use Ganciclovir Sodium)	NF	
ganciclovir sodium solr	1	
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NF	PA; QL(4 ea daily)
valganciclovir hcl tabs 450 mg	1	PA; QL(4 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	4	PA; QL(1 ea daily); SP
COPEGUS TABS (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
DAKLINZA TABS 30 MG, 60 MG	4	PA; QL(1 ea daily)
entecavir tabs	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TABS	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily); SP
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	NF	QL(3 ea daily); SP
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use Adefovir Dipivoxil)	4	PA; QL(1 ea daily); SP
lamivudine (hbv) tabs	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 TABS	4	PA
MODERIBA 800 DOSE PACK TABS	4	PA
PEG-INTRON REDIPEN KIT	4	PA; QL(0.143 ea daily); SP
PEGASYS PROCLICK SOLN	4	PA; QL(0.0714 ml daily); SP
PEGASYS SOLN	4	PA; QL(0.0714 ml daily); SP
PEGINTRON KIT	4	PA; QL(0.143 ea daily); SP
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily); SP
RIBASPHERE RIBAPAK TABS 400 MG, 600 MG	4	PA
RIBASPHERE TABS 400 MG, 600 MG	4	PA
ribavirin (hepatitis c) caps	1	PA; QL(7 ea daily)
ribavirin (hepatitis c) tabs	1	PA; QL(7 ea daily)
SOFOSBUVIR/VELPATASVIR TABS	4	PA; QL(1 ea daily)
SOVALDI TABS	4	PA; QL(1 ea daily); SP

Drug Name	Drug Tier	Requirements/Limits
TYZEKA TABS	4	PA; QL(1 ea daily); SP
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
<i>acyclovir susp 200 mg/5ml</i>	1	QL(13.34 ml daily)
<i>acyclovir tabs 400 mg, 800 mg</i>	1	QL(5 ea daily)
<i>famciclovir tabs 125 mg, 250 mg</i>	1	QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	QL(4 ea daily)
FAMVIR TABS 125 MG, 250 MG (Use Famciclovir)	NF	QL(3 ea daily)
FAMVIR TABS 500 MG (Use Famciclovir)	NF	QL(4 ea daily)
<i>valacyclovir hcl tabs 1 gm, 1000 mg</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(5 ea daily,50 ea per fill retail,50 ea per fill mail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 400 MG, 800 MG (Use Acyclovir)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps or 30 mg</i>	1	QL(0.667 ea daily)
<i>oseltamivir phosphate caps or 45 mg</i>	1	QL(0.34 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps or 75 mg</i>	1	Limit 1 every 3 months;QL(10 ea per 90 days retail)
<i>oseltamivir phosphate susr or 6 mg/ml</i>	1	Limit 1 every 3 months;QL(120 ml per 90 days retail)
RELENZA DISKHALER AEPB	2	
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS 30 MG (Use Oseltamivir Phosphate)	NF	QL(0.667 ea daily)
TAMIFLU CAPS 45 MG (Use Oseltamivir Phosphate)	NF	QL(0.34 ea daily)
TAMIFLU CAPS 75 MG (Use Oseltamivir Phosphate)	NF	Limit 1 every 3 months;QL(10 ea per 90 days retail)
TAMIFLU SUSR 6 MG/ML (Use Oseltamivir Phosphate)	NF	Limit 1 every 3 months;QL(120 ml per 90 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use Carvedilol)	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	
<i>bisoprolol fumarate tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
BYSTOLIC TABS 20 MG	2	PA; QL(2 ea daily)
BYSTOLIC TABS 5 MG, 10 MG, 2.5 MG	2	PA; QL(1 ea daily)
LOPRESSOR TABS (Use Metoprolol Tartrate)	NF	
metoprolol succinate tb24	1	
metoprolol tartrate soln iv 5 mg/5ml	1	
metoprolol tartrate tabs or 25 mg, 50 mg, 100 mg	1	
SECTRAL CAPS (Use Acebutolol HCl)	NF	
TENORMIN TABS (Use Atenolol)	NF	
TOPROL XL TB24 (Use Metoprolol Succinate)	NF	
ZEBETA TABS (Use Bisoprolol Fumarate)	NF	
Beta Blockers Non-Selective		
BETAPACE AF TABS (Use Sotalol HCl (AFIB/AFL))	NF	
BETAPACE TABS (Use Sotalol HCl)	NF	QL(2 ea daily)
CORGARD TABS (Use Nadolol)	NF	
HEMANGEOL SOLN	4	PA; QL(75 ml daily)
INDERAL LA CP24 (Use Propranolol HCl)	NF	
nadolol tabs	1	
pindolol tabs	1	
propranolol hcl cp24 or 60 mg, 80 mg, 120 mg, 160 mg	1	
propranolol hcl soln iv 1 mg/ml	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	1	
propranolol hcl tabs or 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
sotalol hcl (afib/af) tabs	1	
sotalol hcl tabs 240 mg	1	
sotalol hcl tabs 80 mg, 120 mg, 160 mg	1	QL(2 ea daily)
TIMOLOL MALEATE TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use Nifedipine)	NF	
amlodipine besylate tabs	1	
CALAN SR TBCR (Use Verapamil HCl)	NF	
CALAN TABS (Use Verapamil HCl)	NF	
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	NF	
diltiazem hcl coated beads cp24	1	
diltiazem hcl coated beads tb24	1	
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl soln iv 50 mg/10ml	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	1	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (Use Amlodipine Besylate)	NF	
PROCARDIA CAPS (Use Nifedipine)	NF	
PROCARDIA XL TB24 (Use Nifedipine)	NF	
SULAR TB24 (Use Nisoldipine)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use Diltiazem HCl Extended Release Beads)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
VERAPAMIL HCL SR CP24	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbcr</i>	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	
VERELAN CP24 360 MG	1	
VERELAN PM CP24 (Use Verapamil HCl)	NF	

Drug Name	Drug Tier	Requirements/ Limits
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln ij 0.25 mg/ml</i>	1	
DIGOXIN SOLN OR 0.05 MG/ML	1	
<i>digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (Use Digoxin)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>amlodipine besylate-atorvastatin calcium tabs</i>	1	QL(1 ea daily)
BIDIL TABS	2	
CADUET TABS (Use Amlodipine Besylate-Atorvastatin Calcium)	NF	QL(1 ea daily)
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG (Use Tadalafil)	3	PA; BPH Only;QL(1 ea daily)
<i>sildenafil citrate tabs</i>	1	PA; QL(0.1334 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
<i>tadalafil tabs 5 mg</i>	1	PA; BPH Only;QL(1 ea daily)
VIAGRA TABS (Use Sildenafil Citrate)	3	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM TBCR 0.125 MG, 0.25 MG, 1 MG, 2.5 MG	3	PA
REMODULIN SOLN	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA; QL(1 ea daily); SP
OPSUMIT TABS	4	PA; QL(1 ea daily)
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG	4	PA; QL(2 ea daily)
TRACLEER TBSO 32 MG	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS (Use Tadalafil (Pulmonary Hypertension))	4	PA; QL(2 ea daily); SP
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	4	PA; QL(37.5 ml daily); SP
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	4	PA; QL(3 ea daily); SP
sildenafil citrate (pulmonary hypertension) soln iv 10 mg/12.5ml	4	PA; QL(37.5 ml daily); SP
sildenafil citrate (pulmonary hypertension) tabs or 20 mg	4	PA; QL(3 ea daily); SP
tadalafil (pulmonary hypertension) tabs	4	PA; QL(2 ea daily); SP
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 0.5 MG, 2 MG, 1.5 MG, 2.5 MG	4	PA; QL(4 ea daily)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	

Drug Name	Drug Tier	Requirements/ Limits
cefadroxil susr	1	
cefadroxil tabs	1	
cefazolin sodium solr ij 1 gm, 10 gm, 500 mg	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	1	
cephalexin caps 250 mg, 500 mg, 750 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
CEPHALEXIN TABS 250 MG, 500 MG	1	
KEFLEX CAPS (Use Cephalexin)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 250 mg, 500 mg	1	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	1	
CEFOTAN SOLR (Use Cefotetan Disodium)	NF	
cefotetan disodium solr	1	
CEFOTETAN SOLR	3	
cefoxitin sodium solr ij 10 gm	1	
cefoxitin sodium solr iv 1 gm, 2 gm	1	
cefprozil susr	1	
cefprozil tabs	1	
CEFTIN SUSR 125 MG/5ML	1	
cefuroxime axetil tabs	1	
cefuroxime sodium solr ij 7.5 gm, 750 mg	1	
ZINACEF SOLR IJ 1.5 GM, 7.5 GM, 750 MG (Use Cefuroxime Sodium)	NF	
Cephalosporins - 3rd Generation		

Drug Name	Drug Tier	Requirements/ Limits
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
<i>cefdinir caps</i>	1	
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG	3	
CEFDITOREN PIVOXIL TABS 400 MG	2	
<i>cefixime susr</i>	1	ST
<i>cefotaxime sodium solr 1 gm</i>	1	
CEFOTAXIME SODIUM SOLR 2 GM, 10 GM	1	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr</i>	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	3	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
CLAFORAN SOLR IJ 2 GM, 10 GM (Use Cefotaxime Sodium)	NF	
FORTAZ SOLR IJ 1 GM, 2 GM, 6 GM (Use Cefazidime)	NF	
SPECTRACEF TABS	2	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	NF	ST
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use Cefepime HCl)	NF	
Cephalosporins - 5th Generation		

Drug Name	Drug Tier	Requirements/ Limits
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BALCOLTRA TABS	0	
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	0	
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	0	
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	0	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol-Fe)	0	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	0	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	0	
<i>levonorgestrel & eth estradiol tabs</i>	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	0	
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	0	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	0	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	0	
LOSEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	0	
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	0	
NATAZIA TABS	0	
NECON 1/50-28 TABS	0	
NECON 10/11-28 TABS	0	
<i>norethin acet & estrad-fe chew</i>	0	
<i>norethin acet & estrad-fe tabs</i>	0	
<i>norethindrone & eth estradiol tabs</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew</i>	0	
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	0	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	0	
ORTHO TRI-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol (Triphasic))	0	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	0	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	0	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	0	
SAFYRAL TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	0	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	0	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	0	

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Transdermal		
XULANE PTWK	0	
Combination Contraceptives - Vaginal		
NUVARING RING	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	0	
Progestin Contraceptives - IUD		
KYLEENA IUD	0	
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	QL(1 ml per 90 days retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	QL(1 ml per 90 days retail)
Progestin Contraceptives - Oral		
NOR-QD TABS (Use <i>Norethindrone (Contraceptive)</i>)	0	
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	0	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep 3 mg</i>	1	PA
CORTEF TABS (Use <i>Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	1	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (Use <i>Methylprednisolone Acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
ENTOCORT EC CPEP (Use <i>Budesonide</i>)	NF	PA
<i>hydrocortisone tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
KENALOG-40 SUSP (<i>Use Triamcinolone Acetonide</i>)	3	
MEDROL DOSEPAK TBPK (<i>Use Methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (<i>Use Methylprednisolone</i>)	NF	
<i>methylprednisolone acetate susp 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs or 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
<i>methylprednisolone tbpk or 4 mg</i>	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (<i>Use Prednisolone Sodium Phosphate</i>)	3	
PEDIAPRED SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 10 mg/5ml, 15 mg/5ml, 20 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISON SOLN 5 MG/5ML	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISON TABS 50 MG	1	
PREDNISON TBPK 5 MG, 10 MG	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (<i>Use Methylprednisolone Sod Succ</i>)	NF	
SOLU-MEDROL SOLR 500 MG	1	
<i>triamcinolone acetonide susp</i>	1	
TRIAMCINOLONE ACETONIDE SUSP	3	
VERIPRED 20 SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	QL(6 ea daily)
<i>benzonatate caps 150 mg</i>	1	QL(4 ea daily)
<i>benzonatate caps 200 mg</i>	1	QL(3 ea daily)
TESSALON PERLES CAPS (<i>Use Benzonatate</i>)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use Fexofenadine-Pseudoephedrine</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	1	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	1	QL(1 ea daily)
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i>	1	QL(1 ea daily)
FLOWTUSS SOLN	2	
HYDROCODONE BITARTRATE/GUAIFENES IN SOLN	2	
<i>loratadine & pseudoephedrine tb12 5mg-120mg</i>	1	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24 10mg-240mg, 10mg-10mg-240mg-240mg</i>	1	QL(1 ea daily)
OBREDON SOLN	2	
VITUZ SOLN	3	PA
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	1	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	1	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	

Drug Name	Drug Tier	Requirements/Limits
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)
ADAPALENE LOTN 0.1 %	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 (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL(At least 12 yrs old)
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	PA; AL(At least 12 yrs old)
BENZEFOAM FOAM (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old); RX/OTC
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	NF	AL(At least 12 yrs old)
BENZOYL PEROXIDE CLEANSER LOTN 6 %	2	AL(At least 12 yrs old)
<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)

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide gel 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide gel 5 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide liqd 10 %</i>	1	AL(At least 12 yrs old); RX/OTC
<i>benzoyl peroxide liqd 4 %, 7 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide lotn 6 %</i>	1	AL(At least 12 yrs old)
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; AL(At least 12 yrs old)
BP CLEANSING WASH EMUL	2	AL(At least 12 yrs old)
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) foam</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) gel</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) lotn</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) soln</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate (topical) swab</i>	1	AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	PA; AL(At least 12 yrs old)
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old); RX/OTC
DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old)
DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL(At least 12 yrs old); RX/OTC
DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>)	NF	ST; AL(At least 12 yrs old)
DIFFERIN LOTN 0.1 %	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>)	3	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)
PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	AL(At least 12 yrs old)
RETIN-A CREA (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A GEL (<i>Use Tretinoin</i>)	NF	AL(At least 12 yrs old)
RETIN-A MICRO GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
RETIN-A MICRO PUMP GEL 0.1 % (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL(At least 12 yrs old)
<i>sulfacetamide sodium (acne) lotn</i>	1	AL(At least 12 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	1	AL(At least 12 yrs old)
<i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%</i>	1	ST; AL(At least 12 yrs old)
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	ST; AL(At least 12 yrs old)
<i>tretinoin crea 0.025 %, 0.05 %, 0.1 %</i>	1	AL(At least 12 yrs old)
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	AL(At least 12 yrs old)
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL(At least 12 yrs old)
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	ST; AL(At least 12 yrs old)
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	1	QL(3.34 gm daily)
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	QL(3.34 gm daily)
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>gentamicin sulfate (topical) oint</i>	1	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NEO-SYNALAR CREA	3	PA
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	1	
<i>ciclopirox soln 8 %</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	
EXELDERM CREA	3	
EXELDERM SOLN	3	
JUBLIA SOLN	3	PA
KERYDIN SOLN	3	PA
<i>ketconazole (topical) crea</i>	1	
<i>ketconazole (topical) sham</i>	1	
LOPROX CREA 0.77 % (Use Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP 0.77 % (Use Ciclopirox Olamine)	NF	
LOTRIMIN AF CREA (Use Clotrimazole (Topical))	NF	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN ULTRA CREA	1	RX/OTC
LOTRIMIN ULTRA CREA (Use Butenafine HCl)	1	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	
LULICONAZOLE CREA	3	PA
LUZU CREA	3	PA
MENTAX CREA	1	RX/OTC
<i>naftifine hcl crea</i>	1	
NAFTIN CREA 2 % (Use Naftifine HCl)	NF	
NAFTIN GEL 1 %	3	
NIZORAL SHAM (Use Ketoconazole (Topical))	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	
OXISTAT CREA (Use Oxiconazole Nitrate)	NF	
OXISTAT LOTN	2	
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	1	PA; QL(3.34 gm daily)

Drug Name	Drug Tier	Requirements/ Limits
EFUDEX CREA (Use Fluorouracil (Topical))	NF	
<i>fluorouracil (topical) crea</i>	1	
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (Use Diclofenac Sodium (Actinic Keratoses))	NF	PA; QL(3.34 gm daily)
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
<i>doxepin hcl (antipruritic) crea</i>	3	PA
PRUDOXIN CREA	3	PA
ZONALON CREA	3	PA
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	QL(4 gm daily)
<i>calcipotriene oint</i>	1	QL(4 gm daily)
<i>calcipotriene soln</i>	1	QL(4 ml daily)
CALCITRIOL OINT EX 3 MCG/GM	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (Use Calcipotriene)	NF	QL(4 gm daily)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)
OXSORALEN ULTRA CAPS (Use Methoxsalen Rapid)	NF	QL(4 ea daily)
SORIATANE CAPS 10 MG, 17.5 MG (Use Acitretin)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SORIATANE CAPS 25 MG (Use <i>Acitretin</i>)	NF	QL(2 ea daily)
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use <i>Tazarotene</i>)	2	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (Use <i>Acyclovir Topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use <i>Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use <i>Mafenide Acetate</i>)	3	
Corticosteroids - Topical		
ACLOVATE CREA (Use <i>Alclometasone Dipropionate</i>)	NF	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
AMCINONIDE CREA	1	
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene-betamethasone dipropionate oint</i>	1	ST
<i>clobetasol propionate crea</i>	1	QL(3 gm daily)
<i>clobetasol propionate emollient base crea</i>	1	QL(3 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	QL(1 gm daily)
<i>clobetasol propionate soln</i>	1	QL(3.34 ml daily)
CLOCORTOLONE PIVALATE CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CUTIVATE LOTN (Use Fluticasone Propionate)	NF	
DERMA-SMOOTH/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMACINRX SILAPAK KIT (Use Triamcinolone Acetonide-Dimethicone-Silicone)	NF	PA
DERMATOP CREA (Use Prednicarbate)	NF	
DERMATOP OINT (Use Prednicarbate)	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 Desonide)	NF	QL(4 gm daily)
DESOWEN LOTN (Use Desonide)	NF	QL(4 ml daily)
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	
<i>desoximetasone oint 0.25 %</i>	1	
DIFLORASONE DIACETATE CREA	2	
<i>diflorasone diacetate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE LOTN (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
<i>fluocinolone acetonide crea 0.025 %, 0.01 %</i>	1	
<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	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	2	QL(2 gm daily)
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate lotn</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	PA

Drug Name	Drug Tier	Requirements/ Limits
HALOG OINT	3	PA
<i>hydrocortisone (topical) crea 1%, 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<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 Hydrocortisone Topical)	NF	RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NF	ST; QL(3 gm daily)
<i>prednicarbate crea</i>	1	
PSORCON CREA	2	

Drug Name	Drug Tier	Requirements/ Limits
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	QL(3 gm daily)
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	QL(3 gm daily)
TEMOVATE OINT (Use Clobetasol Propionate)	NF	QL(1 gm daily)
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use Desoximetasone)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use Desonide)	NF	QL(4 gm daily)
ULTRAVATE CREA (Use Halobetasol Propionate)	NF	
ULTRAVATE OINT (Use Halobetasol Propionate)	NF	
WESTCORT OINT (Use Hydrocortisone Valerate)	NF	
Eczema Agents		

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOSY 300 MG/2ML	4	PA
Emollients		
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (Use Finasteride (Alopecia))	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	NF	QL(12 ea per fill retail, 12 ea per fill mail)
<i>imiquimod crea</i>	1	QL(12 ea per fill retail, 12 ea per fill mail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; AL(At least 2 yrs old)
PROTOPIC OINT (Use Tacrolimus (Topical))	NF	AL(At least 2 yrs old)
<i>tacrolimus (topical) oint</i>	1	AL(At least 2 yrs old)
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (Use Podofilox)	NF	
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine ptch</i>	1	PA
<i>lidocaine-prilocaine crea</i>	1	
LIDODERM PTCH (Use Lidocaine)	NF	PA
SYNERA PTCH	3	
Rosacea Agents		
<i>azelaic acid gel</i>	1	PA
FINACEA GEL (Use Azelaic Acid)	2	PA
METROCREAM CREA (Use Metronidazole (Topical))	NF	
METROGEL GEL (Use Metronidazole (Topical))	NF	
METROLOTION LOTN (Use Metronidazole (Topical))	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	1	
ELIMITE CREA (Use Permethrin)	NF	
EURAX CREA	3	
EURAX LOTN (Use Crotamiton)	3	
LINDANE SHAM	3	
<i>lindane sham</i>	3	
<i>malathion lotn</i>	1	
NATROBA SUSP	1	PA

Drug Name	Drug Tier	Requirements/ Limits
NIX CREME RINSE LIQD (Use Permethrin)	NF	
OVIDE LOTN (Use Malathion)	NF	
<i>permethrin crea</i>	1	
<i>permethrin liqd</i>	1	
SKLICE LOTN	3	PA
SPINOSAD SUSP	1	PA
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(0.035 ea daily)
Diagnostic Tests		
ACCU-CHEK GUIDE STRP VI	2	QL(3.34 ea daily); RX/OTC
CHEK-STIX COMBO PAK URINALYSIS CONTROL STRP	1	
CHEK-STIX CONTROL STRP	1	
CHEMSTRIP-K STRP	1	
D-CARE BLOOD GLUCOSE STRP	2	QL(3.34 ea daily); RX/OTC
GENULTIMATE TEST STRIPS STRP	2	QL(3.34 ea daily); RX/OTC
KETOCARE STRP	1	
KETONE TEST STRIPS STRP	1	
KETOSTIX STRP	1	
NOVA MAX PLUS KETONE TESTSTRIPS STRP	1	
PRECISION XTRA STRP VI	1	

Drug Name	Drug Tier	Requirements/ Limits
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUETRACK BLOOD GLUCOSE TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 100 per month;QL(3.34 ea daily); RX/OTC
TRUETRACK TEST STRP	1	QL(3.34 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CPEP 14200UNIT-4200UNIT- 24600UNIT, 35500UNIT- 10500UNIT-61500UNIT, 54700UNIT-21000UNIT- 83900UNIT, 56800UNIT- 16800UNIT-98400UNIT	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)
DIAMOX CP12 (<i>Use Acetazolamide</i>)	NF	QL(2 ea daily)
KEVEYIS TABS	4	PA
<i>methazolamide tabs</i>	1	QL(6 ea daily)
NEPTAZANE TABS (<i>Use Methazolamide</i>)	NF	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS 25MG-25MG (<i>Use Spironolactone & Hydrochlorothiazide</i>)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
TRIAMTERENE/HYDROCHLOROTHIAZIDE CAPS	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (<i>Use Bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (<i>Use Torsemide</i>)	NF	
EDECIN TABS (<i>Use Ethacrynic Acid</i>)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	1	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (<i>Use Furosemide</i>)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
METHYCLOTHIAZIDE TABS	1	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(0.036 ea daily)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(0.143 ea daily)
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	QL(0.143 ea daily)
ALENDRONATE SODIUM TABS 40 MG	1	QL(1 ea daily)
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	4	PA; SP
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	

Drug Name	Drug Tier	Requirements/Limits
FORTEO SOLN	4	PA; QL(0.08 ml daily); SP
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA; SP
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	NF	
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
PAMIDRONATE DISODIUM SOLR 30 MG, 90 MG	4	PA; SP
PROLIA SOLN	4	PA; SP
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	4	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 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 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLR 4 MG	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	4	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
GANIRELIX ACETATE SOLN	4	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
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 FLEXPOR SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	4	PA; SP
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA; SP
SAIZEN CLICK.EASY SOLR	4	PA; SP
SAIZEN SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP
ZORBTIVE SOLR	4	PA; SP
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
OSPHENA TABS	3	PA
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA; SP
LHRH/GnRH Agonist Analog Pituitary		
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>)	3	
BUPHENYL TABS (<i>Use Sodium Phenylbutyrate</i>)	3	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln iv 1 mcg/ml</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	PA; SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP
FABRAZYME SOLR 35 MG	4	PA; SP
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (Use <i>Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 4 MCG/2ML (Use <i>Doxercalciferol</i>)	NF	
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG	4	PA; SP
<i>paricalcitol caps</i>	1	
<i>paricalcitol soln</i>	1	
ROCALTROL CAPS (Use <i>Calcitriol</i>)	NF	
ROCALTROL SOLN (Use <i>Calcitriol</i>)	NF	
SENSIPAR TABS	4	PA; QL(4 ea daily); SP
<i>sodium phenylbutyrate powd 3 gm/tsp</i>	3	
<i>sodium phenylbutyrate tabs 500 mg</i>	1	
ZEMPLAR CAPS (Use <i>Paricalcitol</i>)	NF	
ZEMPLAR SOLN (Use <i>Paricalcitol</i>)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use <i>Desmopressin Acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (Use <i>Desmopressin Acetate Spray</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>Octreotide Acetate</i>)	4	PA; SP
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN	4	PA; SP
Vasopressin Receptor Antagonists		
JYNARQUE TBPK	4	PA; SP
SAMSCA TABS	4	PA; QL(2 ea daily); SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
FEMHRT LOW DOSE TABS (Use <i>Norethindrone Acetate-Ethinyl Estradiol</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acetate-ethinyl estradiol tabs</i>	1	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
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	3	
ELESTRIN GEL	3	
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (<i>Use Estradiol</i>)	NF	
<i>estradiol pttw</i>	1	
<i>estradiol ptwk</i>	1	
<i>estradiol tabs</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS	1	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW (<i>Use Estradiol</i>)	3	
PREMARIN SOLR	2	

Drug Name	Drug Tier	Requirements/ Limits
PREMARIN TABS	2	
VIVELLE-DOT PTTW (<i>Use Estradiol</i>)	3	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (<i>Use Moxifloxacin HCl</i>)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	3	
AVELOX SOLN IV 400MG/250ML-0.8% (<i>Use Moxifloxacin HCl in Sodium Chloride</i>)	3	
AVELOX TABS OR 400 MG (<i>Use Moxifloxacin HCl</i>)	NF	
CIPRO SUSR 500 MG/5ML (<i>Use Ciprofloxacin</i>)	NF	
CIPRO TABS 250 MG, 500 MG (<i>Use Ciprofloxacin HCl</i>)	NF	
CIPRO XR TB24 (<i>Use Ciprofloxacin-Ciprofloxacin HCl</i>)	NF	
CIPROFLOXACIN HCL TABS 100 MG	1	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
FACTIVE TABS	3	
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</i>	1	
<i>levofloxacin soln</i>	1	
<i>levofloxacin tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs or 400 mg</i>	1	
OFLOXACIN TABS 300 MG	1	
<i>ofloxacin tabs 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	NF	
URSO 250 TABS (<i>Use Ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use Ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	QL(60 ml daily)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	QL(6 ea daily)
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	QL(6 ea daily)
Inflammatory Bowel Agents		
APRISO CP24	2	PA
ASACOL HD TBEC	2	QL(6 ea daily)
ASACOL HD TBEC (<i>Use Mesalamine</i>)	2	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA; QL(0.0714 ea daily); SP
CIMZIA STARTER KIT KIT	4	PA; QL(0.214 ea daily); SP
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	
DIPENTUM CAPS	2	
INFLECTRA SOLR	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
<i>mesalamine enem re 4 gm</i>	1	
<i>mesalamine tbec or 1.2 gm</i>	1	
<i>mesalamine tbec or 800 mg</i>	1	QL(6 ea daily)
REMICADE SOLR	4	PA; SP
RENFLEXIS SOLR	4	PA; 30 rti lmt day(s),30 mail lmt day(s),
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl tabs</i>	1	
LINZESS CAPS 145 MCG, 290 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	2	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (Use Calcium Acetate (Phosphate Binder))	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	2	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENAGEL TABS	3	
RENVELA PACK (Use Sevelamer Carbonate)	NF	
RENVELA TABS (Use Sevelamer Carbonate)	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	
SHOHL'S SOLUTION MODIFIED SOLN (Use Sodium Citrate & Citric Acid)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	1	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (Use Dutasteride)	NF	QL(1 ea daily)
<i>dutasteride caps</i>	1	QL(1 ea daily)
<i>finasteride tabs</i>	1	
FLOMAX CAPS (Use Tamsulosin HCl)	NF	
PROSCAR TABS (Use Finasteride)	NF	
RAPAFLO CAPS	2	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs</i>	1	
PYRIDIDIUM TABS (Use Phenazopyridine HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	QL(1 ea daily)
COLCRYS TABS	2	QL(6 ea per fill retail,6 ea per fill mail)
ULORIC TABS	3	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOLN	4	PA; QL(9 ml daily)
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	2	QL(1 ea daily)
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs</i>	1	QL(1 ea daily)
REOPRO SOLN	3	
ZONTIVITY TABS	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA CAPS	4	PA; QL(2 ea daily)
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
<i>miglustat caps</i>	4	PA; QL(3 ea daily); SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS (<i>Use Miglustat</i>)	4	PA; QL(3 ea daily); SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	
SIKLOS TABS 100 MG	3	AL(Up to 19 yrs old)
Cobalamins		
<i>cyanocobalamin soln ij</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 25 MCG/ML	4	SP

Drug Name	Drug Tier	Requirements/ Limits
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	4	PA; SP
EPOGEN SOLN	3	PA; SP
LEUKINE SOLR	4	PA; SP
MIRCERA SOSY	4	PA
NEULASTA ONPRO KIT PSKT	4	PA; SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NPLATE SOLR	4	PA; SP
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	3	PA; SP
PROCRIT SOLN 40000 UNIT/ML	4	PA; SP
PROMACTA TABS	4	PA; SP
ZARXIO SOSY	4	PA; 30 rtl lmt day(s), 30 mail lmt day(s),
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	0	AL(Up to 1 yrs old)
<i>ferrous sulfate soln or 15 mg/ml</i>	0	AL(Up to 1 yrs old)
<i>ferrous sulfate tabs or 65 mg, 325 mg</i>	0	
<i>ferrous sulfate tbec or 325 mg</i>	0	

Drug Name	Drug Tier	Requirements/ Limits
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
CYKLOKAPRON SOLN (<i>Use Tranexamic Acid</i>)	1	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
<i>phenobarbital tabs 15 mg, 30 mg, 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs</i>	1	ST; QL(1 ea daily); AL(At least 18 yrs old)
HALCION TABS (<i>Use Triazolam</i>)	NF	
LUNESTA TABS (<i>Use Eszopiclone</i>)	NF	ST; QL(1 ea daily); AL(At least 18 yrs old)
RESTORIL CAPS (<i>Use Temazepam</i>)	NF	QL(1 ea daily)
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	NF	QL(2 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam caps</i>	1	QL(1 ea daily)
<i>triazolam tabs</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
<i>zolpidem tartrate tabs or 5 mg, 10 mg</i>	1	QL(1 ea daily); AL(At least 18 yrs old)
Orexin Receptor Antagonists		
BELSOMRA TABS	3	PA
Selective Melatonin Receptor Agonists		
HETLIOZ CAPS	3	PA
ROZEREM TABS	3	ST; QL(1 ea daily); AL(At least 18 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil tabs</i>	1	
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	
Laxative Combinations		
CLENPIQ SOLN	3	
GOLYTELY SOLR 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	0	
MOVIPREP SOLR	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</i>	0	

Drug Name	Drug Tier	Requirements/Limits
PREPOPIK PACK	3	
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln 10 gm/15ml, 20 gm/30ml</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	
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 IJ 0.5 %, 1 % (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 % (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	1	
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml, 200 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail,6 ea per fill mail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail,4 ea per fill mail)
<i>azithromycin tabs or 600 mg</i>	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM	1	
ZITHROMAX SOLR IV 500 MG (Use Azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML, 200 MG/5ML (Use Azithromycin)	NF	
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	QL(0.286 ea daily)
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(4 ea per fill retail,4 ea per fill mail)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 ea per fill retail,6 ea per fill mail)
Clarithromycin		
BIAXIN SUSR (Use Clarithromycin)	NF	
BIAXIN TABS (Use Clarithromycin)	NF	
<i>clarithromycin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CLARITHROMYCIN SUSR 250 MG/5ML	1	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	
Erythromycins		
E.E.S. 400 TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR	3	
<i>erythromycin base cpep</i>	3	
<i>erythromycin base tabs</i>	3	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	QL(2 ea daily)
ATLAS COLORED LUBRICATEDCONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM DEVI	0	QL(2 ea daily)
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	QL(2 ea daily)
CAYA DPRH	0	
CLASS ACT LUBRICATED MISC	0	QL(2 ea daily)
DUREX EXTRA SENSITIVE DEVI	0	QL(2 ea daily)
ELEXA NATURAL FEEL MISC	0	QL(2 ea daily)
ELEXA STIMULATING MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ELEXA ULTRA SENSITIVE MISC	0	QL(2 ea daily)
EXTRA SENSITIVE SPERMICIDAL 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	
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	QL(2 ea daily)
INTENSE SENSATION DEVI	0	QL(2 ea daily)
KAMELEON LUBRICATED MISC	0	QL(2 ea daily)
KIMONO COLORS DEVI	0	QL(2 ea daily)
KIMONO LUBRICATED MISC	0	QL(2 ea daily)
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS LUBRICATED MISC	0	QL(2 ea daily)
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	QL(2 ea daily)
KIMONO SPECIAL DEVI	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN MAGNUM MISC	0	QL(2 ea daily)
TROJAN MAGNUM WARM SENSATIONS DEVI	0	QL(2 ea daily)
TROJAN MAGNUM XL LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN RIBBED W/SPERMICIDAL MISC	0	QL(2 ea daily)
TROJAN SHARED SENSATION/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN SUPRAS SPERMICIDAL DEVI	0	QL(2 ea daily)
TROJAN TWISTED PLEASURE DEVI	0	QL(2 ea daily)
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	QL(2 ea daily)
TROJAN VERY SENSITIVE LUBRICATED MISC	0	QL(2 ea daily)
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN VERY THIN LUBRICATED MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICANT MISC	0	QL(2 ea daily)
TROJAN-ENZ LUBRICATED MISC	0	QL(2 ea daily)
TROJAN-ENZ W/SPERMICIDAL MISC	0	QL(2 ea daily)
TRUSTEX COLOR CONDOMS + LUBE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRALARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E EXTRA LARGE MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E EXTRA STRENGTH MISC	0	QL(2 ea daily)
TRUSTEX LUBRICATED/SPERMICID E MISC	0	QL(2 ea daily)
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	QL(2 ea daily)
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED 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/SPERMICID E MISC	0	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTIMATE FEELING DEVI	0	QL(2 ea daily)
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	QL(6.6667 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	QL(6.6667 ea daily)
ACCU-CHEK FASTCLIX LANCETS MISC	1	QL(6.6667 ea daily)
ACCU-CHEK MULTICLIX LANCETS MISC	1	QL(6.6667 ea daily)
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 SOFT TOUCH LANCETS 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)

Drug Name	Drug Tier	Requirements/ Limits
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 SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ACTIVE 1ST BLOOD LANCETS 30G/EASY TWIST CAP 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)
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)
ALTERNATE SITE LANCING DEVICE MISC	1	
AQUA LANCE ADJUSTABLE LANCING DEVICE MISC	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)

Drug Name	Drug Tier	Requirements/ Limits
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETY LANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AT LAST LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN 30G 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	
BAYER MICROLET 2 LANCING DEVICE MISC	1	
BAYER MICROLET LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD LANCET DEVICE MISC	1	
BD LANCET ULTRAFINE 30G MISC	1	QL(6.6667 ea daily)
BD LANCET ULTRAFINE 33G MISC	1	QL(6.6667 ea daily)
BD MICROTAINER LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE MINI SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
BULLSEYE SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
CARDIOCOM LANCING DEVICE MISC	1	
CAREONE ADVANCED LANCINGDEVICE MISC	1	
CAREONE LANCET THIN MISC	1	QL(6.6667 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	QL(6.6667 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	1	
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)
CLOSERCARE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
DROPLET LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
DROPLET LANCING DEVICE MISC	1	
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 Name	Drug Tier	Requirements/ Limits
DRUG MART UNILET MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS 21G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS COLOR MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
EASY 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 26G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	QL(6.6667 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	1	
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)
EASYTEST II LANCETS MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EASYTEST LANCETS MISC	1	QL(6.6667 ea daily)
EMBRACE LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS 21G MISC	1	QL(6.6667 ea daily)
EQL COLOR LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
EQL THIN LANCETS 26G MISC	1	QL(6.6667 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 21G MISC	1	QL(6.6667 ea daily)
EZ-LETS LANCETS 23G 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 LANCING DEVICE MISC	1	
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	

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

Drug Name	Drug Tier	Requirements/ Limits
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)
GLUCOCOM LANCETS 33G MISC	1	QL(6.6667 ea daily)
GLUCOSOURCE LANCET DEVICE MISC	1	
GLUCOSOURCE LANCETS 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)
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)

Drug Name	Drug Tier	Requirements/ Limits
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
HAEMOLANCE LOW FLOW LANCETS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS HIGH FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS LOW FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MAX FLOW MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS MISC	1	QL(6.6667 ea daily)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	1	QL(6.6667 ea daily)
HEALTH CARE LANCING DEVICE MISC	1	
HEALTHWISE LANCETS 30G MISC	1	QL(6.6667 ea daily)
HEALTHWISE LANCING PEN MISC	1	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
HY-VEE LANCETS MISC	1	QL(6.6667 ea daily)
HY-VEE THIN LANCETS MISC	1	QL(6.6667 ea daily)
IN TOUCH LANCING DEVICE MISC	1	
IN TOUCH STERILE LANCETS30G MISC	1	QL(6.6667 ea daily)
KINNEY LANCETS MISC	1	QL(6.6667 ea daily)
KINNEY THIN LANCETS MISC	1	QL(6.6667 ea daily)
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)

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

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

Drug Name	Drug Tier	Requirements/ Limits
MEDLANCE PLUS SPECIAL LANCETS 0.8MM MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS UNIVERSAL LANCETS 21G MISC	1	QL(6.6667 ea daily)
MEDLANCE PLUS/LITE 25G MISC	1	QL(6.6667 ea daily)
MEDLANCE/EXTRA MISC	1	QL(6.6667 ea daily)
MEDLANCE/LITE MISC	1	QL(6.6667 ea daily)
MEDLANCE/UNIVERSAL MISC	1	QL(6.6667 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS THIN MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL30G MISC	1	QL(6.6667 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	QL(6.6667 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET LANCETS MISC	1	QL(6.6667 ea daily)
MICROLET NEXT MISC	1	
MICROTAINER SAFETY FLOW LANCET/STERILE/SINGLE-USE MISC	1	QL(6.6667 ea daily)
MINI LANCING DEVICE MISC	1	
MM LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
MM TWIST LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET LANCETS MISC	1	QL(6.6667 ea daily)
MONOLET OPD LANCETS MISC	1	QL(6.6667 ea daily)
MONOLETTOR SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 21G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 28G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCET 30G/1.8MM MISC	1	QL(6.6667 ea daily)
MPD SAFETY LANCETS 23G/1.8MM MISC	1	QL(6.6667 ea daily)
MULTI-LANCET DEVICE MISC	1	
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G MISC	1	QL(6.6667 ea daily)
NETGROUP LANCETS 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 COMBO PACK MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 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)
PRECISION THIN LANCETS MISC	1	QL(6.6667 ea daily)
PRECISION THINS GP LANCET MISC	1	QL(6.6667 ea daily)
PRECISION ULTRA 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)

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
PRESSURE ACTIVATED SAFETYLANCET 21G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 30G MISC	1	QL(6.6667 ea daily)
PRO COMFORT LANCETS 31G MISC	1	QL(6.6667 ea daily)
PRODIGY LANCING DEVICE MISC	1	
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PRODIGY TWIST TOP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT GP LANCETS MISC	1	QL(6.6667 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
PUSH BUTTON SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
PX ADVANCED LANCING DEVICE MISC	1	
PX LANCET AUTO INJECTOR MISC	1	
PX LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
PX LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
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)

Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	QL(6.6667 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
RA LANCING DEVICE MISC	1	
READYLANCE SAFETY LANCETS/21G/2.2MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/23G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/26G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/28G/1.8MM MISC	1	QL(6.6667 ea daily)
READYLANCE SAFETY LANCETS/30G/1.6MM MISC	1	QL(6.6667 ea daily)
REALITY LANCETS MISC	1	QL(6.6667 ea daily)
REALITY TRIGGER LANCETS MISC	1	QL(6.6667 ea daily)
RELION 2-IN-1 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	

Drug Name	Drug Tier	Requirements/ Limits
RELION ULTRA THIN LANCETS30G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	QL(6.6667 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
RIGHTEST GD500 LANCING DEVICE MISC	1	
RIGHTEST GL300 LANCETS MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE NORMAL FLOW21G MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW MISC	1	QL(6.6667 ea daily)
SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 21G/PRESSURE ACTIVATED MISC	1	QL(6.6667 ea daily)
SAFETY LANCET 28G/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 TWIST TOP LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 LANCET21G MISC	1	QL(6.6667 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	1	
SINGLE-LET MISC	1	QL(6.6667 ea daily)
SM MICRO THIN LANCETS 33G MISC	1	QL(6.6667 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	1	
SMART DIABETES VANTAGE LANCING DEVICE MISC	1	
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	QL(6.6667 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	QL(6.6667 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	QL(6.6667 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	QL(6.6667 ea daily)
SMARTTEST LANCETS 28G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
THINLETS LANCET 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	
ULTICARE THIN LANCETS 30G MISC	1	QL(6.6667 ea daily)
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)
ULTRA-THIN II SAFETY AUTOLANCETS 26G 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)

Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCETS ULTRA-THIN 28G MISC	1	QL(6.6667 ea daily)
UNILET SUPERLITE LANCET MISC	1	QL(6.6667 ea daily)
UNISTIK 3 GENTLE MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 21G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 25G MISC	1	QL(6.6667 ea daily)
UNISTIK PRO SAFETY LANCET 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 21G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK TOUCH SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)
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	

Drug Name	Drug Tier	Requirements/ Limits
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
VITALET PRO LANCETS MISC	1	QL(6.6667 ea daily)
VITALET PRO PLUS LANCETS MISC	1	QL(6.6667 ea daily)
W&F LANCETS 26G MISC	1	QL(6.6667 ea daily)
W&F LANCETS COLORED 21G MISC	1	QL(6.6667 ea daily)
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); RX/OTC
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 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/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	1	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
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-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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 INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	1	QL(5 ea daily)
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/ULTRA-FINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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)
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily); RX/OTC
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLES/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
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
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)

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

Drug Name	Drug Tier	Requirements/ Limits
DROPLET PEN NEEDLES 29GX12MM 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); RX/OTC
DROPLET PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 1/4" MISC	1	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
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 SAFTEY PEN NEEDLES/31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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)

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
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 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)

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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 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)
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); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
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)
INSUPEN ULTRAFIN 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
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)

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/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-100/1ML/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/31G X 5/16" MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily); RX/OTC
LITETOUCH PEN NEEDLES 31GX8MM 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
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
MEIJER PEN NEEDLES 31G X8MM 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); RX/OTC
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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/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 30GX8MM MISC	1	QL(5 ea daily)
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily)
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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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); RX/OTC
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
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
RELION PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM 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/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVER/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

Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16 MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	1	QL(5 ea daily)
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); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64" MISC	1	QL(5 ea daily)
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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/31GX 6 MM MISC	1	QL(5 ea daily); RX/OTC
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)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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

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

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PEN NEEDLES32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC
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)

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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
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-100/0.3ML/29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
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); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
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); RX/OTC
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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
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); RX/OTC
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate soln na 4 mg/ml</i>	1	QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use Dihydroergotamine Mesylate</i>)	1	QL(0.267 ml daily)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	3	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
<i>almotriptan malate tabs 6.25 mg</i>	3	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
AXERT TABS 12.5 MG (<i>Use Almotriptan Malate</i>)	3	ST; QL(0.4 ea daily); AL(At least 12 yrs old)
AXERT TABS 6.25 MG (<i>Use Almotriptan Malate</i>)	3	ST; QL(0.3 ea daily); AL(At least 12 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 5 MG/ACT, 20 MG/ACT (<i>Use Sumatriptan</i>)	1	QL(0.2 ea daily); AL(At least 18 yrs old)
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE REFILL SOCT (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL(At least 18 yrs old)
IMITREX TABS OR 25 MG, 50 MG, 100 MG (<i>Use Sumatriptan Succinate</i>)	NF	QL(0.3 ea daily); AL(At least 18 yrs old)
MAXALT TABS 10 MG (<i>Use Rizatriptan Benzoate</i>)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT TABS 5 MG (<i>Use Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
MAXALT-MLT TBDP 10 MG (Use Rizatriptan Benzoate)	NF	QL(0.6 ea daily); AL(At least 6 yrs old)
MAXALT-MLT TBDP 5 MG (Use Rizatriptan Benzoate)	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)
RELPAX TABS (Use Eletriptan Hydrobromide)	3	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 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL(At least 18 yrs old)
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	1	QL(0.134 ml daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	QL(0.3 ea daily); AL(At least 18 yrs old)
<i>zolmitriptan tabs</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
<i>zolmitriptan tbdp</i>	1	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG SOLN NA 5 MG, 2.5 MG	2	ST; QL(0.2 ea daily); AL(At least 12 yrs old)
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	ST; QL(0.3 ea daily); AL(At least 12 yrs old)

MINERALS & ELECTROLYTES

Bicarbonates

<i>sodium acetate soln 4 meq/ml</i>	1	
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Calcium

<i>calcium chloride (dihydrate) soln</i>	1	
<i>calcium gluconate soln 10 %</i>	1	

Electrolyte Mixtures

DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-B/DEXTROSE 5% SOLN	1	
IONOSOL-MB/DEXTROSE 5% SOLN	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
PLASMA-LYTE-56/D5W SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE SOLN 40MEQ/L-5%	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5%	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
<i>magnesium sulfate soln iv 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 20 gm/500ml, 40 gm/1000ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 4 GM/50ML, 4 GM/100ML, 20 GM/500ML, 40 GM/1000ML (<i>Use Magnesium Sulfate</i>)	1	
Phosphate		
<i>potassium phosphates soln</i>	1	
POTASSIUM PHOSPHATES SOLN	1	
Potassium		
K-TAB TBCR 10 MEQ (<i>Use Potassium Chloride</i>)	NF	
K-TAB TBCR 8 MEQ	1	
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (<i>Use Potassium Chloride</i>)	NF	
<i>potassium acetate soln</i>	1	
<i>potassium bicarb & chloride tbef</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	1	
<i>potassium chloride microencapsulated crystals er tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	PA
<i>potassium chloride soln iv 0.4 meq/ml, 2 meq/ml, 20 meq/50ml, 10 meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 8 meq, 10 meq</i>	1	
Sodium		

Drug Name	Drug Tier	Requirements/ Limits
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	PA
DEPEN TITRATABS TABS	3	QL(8 ea daily)
SYPRINE CAPS (<i>Use Trientine HCl</i>)	4	PA; QL(8 ea daily); SP
<i>trientine hcl caps</i>	4	PA; QL(8 ea daily); SP
Immunomodulators		
REVLIMID CAPS 20 MG	4	
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG, 2.5 MG	4	PA; QL(1 ea daily); SP
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 INTRAVENOUS SOLR (<i>Use Mycophenolate Mofetil HCl</i>)	3	
CELLCEPT TABS 500 MG (<i>Use Mycophenolate Mofetil</i>)	NF	
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
SIMULECT SOLR	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS 0.25 MG, 0.75 MG, 0.5 MG	4	PA; QL(20 ea daily); SP
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLN	1	
DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
Potassium Removing Agents		
KAYEXALATE POWD (Use Sodium Polystyrene Sulfonate)	NF	
<i>sodium polystyrene sulfonate powd or</i>	1	
<i>sodium polystyrene sulfonate susp or 15 gm/60ml</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	QL(4 ml daily)

Drug Name	Drug Tier	Requirements/Limits
LIDOCAINE HCL SOLN MT 4 %	1	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<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		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	0	RX/OTC
<i>stannous fluoride conc</i>	0	RX/OTC
Steroids - Mouth/Throat		
<i>triamcinolone acetone (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	NF	
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	
CHLORZOXAZONE TABS 500 MG	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl tabs</i>	1	QL(3 ea daily)
FEXMID TABS (Use Cyclobenzaprine HCl)	NF	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
PARAFON FORTE DSC TABS (Use Chlorzoxazone)	NF	QL(6 ea daily)
ROBAXIN TABS OR 500 MG (Use Methocarbamol)	NF	
ROBAXIN-750 TABS (Use Methocarbamol)	NF	
SKELAXIN TABS (Use Metaxalone)	NF	QL(4 ea daily)
SOMA TABS (Use Carisoprodol)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (Use Tizanidine HCl)	NF	
ZANAFLEX TABS (Use Tizanidine HCl)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use Dantrolene Sodium)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use Azelastine HCl)	NF	
<i>azelastine hcl soln</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (Use Olopatadine HCl (Nasal))	NF	
Nasal Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
<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	RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 2 inhalers per month;QL(32 ml per 30 days retail); RX/OTC
FLUNISOLIDE SOLN	1	
<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 Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use Triamcinolone Acetonide (Nasal))	NF	RX/OTC
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	PA; QL(1.14 gm daily)
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	NF	RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		

Drug Name	Drug Tier	Requirements/Limits
RILUTEK TABS (<i>Use Riluzole</i>)	3	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR 50 UNIT	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (<i>Use Levobunolol HCl</i>)	NF	
<i>betaxolol hcl (ophth) soln</i>	1	
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	

Drug Name	Drug Tier	Requirements/Limits
COSOPT SOLN (<i>Use Dorzolamide HCl-Timolol Maleate</i>)	NF	
<i>dorzolamide hcl-timolol maleate soln 2%-0.5%, 22.3mg/ml-6.8mg/ml</i>	1	
DORZOLAMIDE HCL/TIMOLOL MALEATE SOLN	2	
<i>levobunolol hcl soln</i>	1	
METIPRANOLOL SOLN	1	
<i>timolol maleate (ophth) solg 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	
TIMOPTIC SOLN (<i>Use Timolol Maleate (Ophth)</i>)	NF	
TIMOPTIC-XE SOLG 0.25 % (<i>Use Timolol Maleate (Ophth)</i>)	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (<i>Use Tropicamide</i>)	NF	
<i>tropicamide soln</i>	1	
Miotics		
ISOPTO CARPINE SOLN (<i>Use Pilocarpine HCl</i>)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (<i>Use Brimonidine Tartrate</i>)	NF	
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	
IOPIDINE SOLN 0.5 % (<i>Use Apraclonidine HCl</i>)	NF	
IOPIDINE SOLN 1 %	3	

Drug Name	Drug Tier	Requirements/ Limits
SIMBRINZA SUSP	3	PA
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN (<i>Use Sulfacetamide Sodium (Ophth)</i>)	NF	
CILOXAN SOLN (<i>Use Ciprofloxacin HCl (Ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	
<i>levofloxacin (ophth) soln</i>	1	
MOXEZA SOLN	2	
<i>moxifloxacin hcl (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn- polymyxin oint</i>	1	
OCUFLOX SOLN (<i>Use Ofloxacin (Ophth)</i>)	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (<i>Use Polymyxin B-Trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TOBREX SOLN (<i>Use Tobramycin (Ophth)</i>)	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (<i>Use Moxifloxacin HCl (Ophth)</i>)	2	
VIROPTIC SOLN (<i>Use Trifluridine</i>)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (<i>Use Gatifloxacin (Ophth)</i>)	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use Proparacaine HCl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Steroids		
ALREX SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	1	
DUREZOL EMUL	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	
FML LIQUIFILM SUSP (<i>Use Fluorometholone (Ophth)</i>)	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	

Drug Name	Drug Tier	Requirements/ Limits
MAXITROL OINT (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
MAXITROL SUSP (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED MILD SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	
ALOCRIAL SOLN	3	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
AZOPT SUSP	2	
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	1	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA
<i>diclofenac sodium (ophth) soln</i>	1	
DORZOLAMIDE HCL SOLN	2	
<i>dorzolamide hcl soln</i>	1	
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
<i>flurbiprofen sodium soln</i>	1	
ILEVRO SUSP	3	ST; QL(0.2 ml daily)
<i>ketorolac tromethamine (ophth) soln</i>	1	
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	ST; QL(0.2 ml daily)
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln</i>	1	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	1	
Prostaglandins - Ophthalmic		
<i>bimatoprost soln</i>	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
RESCULA SOLN	3	PA
TRAVATAN Z SOLN	2	
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN	1	
CIPROFLOXACIN SOLN OT 0.2 %	1	
FLOXIN OTIC SOLN (<i>Use Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	PA
COLY-MYCIN S SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
OTOVEL SOLN	3	PA; QL(0.5 ea daily)
Otic Steroids		

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
HIZENTRA SOLN	4	PA; SP
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	1	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	1	
<i>ampicillin sodium solr ij 1 gm</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin sodium solr iv 10 gm</i>	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	1	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN SOLR 5000000 UNIT (Use Penicillin G Potassium)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW	1	
<i>ampicillin & sulbactam sodium solr ij 0.5gm-1gm, 1gm-2gm</i>	1	
<i>ampicillin & sulbactam sodium solr iv 5gm-10gm</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
PIPERACILLIN/TAZOBAC TAM SOLR	1	
UNASYN SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
ZOSYN SOLR 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm</i>	1	
<i>oxacillin sodium solr 1 gm, 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	0	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	3	PA
<i>megestrol acetate (appetite) susp</i>	3	PA
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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-Cataplectic 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)
EXELON CAPS OR 1.5 MG (<i>Use Rivastigmine Tartrate</i>)	NF	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	1	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (<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		
PERPHENAZINE/AMITRIP TYLINE TABS	1	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
<i>tetrabenazine tabs</i>	4	PA; SP
XENAZINE TABS (<i>Use Tetrabenazine</i>)	4	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12 (<i>Use Dalfampridine</i>)	4	PA; QL(2 ea daily); SP
AUBAGIO TABS	3	PA
AVONEX KIT 30 MCG/VIAL	4	PA; QL(0.0714 ea daily); SP
AVONEX PEN AJKT	4	PA; QL(0.0714 ea daily); SP
AVONEX PSKT 30 MCG/0.5ML	4	PA; QL(0.0714 ml daily); SP

Drug Name	Drug Tier	Requirements/ Limits
BETASERON KIT	4	PA; QL(0.0357 ea daily); SP
COPAXONE SOSY 20 MG/ML (<i>Use Glatiramer Acetate</i>)	4	PA; QL(1 ml daily); SP
COPAXONE SOSY 40 MG/ML (<i>Use Glatiramer Acetate</i>)	4	PA; QL(0.429 ml daily); SP
<i>dalfampridine tb12</i>	4	PA; QL(2 ea daily); SP
EXTAVIA KIT	4	PA; QL(0.0357 ea daily); SP
GILENYA CAPS 0.25 MG	4	PA; QL(1 ea daily)30 rtl lmt day(s),30 mail lmt day(s),
GILENYA CAPS 0.5 MG	4	PA; QL(1 ea daily); SP
<i>glatiramer acetate sosal 20 mg/ml</i>	4	PA; QL(1 ml daily); SP
<i>glatiramer acetate sosal 40 mg/ml</i>	4	PA; QL(0.429 ml daily); SP
OCREVUS SOLN	4	PA
PLEGRIDY SOPN	4	PA; QL(0.0357 ml daily)
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA; QL(0.0357 ml daily)
REBIF REBIDOSE SOAJ	4	PA; QL(0.214 ml daily); SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; QL(0.214 ml daily); SP
REBIF TITRATION PACK SOSY	4	PA; SP
TECFIDERA CPDR 120 MG	4	PA; QL(4 ea daily)
TECFIDERA CPDR 240 MG	4	PA; QL(2 ea daily)
TECFIDERA STARTER PACK MISC	4	PA

Drug Name	Drug Tier	Requirements/ Limits
TYSABRI CONC	4	PA; QL(0.536 ml daily); SP
ZINBRYTA SOSY	4	QL(0.0357 ml daily)
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		
FLUOXETINE CAPS 10 MG	1	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	1	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUEDEXTA CAPS	3	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (<i>Use Pimozide</i>)	NF	
<i>pimozide tabs</i>	1	
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>)	0	QL(1 ea daily)
NICORETTE GUM (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE LOZG (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE MINI LOZG (<i>Use Nicotine Polacrilex</i>)	0	
NICORETTE STARTER KIT GUM (<i>Use Nicotine Polacrilex</i>)	0	

Drug Name	Drug Tier	Requirements/Limits
<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>)	0	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 1000 MG	4	PA; SP
PROLASTIN-C SOLR 1000 MG	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA; QL(2 ea daily); SP
PULMOZYME SOLN	4	PA; QL(2.5 ml daily); SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ADOXA TABS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
ADOXA TABS 50 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<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, 75 MG, 100 MG (<i>Use Minocycline HCl</i>)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
MONODOX CAPS 100 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	QL(2 ea daily)
MONODOX CAPS 75 MG (<i>Use Doxycycline (Monohydrate)</i>)	NF	
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS 250 MG, 500 MG (<i>Use Tetracycline HCl</i>)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (<i>Use Doxycycline Hyclate</i>)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (<i>Use Methimazole</i>)	NF	
Thyroid Hormones		
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (<i>Use Thyroid</i>)	NF	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	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	1	
<i>levothyroxine sodium tabs or 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
NATURE-THROID TABS 81.25 MG, 113.75 MG	2	
SYNTHROID TABS (<i>Use Levothyroxine Sodium</i>)	2	
<i>thyroid tabs</i>	1	QL(1 ea daily)
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (<i>Use Liothyronine Sodium</i>)	NF	
WP THYROID TABS 81.25 MG, 113.75 MG	2	

Drug Name	Drug Tier	Requirements/Limits
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ATROPINE SULFATE SOLN IJ 0.4 MG/ML	1	
<i>atropine sulfate soln ij 1 mg/ml</i>	1	
ATROPINE SULFATE SOSY IJ 0.25 MG/5ML	1	
BENTYL CAPS OR 10 MG (<i>Use Dicyclomine HCl</i>)	NF	
BENTYL TABS OR 20 MG (<i>Use Dicyclomine HCl</i>)	NF	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (<i>Use Chlordiazepoxide HCl-Clidinium Bromide</i>)	NF	
<i>methscopolamine bromide tabs</i>	1	
ROBINUL FORTE TABS (<i>Use Glycopyrrolate</i>)	NF	
ROBINUL SOLN IJ 4 MG/20ML (<i>Use Glycopyrrolate</i>)	NF	
ROBINUL TABS OR 1 MG (<i>Use Glycopyrrolate</i>)	NF	
H-2 Antagonists		

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
FAMOTIDINE PREMIXED SOLN	1	
<i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</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	
NIZATIDINE SOLN 15 MG/ML	1	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>Famotidine</i>)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>Famotidine</i>)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use <i>Famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (Use <i>Famotidine</i>)	NF	
<i>ranitidine hcl caps or 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</i>	1	QL(40 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (Use <i>Cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC SOLN IJ 25 MG/ML (Use <i>Ranitidine HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZANTAC TABS OR 150 MG (Use <i>Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC TABS OR 300 MG (Use <i>Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use <i>Sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>Rabeprazole Sodium</i>)	NF	QL(1 ea daily)
CVS OMEPRAZOLE TBEC	1	QL(2 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
EQ OMEPRAZOLE TBEC	1	QL(2 ea daily)
EQL OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>esomeprazole magnesium cpdr 40 mg</i>	3	QL(1 ea daily)
GNP OMEPRAZOLE TBEC	1	QL(2 ea daily)
HM OMEPRAZOLE TBEC	1	QL(2 ea daily)
KLS OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(2 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR TBEC	1	QL(2 ea daily)
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use <i>Esomeprazole Magnesium</i>)	NF	QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)
OMEPRAZOLE TBEC 20 MG	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (Use <i>Lansoprazole</i>)	1	QL(2 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i>)	1	QL(2 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	NF	
PRILOSEC CPDR 10 MG, 40 MG (Use <i>Omeprazole</i>)	NF	QL(2 ea daily)
PRILOSEC CPDR 20 MG (Use <i>Omeprazole</i>)	NF	QL(2 ea daily); RX/OTC
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 40 MG (Use <i>Pantoprazole Sodium</i>)	NF	
PX OMEPRAZOLE TBEC	1	QL(2 ea daily)
RA OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SB OMEPRAZOLE TBEC	1	QL(2 ea daily)
SM OMEPRAZOLE TBEC	1	QL(2 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
TGT OMEPRAZOLE TBEC	1	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>Misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS	2	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg, 10 mg, 50 mg</i>	1	QL(4 ea daily)
URECHOLINE TABS 25 MG (Use Bethanechol Chloride)	NF	
URECHOLINE TABS 5 MG, 10 MG, 50 MG (Use Bethanechol Chloride)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VACCINES		
Bacterial Vaccines		
MENACTRA INJ	0	
MENOMUNE-A/C/Y/W-135 INJ	0	
MENVEO SOLR	0	
PNEUMOVAX 23 INJ	0	
PNEUMOVAX 23/1 DOSE INJ	0	

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA 2018-2019 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA PF 2017-2018 SUSY	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 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
AFLURIA QUADRIVALENT 2017-2018 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,

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FLUAD 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUCELVAX QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUCELVAX QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUAD 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUCELVAX QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2016-2017 SUSY	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,
FLUARIX QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLUCELVAX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUARIX QUADRIVALENT 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLULAVAL QUADRIVALENT 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK 2015-2016 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLULAVAL QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK 2016-2017 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLULAVAL QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK 2017-2018 SOLN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,	FLULAVAL QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUBLOK QUADRIVALENT 2017-2018 SOSY	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,
FLUBLOK QUADRIVALENT 2018-2019 SOSY	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,
FLUCELVAX 2015-2016 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,

Drug Name	Drug Tier	Requirements/ Limits
FLUVIRIN 2015-2016 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2015-2016 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUVIRIN 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE HIGH-DOSE PF 2018-2019 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE INTRADERMAL QUADRIVALENT 2016-2017 SUPN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018 SUPN	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2016-2017 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,

Drug Name	Drug Tier	Requirements/ Limits
FLUZONE QUADRIVALENT 2016-2017 SUSY	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	Limit 1 dose per season;1 rtl MAX fill,180 rtl day(s) supply,
FLUZONE QUADRIVALENT 2017-2018 SUSY	0	Limit 1 dose per season;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,
SHINGRIX SUSR	0	AL(At least 50 yrs old)
ZOSTAVAX SUSR	0	AL(At least 50 yrs old)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		
SHUR-SEAL GEL	0	
TODAY SPONGE MISC	0	
Vaginal Anti-infectives		
CLEOCIN CREA VA 2 % (Use Clindamycin Phosphate Vaginal)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NF	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>)	NF	
TERCONAZOLE CREA	1	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM (Use <i>Estradiol Vaginal</i>)	3	
<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		
ADRENALIN SOAJ 0.3 MG/0.3ML	2	
<i>epinephrine (anaphylaxis) soaj</i>	2	
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
<i>cholecalciferol caps 50000 unit</i>	1	
<i>cholecalciferol tabs 400 unit</i>	0	
DRISDOL CAPS (Use <i>Ergocalciferol</i>)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>ergocalciferol caps or 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 50 mg, 100 mg, 250 mg, 500 mg</i>	1	
<i>niacin tbcrcr or 250 mg, 500 mg, 750 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs or 100 mg, 500 mg</i>	1	
SLO-NIACIN TBCR (Use <i>Niacin</i>)	1	

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AFLURIA QUADRIVALENT		ALVESCO.....	14	ANORO ELLIPTA.....	14
2017-2018.....	135	amantadine hcl.....	38	ANTABUSE.....	129
AFLURIA QUADRIVALENT		AMARYL.....	24	ANTI-STICK INSULIN	
2018-2019.....	135	AMBIEN.....	70	SYRINGE/U-100/0.5ML/28G X	
AGAMATRIX ULTRA-THIN		AMBISOME.....	26	1/2".....	88
LANCETS 33G.....	75	AMCINONIDE.....	57	ANTI-STICK INSULIN	
AGGRENOL.....	69	AMERGE.....	118	SYRINGE/U-100/0.5ML/29G X	
AGRYLIN.....	69	amikacin sulfate.....	3	1/2".....	88
AIMSCO LUBRICATED.....	72	amiloride &		ANTI-STICK INSULIN	
AKYNZEO.....	26	hydrochlorothiazide.....	62	SYRINGE/U-100/1ML/29G X	
albendazole.....	10	amiloride hcl.....	62	1/2".....	88
ALBENZA.....	10	aminophylline.....	15	ANUSOL-HC.....	10
albuterol sulfate.....	14	amiodarone hcl.....	13	ANZEMET.....	25
ALCAINE.....	125	AMITIZA.....	67	APIDRA.....	23
alclometasone dipropionate.....	57	amitriptyline hcl.....	21	APIDRA SOLOSTAR.....	23
ALDACTAZIDE.....	62	amlodipine besylate.....	46	apraclonidine hcl.....	124
ALDACTONE.....	62	amlodipine besylate-		aprepitant.....	26
ALDARA.....	60	atorvastatin calcium.....	47	APRISO.....	67
ALDURAZYME.....	64	amlodipine besylate-benazepril		APTIOM.....	16
alendronate sodium.....	63	hcl.....	30	APTIVUS.....	41
ALENDRONATE SODIUM.....	63	amlodipine besylate-olmesartan		AQUA LANCE ADJUSTABLE	
alendronate sodium.....	63	medoxomil.....	30	LANCING DEVICE.....	75
alfuzosin hcl.....	68	amlodipine besylate-		AQUALANCE LANCETS ULTRA	
ALIMTA.....	34	valsartan.....	30	THIN 30G.....	75
ALINIA.....	10	amlodipine-valsartan-		ARALAST NP.....	131
ALKERAN.....	33	hydrochlorothiazide.....	30	ARANESP ALBUMIN	
ALLEGRA ALLERGY.....	27	AMOXAPINE.....	21	FREE.....	69,70
ALLEGRA ALLERGY		amoxicillin.....	127	ARAVA.....	5
CHILDRENS.....	27	AMOXICILLIN.....	127	ARCALYST.....	4
ALLEGRA-D 12 HOUR		amoxicillin.....	127	ARCAPTA NEOHALER.....	14
ALLERGY & CONGESTION.....	52	amoxicillin & pot		ARICEPT.....	129
ALLEGRA-D 24 HOUR		clavulanate.....	128	ARIMIDEX.....	35
ALLERGY & CONGESTION.....	53	AMOXICILLIN/CLAVULANATE		aripiprazole.....	41
allopurinol.....	69	POTASSIUM.....	128	ARIXTRA.....	15
almotriptan malate.....	118	amphetamine-		armodafinil.....	2
ALOCRIAL.....	126	dextroamphetamine.....	1	ARMOUR THYROID.....	132
alogliptin benzoate.....	23	AMPHOTERICIN B.....	26	AROMASIN.....	35
ALOMIDE.....	126	ampicillin.....	127	ARRANON.....	34
ALORA.....	66	AMPICILLIN.....	127,128	arsenic trioxide.....	37
alose tron hcl.....	67	ampicillin & sulbactam		ARTHROTEC 50.....	4
ALOXI.....	25	sodium.....	128	ARTHROTEC 75.....	4
ALPHAGAN P.....	124	ampicillin sodium.....	127,128	ARZERRA.....	34
		AMPYRA.....	129		
		ANADROL-50.....	9		

ASACOL HD.....	67	ATLAS LUBRICATED CONDOM.....	72	azacitidine.....	34
ASMANEX TWISTHALER 120 METERED DOSES.....	14	ATLAS LUBRICATED CONDOM/SPERMICIDE..	72	AZASAN.....	121
ASMANEX TWISTHALER 14 METERED DOSES.....	14	atomoxetine hcl.....	2	AZASITE.....	125
ASMANEX TWISTHALER 30 METERED DOSES.....	14	atorvastatin calcium.....	29	AZATHIOPRINE.....	121
ASMANEX TWISTHALER 60 METERED DOSES.....	14	atovaquone.....	10	azathioprine.....	121
ASMANEX TWISTHALER 7 METERED DOSES.....	14	atovaquone-proguanil hcl..	32	azelaic acid.....	60
aspirin.....	6	ATRIPLA.....	42	azelastine hcl.....	123
aspirin-dipyridamole.....	69	ATROPINE SULFATE.....	132	azelastine hcl (ophth).....	126
ASSURE COMFORT LANCETS ULTRA THIN 28G.....	75	atropine sulfate.....	132	AZELEX.....	53
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G.....	75	ATROPINE SULFATE.....	132	AZILECT.....	39
ASSURE HAEMOLANCE PLUS LOW FLOW 25G.....	75	ATROVENT HFA.....	13	AZITHROMYCIN.....	71
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G.....	75	AUBAGIO.....	129	azithromycin.....	71,72
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G.....	75	AUGMENTIN.....	128	AZOPT.....	126
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE.....	75	AUGMENTIN ES-600.....	128	AZOR.....	31
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....	88	AUGMENTIN XR.....	128	AZULFIDINE.....	67
ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....	88	AURORA LANCET SUPER THIN30G.....	75	AZULFIDINE EN-TABS.....	67
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16".....	88	AURORA LANCET THIN 23G.....	75	B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16".....	88
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16".....	88	AURORA PEN NEEDLES 29GX12MM.....	88	B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16".....	88
ASSURE LANCE LANCETS 75 21G.....	75	AURORA PEN NEEDLES 31G X6MM.....	88	B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16".....	88
ASSURE LANCE PLUS SAFETYLANCETS 25G.....	75	AURORA PEN NEEDLES 31G X8MM.....	88	B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	88
ASSURE LANCE PLUS SAFETYLANCETS 30G.....	75	AURORA UNIFINE PENTIPS/32GX5/32".....	88	B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	88
ASSURE LANCETS.....	75	AURORA UNIFINE PENTIPS/MINI/31GX3/16".....	88	bacitracin.....	10
ASTEPRO.....	123	AUTO-LANCET.....	75	BACITRACIN.....	125
AT LAST LANCETS.....	75	AUTO-LANCET MINI.....	75	baclofen.....	122
ATACAND.....	30	AUTOLET IMPRESSION LANCING DEVICE.....	75	BACTRIM.....	10
ATACAND HCT.....	30	AUTOLET LANCING DEVICE.....	75	BACTRIM DS.....	10
atazanavir sulfate.....	41,42	AUTOLET MINI.....	75	BACTROBAN.....	55
ATELVIA.....	63	AUTOLET PLUS.....	75	BALCOLTRA.....	49
atenolol.....	45	AVALIDE.....	31	balsalazide disodium.....	67
atenolol & chlorthalidone.....	30	AVANDIA.....	23	BANZEL.....	16
ATGAM.....	121	AVAPRO.....	30	BARACLUDGE.....	44
ATIVAN.....	12	AVASTIN.....	34	BASAGLAR KWIKPEN.....	23
ATLAS COLORED LUBRICATEDCONDOM.....	72	AVELOX.....	66	BAYER MICROLET 2 LANCING DEVICE.....	75
		AVELOX ABC PACK.....	66	BAYER MICROLET LANCETS.....	75
		AVODART.....	68	BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2".....	88
		AVONEX.....	129	BD AUTOSHIELD 29G X 5/16".....	88
		AVONEX PEN.....	129		
		AXERT.....	118		
		AYGESTIN.....	128		

BD INSULIN SYRINGE LUER- LOK/U-100/1ML.....	88	BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2".....	89	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.3ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16".....	89	BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U- 100/0.5ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2".....	89	BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	89	BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	90
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	89	BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	90
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	89	BD LANCET DEVICE.....	76
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	89	BD LANCET ULTRAFINE 30G.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	89	BD LANCET ULTRAFINE 33G.....	76
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	89	BD MICROTAINER LANCETS.....	76
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2".....	88	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	89	BD PEN NEEDLE/MICRO/ULTRA- FINE/32G X 6MM.....	90
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2".....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	89	BD PEN NEEDLE/MINI/ULTRA- FINE/31G X 5MM.....	90
BD INSULIN SYRINGE SLIP TIP/U-100/1ML.....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 15/64".....	89	BD PEN NEEDLE/NANO/ULTRA- FINE/32G X 4MM.....	90
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/30G X 12.7MM.....	89	BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	89	BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 12.7MM.....	90
BD INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 8MM.....	89	BD INSULIN SYRINGE/0.3ML/29G X 12.7MM.....	89	BD PEN NEEDLE/SHORT/ULTRA- FINE/31G X 8MM.....	90
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM.....	89	BD INSULIN SYRINGE/0.5ML/29G X 12.7MM.....	89	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	90
BD INSULIN SYRINGE ULTRA- FINE/0.5ML/31G X 8MM.....	89	BD INSULIN SYRINGE/1ML/27G X 12.7MM.....	89	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	90
BD INSULIN SYRINGE ULTRA- FINE/1/2 UNIT/0.3ML/31G X 8MM.....	89	BD INSULIN SYRINGE/1ML/29G X 12.7MM.....	90	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	90
BD INSULIN SYRINGE ULTRA- FINE/1ML/30G X 12.7MM.....	89	BD INSULIN SYRINGE/1ML/31G X 15/64".....	90	BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16".....	90
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 8MM.....	89	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	90	BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64".....	90
BD INSULIN SYRINGE ULTRAFINE HALF- UNIT/0.3ML/31G X 5/16".....	89	BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	90	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	90
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2".....	89			BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM.....	90
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16".....	89			BELSOMRA.....	71
				BELVIQ.....	2

benazepril & hydrochlorothiazide	31	BOOSTRIX	132	CADUET	47
benazepril hcl	29	BORTEZOMIB	36	CAFERGOT	118
BENICAR	30	BOSULIF	36	CALAN	46
BENICAR HCT	31	BOTOX	124	CALAN SR	46
BENTYL	132	BP CLEANSING WASH	54	calcipotriene	56
BENZACLIN	53	BRAFTOVI	36	calcipotriene-betamethasone dipropionate	57
BENZACLIN WITH PUMP	53	BREO ELLIPTA	14	calcitonin (salmon)	63
BENZAMYCIN	53	BREVICON-28	49	CALCITRIOL	56
BENZEFOAM	53	BRILINTA	69	calcitriol	64
BENZEFOAM ULTRA	53	brimonidine tartrate	124	calcium acetate (phosphate binder)	68
benzonatate	52	BROMFENAC	126	calcium chloride (dihydrate)	119
benzoyl peroxide	53,54	bromfenac sodium (ophth)	126	calcium gluconate	119
BENZOYL PEROXIDE CLEANSER	53	bromocriptine mesylate	38	calcium polycarbophil	71
benzoyl peroxide-erythromycin	54	BROVANA	14	CAMPATH	34
benztropine mesylate	38	budesonide	51	CAMPTOSAR	38
BEPREVE	126	budesonide (inhalation)	14	CANASA	67
BESIVANCE	125	budesonide (nasal)	123	CANCIDAS	26
BETAGAN	124	BULLSEYE MINI SAFETY LANCETS	76	candesartan cilexetil	30
betamethasone dipropionate (topical)	57	BULLSEYE SAFETY LANCETS	76	candesartan cilexetil-hydrochlorothiazide	31
betamethasone dipropionate augmented	57	bumetanide	62	CAPASTAT SULFATE	33
betamethasone valerate	57	BUMEX	62	capecitabine	34
BETAPACE	46	BUPHENYL	64	CAPRELSA	36
BETAPACE AF	46	BUPRENEX	9	captopril	29
BETASERON	130	BUPRENORPHINE	9	CARAFATE	133
betaxolol hcl	45	buprenorphine hcl	9	CARBAGLU	64
betaxolol hcl (ophth)	124	buprenorphine hcl-naloxone hcl dihydrate	9	carbamazepine	16,17
bethanechol chloride	135	bupropion hcl	19	CARBATROL	17
BEVYXXA	15	bupropion hcl (smoking deterrent)	130	carbidopa	38
bexarotene	37	buspirone hcl	12	carbidopa-levodopa	39
BEYAZ	49	busulfan	33	CARBIDOPA/LEVODOPA/ENTA	39
BIAXIN	72	BUSULFEX	33	CAPONE	39
bicalutamide	35	butalbital-acetaminophen	5	carbinoxamine maleate	27
BICNU	33	butalbital-acetaminophen-caffeine	5	carboplatin	33
BIDIL	47	butalbital-acetaminophen-caffeine w/ codeine	8	CARDIOCOM LANCING DEVICE	76
BIKTARVY	42	butalbital-aspirin-caffeine	5	CARDIZEM	46
BILTRICIDE	10	butalbital-aspirin-caffeine w/cod	8	CARDIZEM CD	46
bimatoprost	127	butenafine hcl	55	CARDIZEM LA	46
bisacodyl	71	butorphanol tartrate	9	CARDURA	30
bisoprolol & hydrochlorothiazide	31	BUTRANS	9	CAREFINE PEN NEEDLE 32GX4MM	90
bisoprolol fumarate	45	BYETTA	23	CAREFINE PEN NEEDLES 29GX1/2"	90
bleomycin sulfate	35	BYSTOLIC	46	CAREFINE PEN NEEDLES 30GX5/16"	90
BLEPH-10	125	cabergoline	65	CAREFINE PEN NEEDLES 31GX6MM	90
BONIVA	63				

CAREFINE PEN NEEDLES 31GX8MM.....	90	CARETOUCH PEN NEEDLES 31GX 8MM.....	91	CELEZA.....	20
CAREFINE PEN NEEDLES 32GX5MM.....	90	CARETOUCH PEN NEEDLES 32GX 4MM.....	91	CELLCEPT.....	121
CAREFINE PEN NEEDLES 32GX6MM.....	90	CARETOUCH PEN NEEDLES 32GX 5MM.....	91	CELLCEPT INTRAVENOUS.....	121
CAREONE ADVANCED LANCINGDEVICE.....	76	CARETOUCH TWIST LANCETS 28G.....	76	CELONTIN.....	19
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	90	CARETOUCH TWIST LANCETS 30G.....	76	cephalexin.....	48
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	91	CARETOUCH TWIST LANCETS 33G.....	76	CEPHALEXIN.....	48
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	91	carisoprodol.....	122	CERDELGA.....	69
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	91	carmustine.....	33	CEREBYX.....	18
CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	91	carteolol hcl (ophth).....	124	CEREZYME.....	69
CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	91	carvedilol.....	45	CESAMET.....	26
CAREONE LANCET THIN.....	76	CASODEX.....	35	cetirizine hcl.....	27
CAREONE LANCET ULTRA THIN.....	76	caspofungin acetate.....	26	cetirizine-pseudoephedrine.....	53
CAREONE UNIFINE PENTIPS 29GX12MM.....	91	CASPOFUNGIN ACETATE.....	26	CETRAXAL.....	127
CAREONE UNIFINE PENTIPS 31GX5MM.....	91	CATAPRES.....	30	CETROTIDE.....	64
CAREONE UNIFINE PENTIPS 31GX6MM.....	91	CAYA.....	72	cevimeline hcl.....	122
CAREONE UNIFINE PENTIPS 31GX8MM.....	91	CAYSTON.....	11	CHANTIX.....	130
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	91	CEDAX.....	49	CHANTIX CONTINUING MONTHPAK.....	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	91	cefaclor.....	48	CHANTIX STARTING MONTH PAK.....	130
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	91	CEFACTOR.....	48	CHEK-STIX COMBO PAK URINALYSIS CONTROL.....	61
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	91	CEFAZOLIN.....	48	CHEK-STIX CONTROL.....	61
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	91	cefadroxil.....	48	CHEMET.....	25
CARETOUCH LANCING DEVICEWITH EJECTOR.....	76	cefazolin sodium.....	48	CHEMSTRIP-K.....	61
CARETOUCH PEN NEEDLES 31G X 6 MM.....	91	CEFAZOLIN SODIUM.....	48	CHILDRENS ADVIL.....	4
CARETOUCH PEN NEEDLES 31GX 5MM.....	91	cefdinir.....	49	CHILDRENS MOTRIN.....	4
		CEFDITOREN PIVOXIL.....	49	CHLORAMPHENICOL SODIUM SUCCINATE.....	11
		cefepime hcl.....	49	chlordiazepoxide hcl.....	12
		cefepime.....	49	chlordiazepoxide hcl-clidinium bromide.....	132
		CEFOTAN.....	48	chlorhexidine gluconate (mouth- throat).....	122
		cefotaxime sodium.....	49	CHLOROQUINE PHOSPHATE.....	32
		CEFOTAXIME SODIUM.....	49	chloroquine phosphate.....	32
		CEFOTETAN.....	48	CHLOROTHIAZIDE.....	62
		cefotetan disodium.....	48	chlorothiazide.....	63
		cefoxitin sodium.....	48	CHLORPROMAZINE HCL.....	41
		cefpodoxime proxetil.....	49	chlorpromazine hcl.....	41
		cefprozil.....	48	CHLORPROPAMIDE.....	24
		ceftazidime.....	49	chlorthalidone.....	63
		CEFTIBUTEN.....	49	CHLORZOXAZONE.....	122
		CEFTIN.....	48	CHOLBAM.....	67
		ceftriaxone sodium.....	49	cholecalciferol.....	138
		cefuroxime axetil.....	48	cholestyramine.....	28
		cefuroxime sodium.....	48	cholestyramine light.....	28
		CELEBREX.....	4		
		celecoxib.....	4		

CHORIONIC		CLEVER CHEK LANCETS		CLEVER CHOICE COMFORT	
GONADOTROPIN	64	ULTRATHIN 30G	76	EZLANCETS 21G	76
CIALIS	47	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
ciclopirox	55	EZINSULIN PEN NEEDLES		EZLANCETS 23G	76
ciclopirox olamine	55	31GX8MM	91	CLEVER CHOICE COMFORT	
cidofovir	44	CLEVER CHOICE COMFORT		EZLANCETS 28G	76
cilostazol	69	EZINSULIN		CLEVER CHOICE COMFORT	
CILOXAN	125	SYRINGE/0.3ML/29G X		EZPEN NEEDLES	
CIMDUO	42	1/2"	91	29GX12MM	92
cimetidine	133	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
CIMZIA	67	EZINSULIN		EZPEN NEEDLES	
CIMZIA STARTER KIT	67	SYRINGE/0.3ML/30G X		31GX5MM	92
CIPRO	66	1/2"	91	CLEVER CHOICE COMFORT	
CIPRO HC	127	CLEVER CHOICE COMFORT		EZPEN NEEDLES	
CIPRO XR	66	EZINSULIN		31GX6MM	92
CIPRODEX	127	SYRINGE/0.3ML/30G X		CLEVER CHOICE COMFORT	
CIPROFLOXACIN	66	5/16"	91	EZPEN NEEDLES	
ciprofloxacin	66	CLEVER CHOICE COMFORT		31GX8MM	92
CIPROFLOXACIN	127	EZINSULIN		CLEVER CHOICE COMFORT	
CIPROFLOXACIN HCL	66	SYRINGE/0.3ML/31G X		EZPEN NEEDLES	
ciprofloxacin hcl	66	5/16"	91	32GX4MM	92
ciprofloxacin hcl (ophth)	125	CLEVER CHOICE COMFORT		CLEVER CHOICE COMFORT	
ciprofloxacin in d5w	66	EZINSULIN		EZPEN NEEDLES	
cisplatin	33	SYRINGE/0.5ML/28G X		32GX5MM	92
citalopram hydrobromide	20	1/2"	91	CLEVER CHOICE COMFORT	
CLAFORAN	49	CLEVER CHOICE COMFORT		EZPEN NEEDLES	
CLARINEX	27	EZINSULIN		32GX6MM	92
clarithromycin	72	SYRINGE/0.5ML/29G X		CLICKFINE PEN NEEDLE	
CLARITHROMYCIN	72	1/2"	91	32GX5/32"	92
clarithromycin	72	CLEVER CHOICE COMFORT		CLICKFINE PEN NEEDLE	
CLARITIN	27	EZINSULIN		UNIVERSAL/31GX1/4"	92
CLARITIN ALLERGY		SYRINGE/0.5ML/30G X		CLICKFINE PEN NEEDLE	
CHILDRENS	27	1/2"	91	UNIVERSAL/31GX5/16"	92
CLARITIN CHILDRENS	27	CLEVER CHOICE COMFORT		CLICKFINE PEN	
CLARITIN REDITABS	27	EZINSULIN		NEEDLES/31GX1/4"	92
CLARITIN-D 12 HOUR	53	SYRINGE/0.5ML/30G X		CLICKFINE PEN	
CLARITIN-D 24 HOUR	53	5/16"	92	NEEDLES/31GX5/16"	92
CLASS ACT LUBRICATED	72	CLEVER CHOICE COMFORT		CLICKFINE UNIVERSAL PEN	
CLEANLET LANCETS 28G	76	EZINSULIN		NEEDLES 31GX5/16"	92
CLEMASTINE FUMARATE	27	SYRINGE/1.0ML/30G X		CLIMARA	66
CLENPIQ	71	1/2"	92	CLIMARA PRO	65
CLEOCIN	11,137	CLEVER CHOICE COMFORT		clindamycin hcl	11
CLEOCIN PEDIATRIC		EZINSULIN		clindamycin palmitate	
GRANULES	11	SYRINGE/1ML/28G X 1/2"	92	hydrochloride	11
CLEOCIN PHOSPHATE	11	CLEVER CHOICE COMFORT		clindamycin phosphate	11
CLEOCIN-T	54	EZINSULIN		clindamycin phosphate	
CLEVER CHEK LANCETS		SYRINGE/1ML/29G X 1/2"	92	(topical)	54
ULTRATHIN	76	CLEVER CHOICE COMFORT		clindamycin phosphate	
		EZINSULIN		vaginal	137
		SYRINGE/1ML/30G X		clindamycin phosphate-benzoyl	
		5/16"	92	peroxide	54
		CLEVER CHOICE COMFORT		clindamycin phosphate-benzoyl	
		EZINSULIN SYRINGE/U-		peroxide (refrigerate)	54
		100/1ML/31GX5/16"	92	clindamycin phosphate-	
				tretinoin	54
				CLINIMIX 2.75%/DEXTROSE	
				5%	124

CLINIMIX 4.25%/DEXTROSE 10%.....	124	colestipol hcl.....	28	COSENTYX SENSOREADY PEN.....	56
CLINIMIX 4.25%/DEXTROSE 25%.....	124	COLY-MYCIN S.....	127	COSMEGEN.....	35
CLINIMIX 4.25%/DEXTROSE 5%.....	124	COMBIGAN.....	124	COSOPT.....	124
CLINIMIX 5%/DEXTROSE 25%.....	124	COMBIVIR.....	42	COUMADIN.....	15
CLINIMIX E 5%/DEXTROSE 20%.....	124	COMETRIQ.....	36	COZAAR.....	30
clobazam.....	16	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2".....	92	CREON.....	61
clobetasol propionate.....	57	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....	92	CRESEMBA.....	26
clobetasol propionate emollient base.....	57	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....	92	CRESTOR.....	29
CLOCORTOLONE PIVALATE.....	57	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	CRIVIVAN.....	42
CLOCORTOLONE PIVALATE PUMP.....	58	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	cromolyn sodium.....	13
CLODERM.....	58	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	cromolyn sodium (ophth)...	126
CLODERM PUMP.....	58	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2".....	93	crotamiton.....	60
clofarabine.....	34	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16".....	93	CUBICIN.....	11
CLOLAR.....	34	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16".....	93	CUBICIN RF.....	11
clomipramine hcl.....	22	COMFORT ASSURED LANCETS MICRO THIN 33G.....	76	CUPRIMINE.....	121
clonazepam.....	16	COMFORT ASSURED LANCETS SUPER THIN 28G.....	76	CUTIVATE.....	58
clonidine hcl.....	30	COMFORT LANCETS.....	76	CUVITRU.....	127
clonidine hcl (adhd).....	2	COMPLERA.....	42	CVS LANCETS 21G.....	76
clopidogrel bisulfate.....	69	COMTAN.....	38	CVS LANCETS MICRO THIN 33G.....	76
clorazepate dipotassium.....	12	CONCERTA.....	2	CVS LANCETS MICRO-THIN 33G.....	76
CLOSERCARE.....	76	CONDYLOX.....	60	CVS LANCETS ORIGINAL.....	76
clotrimazole.....	122	CONTRAVE.....	2	CVS LANCETS THIN 26G.....	76
clotrimazole (topical).....	55	COPAXONE.....	130	CVS LANCETS ULTRA THIN 30G.....	76
clotrimazole vaginal.....	137	COPEGUS.....	44	CVS LANCETS ULTRA-THIN 30G.....	76
clotrimazole w/ betamethasone.....	55	CORDRAN.....	58	CVS LANCING DEVICE.....	76
clozapine.....	40	COREG.....	45	CVS OMEPRAZOLE.....	133
CLOZAPINE ODT.....	40	CORGARD.....	46	CVS ULTRA THIN LANCETS.....	76
CLOZARIL.....	40	CORTEF.....	51	cyanocobalamin.....	69
COAGUCHEK LANCETS.....	76	CORTENEMA.....	10	CYCLESSA.....	49
COARTEM.....	32	CORTISONE ACETATE.....	51	cyclobenzaprine hcl.....	123
codeine sulfate.....	6	CORTISPORIN.....	55	cyclophosphamide.....	33
CODEINE SULFATE.....	6	COSENTYX.....	56	CYCLOPHOSPHAMIDE.....	33
COGENTIN.....	38			cyclophosphamide.....	33
COLACE.....	71			CYCLOSERINE.....	33
COLAZAL.....	67			CYCLOSET.....	23
colchicine.....	69			cyclosporine.....	121
colchicine w/ probenecid.....	69			CYCLOSPORINE MODIFIED.....	121
COLCRYS.....	69			cyclosporine modified (for microemulsion).....	121
colesevelam hcl.....	28			CYKLOKAPRON.....	70
COLESTID.....	28			CYMBALTA.....	21
COLESTID FLAVORED.....	28			cyproheptadine hcl.....	28
				CYSTADANE.....	64

CYSTAGON	68	DERMATOP	58	DIASTAT PEDIATRIC	16
CYSTARAN	126	DERMOTIC	127	diazepam	12
cytarabine	34	DESCOVY	42	DIAZEPAM	12
CYTOMEL	132	desipramine hcl	22	diazepam	12
CYTOTEC	134	desloratadine	27	DIAZEPAM	16
CYTOVENE	44	DESLORATADINE ODT	27	diazepam (anticonvulsant)	16
D-CARE BLOOD GLUCOSE	61	desmopressin acetate	65	DIAZEPAM RECTAL GEL	16
D.H.E. 45	118	desmopressin acetate spray	65	DIBENZYLINE	30
dacarbazine	37	desmopressin acetate spray refrigerated	65	diclofenac potassium	4
DACOGEN	34	DESOGEN	49	diclofenac sodium	4
dactinomycin	36	desogestrel & ethinyl estradiol	49	diclofenac sodium (actinic keratoses)	56
DAKLINZA	44	desogestrel-ethinyl estradiol (biphasic)	49	diclofenac sodium (ophth)	126
dalfampridine	130	desogestrel-ethinyl estradiol (triphasic)	49	diclofenac sodium (topical)	55
DALIRESP	14	desonide	58	diclofenac w/ misoprostol	4
danazol	9	DESOWEN	58	dicloxacillin sodium	128
DANTRIUM	123	desoximetasone	58	dicyclomine hcl	132
dantrolene sodium	123	DESOXYN	1	didanosine	42
dapsone	11	DESQUAM-X WASH	54	DIFFERIN	54
daptomycin	11	desvenlafaxine succinate	21	DIFICID	72
DARAPRIM	32	DETROL	134	DIFLORASONE	
darifenacin hydrobromide	134	DETROL LA	134	DIACETATE	58
DAYPRO	4	dexamethasone	51	diflorasone diacetate	58
DDAVP	65	DEXAMETHASONE	51	DIFLUCAN	26
DEBACTEROL	122	dexamethasone	51	diflunisal	6
decitabine	34	DEXAMETHASONE	51	digoxin	47
DELESTROGEN	66	DEXAMETHASONE	51	DIGOXIN	47
DELFLX-LC/1.5%		DEXAMETHASONE	51	digoxin	47
DEXTROSE	122	INTENSOL	51	dihydroergotamine mesylate	118
DEMADEX	62	dexamethasone sodium phosphate	51	DILANTIN	18
demeclocycline hcl	131	DEXAMETHASONE SODIUM PHOSPHATE	125	DILANTIN INFATABS	18
DEMEROL	6	DEXEDRINE	1	DILANTIN-125	18
DENAVIR	57	DEXILANT	133	DILAUDID	6
DEPACON	19	dexmethylphenidate hcl	2	diltiazem hcl	46
DEPAKENE	19	dextroamphetamine sulfate	1	DILTIAZEM HCL	46
DEPAKOTE	19	DEXTROSE		diltiazem hcl	46
DEPAKOTE ER	19	5%/ELECTROLYTE #48		diltiazem hcl coated beads	46
DEPEN TITRATABS	121	VIAFLEX	119	diltiazem hcl extended release beads	46
DEPO-ESTRADIOL	66	dextrose in lactated ringers	119	DIOVAN	30
DEPO-MEDROL	51	DIAMOX	62	DIOVAN HCT	31
DEPO-PROVERA CONTRACEPTIVE	51	DIANEAL LOW CALCIUM/1.5%DEXTROSE	122	DIPENTUM	67
DEPO-SUBQ PROVERA 104	51	DIANEAL PD-2/1.5%		diphenhydramine hcl	27
DEPO-TESTOSTERONE	9	DEXTROSE	122	diphenoxylate w/ atropine	24
DEPOCYT	34	DIASTAT ACUDIAL	16	DIPHENOXYLATE/ATROPINE	24
DERMA-SMOOTH/FS SCALP	58			DIPROLENE	58
DERMACINRX SILAPAK	58				

DIPROLENE AF.....	58	DROPLET INSULIN SYRINGE	DRUG MART UNILET
dipyridamole.....	69	U-100/1ML/30G X 5/16"...	LANCETSSUPER THIN 30G76
DISALCID.....	6	DROPLET INSULIN SYRINGE	DRUG MART UNILET
disopyramide phosphate.....	13	U-100/1ML/31G X 15/64"...	LANCETSULTRA THIN 28G.76
disulfiram.....	129	DROPLET INSULIN SYRINGE	DRUG MART UNILET MICRO
DITROPAN XL.....	134	U-100/1ML/31G X 5/16"...	THIN LANCETS 33G.....
divalproex sodium.....	19	DROPLET LANCETS ULTRA	DUAC.....
DIVIGEL.....	66	THIN 30G.....	54
DOCEFREZ.....	38	DROPLET LANCING	DUAVEE.....
docetaxel.....	38	DEVICE.....	65
DOCETAXEL.....	38	DROPLET PEN NEEDLES	DUETACT.....
docetaxel.....	38	29GX12MM.....	22
docusate calcium.....	71	DROPLET PEN NEEDLES	DULCOLAX.....
docusate sodium.....	71	31GX5MM.....	71
dofetilide.....	13	DROPLET PEN NEEDLES	duloxetine hcl.....
DOLOPHINE.....	6	31GX6MM.....	21
donepezil hydrochloride.....	129	DROPLET PEN NEEDLES	DUPIXENT.....
DORZOLAMIDE HCL.....	126	31GX8MM.....	60
dorzolamide hcl.....	126	DROPLET PEN NEEDLES 32G	DURAGESIC.....
dorzolamide hcl-timolol		X 1/4".....	6
maleate.....	124	DROPLET PEN NEEDLES 32G	DUREX EXTRA SENSITIVE.72
DORZOLAMIDE HCL/TIMOLOL		X 3/16".....	DUREZOL.....
MALEATE.....	124	DROPLET PEN NEEDLES 32G	125
DOVONEX.....	56	X 5/32".....	dutasteride.....
doxazosin mesylate.....	30	DROPLET PEN NEEDLES	68
doxepin hcl.....	22	32GX4MM.....	DYAZIDE.....
doxepin hcl (antipruritic).....	56	DROPLET PEN NEEDLES	62
doxercalciferol.....	64	32GX5MM.....	DYRENIUM.....
DOXIL.....	36	DROPLET PEN NEEDLES	62
doxorubicin hcl.....	36	32GX6MM.....	DYSPORT.....
doxorubicin hcl liposomal.....	36	DROPSAFE SAFETY PEN	124
doxycycline (monohydrate).....	131	NEEDLES/31G X 5/16".....	E-Z JECT LANCETS.....
doxycycline hyclate.....	131	DROPSAFE SAFETY PEN	77
DRISDOL.....	138	NEEDLES/31G X 1/4".....	E-Z JECT LANCETS 21G...77
dronabinol.....	26	drospirenone-ethinyl	E-Z JECT LANCETS
DROPLET INSULIN SYRINGE		estradiol.....	COLOR.....
U-100/0.3/31G X 5/16".....	93	49	77
DROPLET INSULIN SYRINGE		drospirenone-ethinyl estradiol-	E-Z JECT LANCETS SUPER
U-100/0.3ML/30G X 1/2".....	93	levomefolate calcium.....	THIN 30G.....
DROPLET INSULIN SYRINGE		49	77
U-100/0.3ML/30G X 5/16"...	93	DROXIA.....	E-Z JECT LANCETS THIN
DROPLET INSULIN SYRINGE		69	26G.....
U-100/0.5ML/30G X 1/2".....	93	DRUG MART ADJUSTABLE	77
DROPLET INSULIN SYRINGE		LANCING DEVICE.....	E-ZJECT LANCETS MICRO-
U-100/0.5ML/30G X 5/16"...	93	76	THIN 33G.....
DROPLET INSULIN SYRINGE		DRUG MART LANCETS	72
U-100/0.5ML/31G X 5/16"...	93	THIN.....	E.E.S. 400.....
DROPLET INSULIN SYRINGE		76	72
U-100/1ML/30G X 1/2".....	93	DRUG MART ON-THE-GO	E.E.S. GRANULES.....
		LANCETS GENTLE 30G..	72
		76	EASY COMFORT INSULIN
		DRUG MART UNIFINE	SYRINGE/0.5ML/30G X
		PENTIPS 31GX5MM.....	5/16".....
		93	93
		DRUG MART UNIFINE	EASY COMFORT INSULIN
		PENTIPS29G X 12MM.....	SYRINGE/0.5ML/31G X
		93	5/16".....
		DRUG MART UNIFINE	93
		PENTIPS31GX6MM.....	EASY COMFORT INSULIN
		93	SYRINGE/1ML/30G X 5/16" .94
		DRUG MART UNIFINE	EASY COMFORT INSULIN
		PENTIPS31GX8MM.....	SYRINGE/1ML/31G X 5/16" .94
		93	EASY COMFORT INSULIN
		DRUG MART UNIFINE	SYRINGE/U-100/0.5ML/30G X
		PENTIPS32GX4MM.....	1/2".....
		93	94
		DRUG MART UNIFINE	EASY COMFORT INSULIN
		PENTIPSPLUS 32GX4MM	SYRINGE/U-100/1ML/30G X
		93	1/2".....
			94
			EASY COMFORT LANCETS77
			EASY COMFORT LANCETS
			30G/PULL TOP.....
			77
			EASY COMFORT LANCETS
			30G/THIN TOP.....
			77
			EASY COMFORT LANCETS
			77
			TWIST TOP.....
			77

EASY COMFORT PEN NEEDLES31GX1/4".....	94	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	94	EASY TOUCH LANCETS 32G/TWIST.....	77
EASY COMFORT PEN NEEDLES31GX3/16".....	94	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	94	EASY TOUCH LANCETS 33G/TWIST.....	77
EASY COMFORT PEN NEEDLES31GX5/16".....	94	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	94	EASY TOUCH LANCING DEVICE/EJECTOR.....	77
EASY COMFORT PEN NEEDLES32GX5/32".....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	95	EASY TOUCH PEN NEEDLE 30G X 5/16".....	95
EASY MINI EJECT LANCING DEVICE.....	77	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	EASY TOUCH PEN NEEDLES 29GX1/2".....	95
EASY MINI LANCING DEVICE.....	77	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	95	EASY TOUCH PEN NEEDLES 31GX1/4".....	95
EASY TOUCH 32GX5MM.....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH PEN NEEDLES 31GX5/16".....	95
EASY TOUCH 32GX6MM.....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	95	EASY TOUCH PEN NEEDLES 32GX1/4".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	94	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	EASY TOUCH PEN NEEDLES 32GX3/16".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	94	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	77	EASY TOUCH PEN NEEDLES 32GX5/32".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	94	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	77	EASY TOUCH PEN NEEDLES/31G X 3/16".....	95
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	94	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	77	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	94	EASY TOUCH LANCETS 26G/PULL-TOP.....	77	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	94	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	77	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	94	EASY TOUCH LANCETS 28G/PULL-TOP.....	77	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	94	EASY TOUCH LANCETS 28G/TWIST.....	77	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	94	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	77	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	77
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	94	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	77	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	95
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	94	EASY TOUCH LANCETS 30G/PULL-TOP.....	77	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	95
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2".....	94	EASY TOUCH LANCETS 30G/TWIST.....	77	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	95
EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2".....	94	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	77	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	95
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	94	EASY TOUCH LANCETS 32G/PULL-TOP.....	77	EASY TWIST & CAP LANCETS.....	77
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	94			EASYTEST II LANCETS.....	77
				EASYTEST LANCETS.....	78
				EC-NAPROSYN.....	4
				econazole nitrate.....	55

EDARBI.....	30	ELLENCE.....	36	EQL INSULIN	
EDECRIAN.....	62	ELMIRON.....	68	SYRINGE/0.3ML/31G X	
EDURANT.....	42	ELOCON.....	58	5/16".....	95
efavirenz.....	42	EMADINE.....	126	EQL INSULIN	
EFFEXOR XR.....	21	EMBEDA.....	6	SYRINGE/0.5ML/29G X 1/2".....	95
EFFIENT.....	69	EMBRACE LANCETS ULTRA		EQL INSULIN	
EFUDEX.....	56	THIN 30G.....	78	SYRINGE/0.5ML/30G X	
EGRIFTA.....	64	EMCYT.....	35	5/16".....	95
ELAPRASE.....	65	EMEND.....	26	EQL INSULIN	
ELAVIL.....	22	EMSAM.....	20	SYRINGE/0.5ML/31G X	
ELDEPRYL.....	39	EMTRIVA.....	42	5/16".....	96
ELELYSO.....	69	EMVERM.....	10	EQL INSULIN	
ELESTAT.....	126	ENABLEX.....	134	SYRINGE/1ML/29G X 1/2".....	96
ELESTRIN.....	66	enalapril maleate.....	29	EQL INSULIN	
eletriptan hydrobromide.....	118	enalapril maleate &		SYRINGE/1ML/30G X 5/16".....	96
ELEXA NATURAL FEEL.....	72	hydrochlorothiazide.....	31	EQL INSULIN	
ELEXA STIMULATING.....	72	ENBREL.....	5	SYRINGE/1ML/31G X 5/16".....	96
ELEXA ULTRA SENSITIVE.....	73	ENBREL MINI.....	5	EQL OMEPRAZOLE.....	133
ELIDEL.....	60	ENBREL SURECLICK.....	5	EQL SUPER THIN LANCETS	
ELIGARD.....	35	enoxaparin sodium.....	15	30G.....	78
ELIMITE.....	60	entacapone.....	38	EQL THIN LANCETS 26G.....	78
ELIPHOS.....	68	entecavir.....	44	EQUETRO.....	39,40
ELIQUIS.....	15	ENTEREG.....	68	ERAXIS.....	26
ELIQUIS STARTER PACK.....	15	ENTOCORT EC.....	51	ERBITUX.....	34
ELITE-THIN INSULIN		ENTRESTO.....	47	ergocalciferol.....	138
SYRINGE/0.3ML/31G X		EPCLUSA.....	44	ERGOLOID MESYLATES.....	130
5/16".....	95	EPIDUO.....	54	ERGOMAR.....	118
ELITE-THIN INSULIN		epinastine hcl (ophth).....	126	ergotamine w/ caffeine.....	118
SYRINGE/0.5ML/29G X 1/2".....	95	epinephrine (anaphylaxis).....	138	ERIVEDGE.....	35
ELITE-THIN INSULIN		epirubicin hcl.....	36	ERTACZO.....	55
SYRINGE/0.5ML/30G X		EPIVIR.....	42	ertapenem sodium.....	10
5/16".....	95	EPIVIR HBV.....	44	ERWINAZE.....	37
ELITE-THIN INSULIN		eplerenone.....	32	ERY-TAB.....	72
SYRINGE/1ML/30G X 5/16".....	95	EPOGEN.....	70	ERYPED 200.....	72
ELITE-THIN INSULIN		EPROSARTAN		ERYPED 400.....	72
SYRINGE/U-100/0.5ML/28G X		MESYLATE.....	30	erythromycin (acne aid).....	54
1/2".....	95	EPZICOM.....	42	erythromycin (ophth).....	125
ELITE-THIN INSULIN		EQ OMEPRAZOLE.....	133	erythromycin base.....	72
SYRINGE/U-100/0.5ML/31G X		EQL COLOR LANCETS		erythromycin ethylsuccinate.....	72
5/16".....	95	21G.....	78	ERYTHROMYCIN	
ELITE-THIN INSULIN		EQL COLOR LANCETS		ETHYLSUCCINATE.....	72
SYRINGE/U-100/1ML/28G X		MICRO THIN 33G.....	78	escitalopram oxalate.....	20
1/2".....	95	EQL INSULIN		ESGIC.....	5
ELITE-THIN INSULIN		SYRINGE/0.3ML/29G X		esomeprazole magnesium.....	133
SYRINGE/U-100/1ML/29G X		1/2".....	95	estazolam.....	70
1/2".....	95	EQL INSULIN		ESTRACE.....	66,138
ELITE-THIN INSULIN		SYRINGE/0.3ML/30G X		estradiol.....	66
SYRINGE/U-100/1ML/31G X		5/16".....	95	estradiol vaginal.....	138
5/16".....	95			estradiol valerate.....	66
ELIXOPHYLLIN.....	15			ESTROGEL.....	66
ELLA.....	51			ESTROPIPATE.....	66

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gatifloxacin (ophth).....	125	GILOTRIF.....	36	1/2".....	97
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gemfibrozil.....	29	glimepiride.....	24	GLOBAL INJECT EASE INSULIN	
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GENERESS FE.....	49	glipizide-metformin hcl.....	22	LANCETS 28G.....	79
GENOTROPIN.....	64	GLOBAL EASE INJECT PEN		GLOBAL INJECT EASE	
GENOTROPIN MINIQUICK.....	64	NEEDLES 29GX12MM.....	97	LANCETS 30G.....	79
gentamicin in saline.....	3	GLOBAL EASE INJECT PEN		GLOBAL INSULIN SYRINGE/U-	
gentamicin sulfate.....	3	NEEDLES 31GX8MM.....	97	100/0.3ML/30G X 1/2".....	97
gentamicin sulfate (ophth).....	125	GLOBAL EASE INJECT PEN		GLOBAL INSULIN SYRINGES/U-	
gentamicin sulfate (topical).....	55	NEEDLES 32GX4MM.....	97	100/0.3ML/30GX5/16".....	98
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DEVICE/PRINCESS PINK.....	78	GLOBAL INJECT EASE		GLUCOPRO INSULIN	
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GENTEEL LANCING		GLOBAL INJECT EASE		GLUCOPRO INSULIN	
DEVICE/WILLOWY WHITE.....	78	INSULIN SYRINGE/U-		SYRINGE/U-100/0.3ML/31G X	
GENTLE-LET GP LANCETS.....	78	100/0.5ML/28G X 1/2".....	97	5/16".....	98
		GLOBAL INJECT EASE		GLUCOPRO INSULIN	
		INSULIN SYRINGE/U-		SYRINGE/U-100/0.5ML/30G X	
		100/0.5ML/29G X 1/2".....	97	1/2".....	98

GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	98	GNP INSULIN SYRINGE/1ML/29G X 1/2" 98		GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL.....	79
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	98	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	98	GOODSENSE LANCETS MICRO-THIN 33G.....	79
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	98	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	98	GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL.....	79
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98	GNP LANCETS.....	79	GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL.....	79
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	98	GNP LANCETS 21G.....	79	GOODSENSE LANCETS ULTRA-THIN 30G.....	79
GLUCOSOURCE LANCET DEVICE.....	79	GNP LANCETS MICRO THIN 33G.....	79	GOODSENSE LANCETS ULTRA-THIN 30G.....	79
GLUCOSOURCE LANCETS	79	GNP LANCETS SUPER THIN 30G.....	79	GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL.....	79
GLUCOTROL.....	24	GNP LANCETS THIN.....	79	GOODSENSE LANCING DEVICE.....	79
GLUCOTROL XL.....	24	GNP LANCETS THIN 26G	79	granisetron hcl.....	25
GLUCOVANCE.....	22	GNP MICRO THIN LANCETS 33G.....	79	GRASSTEK.....	3
glyburide.....	24	GNP OMEPRAZOLE.....	133	GRIS-PEG.....	26
glyburide micronized.....	24	GNP SUPER THIN LANCETS/30G.....	79	griseofulvin microsize.....	26
glyburide-metformin.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	98	griseofulvin ultramicrosize.....	26
glycine (gu irrigant).....	68	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	98	guanfacine hcl.....	30
glycopyrrolate.....	132	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	98	guanfacine hcl (adhd).....	2
GLYNASE.....	24	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	GUANIDINE HCL.....	32
GLYSET.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	GYNAZOLE-1.....	137
GLYXAMBI.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	99	GYNE-LOTRIMIN.....	137
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	98	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	99	H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	99
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	99	H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	99
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	99	H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	99
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" 98		GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	99
GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	99	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	99
GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	98	GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	99	H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	99
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" 98		GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	99	H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	79
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" 98		GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	99	H-E-B INCONTROL LANCETS MICRO THIN 33G.....	79
GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	98	GOLYTELY.....	71	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	79
GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	98			H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	79
GNP INSULIN SYRINGE/1ML/28G X 1/2".....	98			H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	99
				HAEMOLANCE.....	79

HAEMOLANCE LOW FLOW LANCETS	79	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	80	HUMULIN R U-500 (CONCENTRATED)	23
HAEMOLANCE PLUS	79	HECTOROL	65	HY-VEE LANCETS	80
HAEMOLANCE PLUS HIGH FLOW	79	HEMANGEOL	46	HY-VEE THIN LANCETS	80
HAEMOLANCE PLUS LOW FLOW	79	heparin sod (porcine) in d5w	16	HYCAMTIN	38
HAEMOLANCE PLUS MAX FLOW	79	heparin sodium (porcine)	16	hydralazine hcl	32
HAEMOLANCE PLUS PEDIATRIC FLOW	79	HEPARIN SODIUM/NACL 0.45%	16	HYDREA	37
HALAVEN	38	HEPSERA	44	hydrochlorothiazide	63
HALCION	70	HERCEPTIN	34	HYDROCODONE BITARTRATE/GUAIFENESIN	53
HALDOL	40	HETLIOZ	71	hydrocodone-acetaminophen	8
HALDOL DECANOATE 100	40	HEXALEN	33	hydrocodone-ibuprofen	8
HALDOL DECANOATE 50	40	HIGH SENSATION SPERMICIDAL	73	hydrocortisone	51
halobetasol propionate	58	HIPREX	134	hydrocortisone (intrarectal)	10
HALOG	58	HIZENTRA	127	hydrocortisone (rectal)	10
haloperidol	40	HM OMEPRAZOLE	133	hydrocortisone (topical)	59
haloperidol decanoate	40	HM ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	99	hydrocortisone acetate (rectal)	10
haloperidol lactate	40	HM ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	99	hydrocortisone butyrate	59
HARVONI	44	HM ULTICARE SHORT PEN NEEDLES 31GX8MM	99	hydrocortisone valerate	59
HEALTH CARE LANCING DEVICE	79	HUMALOG	23	hydrocortisone w/acetic acid	127
HEALTHWISE LANCETS 30G	79	HUMALOG JUNIOR KWIKPEN	23	hydromorphone hcl	6
HEALTHWISE LANCING PEN	79	HUMALOG KWIKPEN	23	HYDROMORPHONE HYDROCHLORIDE	6
HEALTHWISE MINI PEN NEEDLES 31GX6MM	99	HUMALOG MIX 50/50	23	hydroxychloroquine sulfate	32
HEALTHWISE PEN NEEDLES 29GX12MM	99	HUMALOG MIX 50/50 KWIKPEN	23	hydroxyurea	37
HEALTHWISE SHORT PEN NEEDLES 31GX8MM	99	HUMALOG MIX 75/25	23	hydroxyzine hcl	12
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	99	HUMALOG MIX 75/25 KWIKPEN	23	HYDROXYZINE PAMOATE	12
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	79	HUMATROPE	64	hydroxyzine pamoate	12
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	99	HUMATROPE COMBO PACK	64	HYPERSAL	53
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	99	HUMIRA	4	HYPERSAL	53
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	99	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	HYQVIA	127
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM	99	HUMIRA PEN	3	HYZAAR	31
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	99	HUMIRA PEN-CD/UC/HS STARTER	4	ibandronate sodium	63
		HUMIRA PEN-PS/UV STARTER	4	IBUDONE	8
		HUMULIN 70/30	23	ibuprofen	5
		HUMULIN 70/30 KWIKPEN	23	IDAMYCIN PFS	36
		HUMULIN N	23	idarubicin hcl	36
		HUMULIN N KWIKPEN	23	IFEX	33
		HUMULIN R	23	ifosfamide	33
				ILEVRO	126
				imatinib mesylate	36
				IMBRUVICA	36
				imipenem-cilastatin	10
				imipramine hcl	22
				imipramine pamoate	22

imiquimod.....	60	INSULIN SYRINGE/NEEDLE	INSUPEN PEN NEEDLES 32G
IMITREX.....	118	1ML/30G X 5/16".....	X4MM.....
IMITREX STATDOSE		INSULIN SYRINGE/NEEDLE	INSUPEN SENSITIVE
REFILL.....	118	1ML/31G X 5/16".....	32GX6MM.....
IMITREX STATDOSE		INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
SYSTEM.....	118	100/0.3ML/29G X 1/2".....	29GX12MM.....
IMODIUM A-D.....	24	INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
IMURAN.....	121	100/0.5ML/28G X 1/2".....	30GX8MM.....
IN TOUCH LANCING		INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
DEVICE.....	80	100/0.5ML/29G X 1/2".....	31GX6MM.....
IN TOUCH STERILE		INSULIN SYRINGE/U-	INSUPEN ULTRAFIN
LANCETS30G.....	80	100/1ML/28G X 1/2".....	31GX8MM.....
INCRELEX.....	64	INSULIN SYRINGE/U-	INTELENCE.....
INCRUSE ELLIPTA.....	13	100/1ML/29G X 1/2".....	INTENSE SENSATION.....
indapamide.....	63	INSULIN SYRINGE/U-	INTRON A.....
INDERAL LA.....	46	100/1ML/30G X 5/16".....	INTRON A W/DILUENT.....
indomethacin.....	5	INSULIN SYRINGE/U-	INTUNIV.....
INFLECTRA.....	67	100/1ML/31G X 5/16".....	INVANZ.....
INLYTA.....	36	INSULIN	INVEGA.....
INSPRA.....	32	SYRINGES/0.5ML/27GX1/2"	INVIRASE.....
INSULIN SYRINGE/0.3ML/29G X		.....	INVOKAMET.....
1".....	100	INSULIN	INVOKANA.....
INSULIN SYRINGE/0.3ML/29G X		SYRINGES/0.5ML/29GX1/2"	IONOSOL-B/DEXTROSE
1/2".....	100	.....	5%.....
INSULIN SYRINGE/0.3ML/30G X		INSULIN	IONOSOL-MB/DEXTROSE
5/16".....	100	SYRINGES/0.5ML/30GX5/16"	5%.....
INSULIN SYRINGE/0.3ML/31G X		.....	IOPIDINE.....
5/16".....	100	INSULIN	ipratropium bromide.....
INSULIN SYRINGE/0.5ML/27G X		SYRINGES/0.5ML/31GX	ipratropium bromide (nasal).....
1/2".....	100	5/16".....	ipratropium-albuterol.....
INSULIN SYRINGE/0.5ML/28G X		INSULIN	irbesartan.....
1/2".....	100	SYRINGES/0.5ML/31GX5/16"	irbesartan-hydrochlorothiazide
INSULIN SYRINGE/0.5ML/30G X		.....	.....
1/2".....	100	INSULIN	irinotecan hcl.....
INSULIN SYRINGE/0.5ML/30G X		SYRINGES/1ML/27GX/1/2"	irrigation solutions,
5/16".....	100	.....	physiological.....
INSULIN SYRINGE/0.5ML/31G X		INSULIN	ISENTRESS.....
5/16".....	100	SYRINGES/1ML/27GX1/2"	ISENTRESS HD.....
INSULIN SYRINGE/1ML/28G X		.....	ISOLYTE-P/DEXTROSE
1/2".....	100	INSULIN	5%.....
INSULIN SYRINGE/1ML/29G X		SYRINGES/1ML/28GX1/2"	ISOLYTE-S.....
1/2".....	100	.....	ISONIAZID.....
INSULIN SYRINGE/1ML/30G X		INSULIN	isoniazid.....
5/16".....	100	SYRINGES/1ML/29GX1/2"	ISOPTO CARPINE.....
INSULIN SYRINGE/NEEDLE		.....	ISORDIL TITRADOSE.....
0.3ML/30G X 5/16".....	100	INSULIN	isosorbide dinitrate.....
INSULIN SYRINGE/NEEDLE		SYRINGES/1ML/30GX1/2"	ISOSORBIDE DINITRATE
0.3ML/31G X 5/16".....	100	.....	ER.....
INSULIN SYRINGE/NEEDLE		INSULIN	isosorbide mononitrate.....
0.5ML/29G X 1/2".....	100	SYRINGES/1ML/31GX5/16"	isotretinoin.....
INSULIN SYRINGE/NEEDLE		.....	isradipine.....
0.5ML/30G X 5/16".....	100	INSUPEN 29G X 12MM.....	
INSULIN SYRINGE/NEEDLE		INSUPEN 31G X 5MM.....	
0.5ML/31G X 5/16".....	100	INSUPEN 31G X 8MM.....	
INSULIN SYRINGE/NEEDLE		INSUPEN 32G X 4MM.....	
1ML/29G X 1/2".....	100		

ISTODAX (OVERFILL).....	36	KIMONO PS LUBRICATED.....	73	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	101
itraconazole.....	26	KIMONO PS PLUS SPERMICIDE/LUBRICATED.....	73	KROGER INSULIN SYRINGE/1ML/31G X 5/16".....	101
ivermectin.....	10	KIMONO SENSATION LUBRICATED.....	73	KROGER LANCETS.....	80
IXEMPRA KIT.....	38	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	73	KROGER LANCETS 21G.....	80
JADENU.....	25	KIMONO SPECIAL.....	73	KROGER LANCETS MICRO THIN33G.....	80
JADENU SPRINKLE.....	25	KINERET.....	4	KROGER LANCETS SUPER THIN.....	80
JAKAFI.....	36	KINNEY LANCETS.....	80	KROGER LANCETS THIN.....	80
JANUVIA.....	23	KINNEY THIN LANCETS.....	80	KROGER LANCETS THIN 26G.....	80
JARDIANCE.....	24	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	101	KROGER LANCETS ULTRATHIN30G.....	80
JEVTANA.....	38	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	101	KROGER LANCING DEVICE.....	80
JUBLIA.....	55	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	101	KROGER PEN NEEDLES 29G X12MM.....	101
JULUCA.....	42	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	101	KROGER PEN NEEDLES 31G X8MM.....	101
JYNARQUE.....	65	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	KROGER PEN NEEDLES 31GX1/4".....	102
K-TAB.....	120	KITABIS PAK.....	3	KUVAN.....	65
KADIAN.....	6	KLARON.....	54	KYLEENA.....	51
KALETRA.....	42	KLONOPIN.....	16	KYPROLIS.....	36
KALYDECO.....	131	KLOR-CON M15.....	120	labetalol hcl.....	45
KAMELEON LUBRICATED.....	73	KLS OMEPRAZOLE.....	133	LAC-HYDRIN.....	60
KAPVAY.....	2	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	101	LAC-HYDRIN TWELVE.....	60
KAYEXALATE.....	122	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	101	LACRISERT.....	124
KCL 0.3%/D5W/NACL 0.9%.....	120	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	101	lactated ringer's.....	120
KEFLEX.....	48	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	101	lactated ringer's (irrigation).....	122
KENALOG-40.....	52	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	101	lactic acid (ammonium lactate).....	60
KEPIVANCE.....	37	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	lactulose.....	71
KEPPRA.....	17	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	101	lactulose (encephalopathy).....	67
KEPPRA XR.....	17	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	LAMICTAL.....	17
KERYDIN.....	55	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	101	LAMICTAL CHEWABLE DISPERSIBLE.....	17
KETOCARE.....	61	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LAMICTAL ODT.....	17
ketoconazole.....	26	KROGER INSULIN SYRINGE/1ML/30G X 1/2".....	101	LAMISIL.....	26
ketoconazole (topical).....	55	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	lamivudine.....	42
KETONE TEST STRIPS.....	61	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	lamivudine (hbv).....	44
ketoprofen.....	5	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	lamivudine-zidovudine.....	42
ketorolac tromethamine.....	5	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	lamotrigine.....	17
ketorolac tromethamine (ophth).....	126	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LANCET DEVICE ADJUSTABLE.....	80
KETOSTIX.....	61	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LANCET DEVICE WITH EJECTOR.....	80
ketotifen fumarate (ophth).....	126	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LANCETS.....	80
KEVEYIS.....	62	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	101	LANCETS 26G TWIST TOP.....	80
KIMONO COLORS.....	73				
KIMONO LUBRICATED.....	73				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	73				
KIMONO PLUS SPERMICIDE LUBRICATED.....	73				
KIMONO PLUS SPERMICIDE/LUBRICATED.....	73				

LANCETS 28G.....	80	LEADER INSULIN		LEVAQUIN.....	66
LANCETS 30G.....	80	SYRINGE/0.5ML/29G X		LEVEMIR.....	24
LANCETS 30G TWIST TOP.....	80	1/2".....	102	LEVEMIR FLEXTOUCH.....	23
LANCETS 30G/TWIST TOP.....	80	LEADER INSULIN		levetiracetam.....	17
LANCETS 31G TWIST TOP.....	80	SYRINGE/0.5ML/30G X		levobunolol hcl.....	124
LANCETS 33G UNIVERSAL		5/16".....	102	levocetirizine dihydrochloride	27
DESIGN.....	80	LEADER INSULIN		levofloxacin.....	66
LANCETS MICRO THIN		SYRINGE/0.5ML/31G X		levofloxacin (ophth).....	125
33G.....	80	5/16".....	102	levofloxacin in d5w.....	66
LANCETS SAFETY SEAL		LEADER INSULIN		levonorgestrel & eth	
21G.....	80	SYRINGE/1ML/28G X		estradiol.....	49
LANCETS SAFETY SEAL		1/2".....	102	levonorgestrel (emergency	
26G.....	80	LEADER INSULIN		oc).....	51
LANCETS SAFETY SEAL		SYRINGE/1ML/29G X		levonorgestrel-eth estradiol	
28G.....	80	1/2".....	102	(triphasic).....	49
LANCETS SAFETY SEAL		LEADER INSULIN		levonorgestrel-ethinyl estradiol	
30G.....	80	SYRINGE/1ML/30G X		(91-day).....	50
LANCETS SUPER THIN		5/16".....	102	levonorgestrel-ethinyl estradiol	
28G.....	80	LEADER INSULIN		(continuous).....	50
LANCETS THIN.....	80	SYRINGE/1ML/31G X		LEVORPHANOL TARTRATE.....	6
LANCETS TWIST TOP.....	80	5/16".....	102	LEVOTHYROXINE	
LANCETS ULTRA FINE.....	80	LEADER UNIFINE PENTIPS		SODIUM.....	132
LANCETS ULTRA THIN.....	80	PLUS/MINI/31GX3/16".....	102	levothyroxine sodium.....	132
LANCETS ULTRA THIN		LEADER UNIFINE PENTIPS		LEXAPRO.....	20
30G.....	80	PLUS/SHORT/31GX5/16".....	102	LEXIVA.....	42
LANCETSBULLSEYE		.....	102	LIALDA.....	67
SAFETY.....	80	LEADER UNIFINE		LIBERTY MEDICAL LANCETS	
LANCING DEVICE.....	80	PENTIPS/MINI/31GX3/16".....	102	30G.....	80
LANCING DEVICE		.....	102	LIBERTY MINI LANCING	
ADJUSTABLE.....	80	LEADER UNIFINE		DEVICE.....	80
LANOXIN.....	47	PENTIPS/NANO/32GX5/32".....	102	LIBRAX.....	132
lansoprazole.....	133	.....	102	lidocaine.....	60
lanthanum carbonate.....	68	LEDIPASVIR/SOFOSBUVIR		lidocaine hcl.....	60
LANZO.....	80	.....	44	LIDOCAINE HCL.....	122
LASIX.....	62	leflunomide.....	5	lidocaine hcl (local anesth.).....	71
LASTACRAFT.....	126	LENVIMA 10 MG DAILY		lidocaine hcl (mouth-throat).....	122
latanoprost.....	127	DOSE.....	36	lidocaine-prilocaine.....	60
LATUDA.....	40	LENVIMA 14 MG DAILY		LIDODERM.....	60
LEADER ADVANCED LANCING		DOSE.....	36	LIFESCAN UNISTIK 2 DEEP	
DEVICE.....	80	LENVIMA 20 MG DAILY		PENETRATION.....	80
LEADER INSULIN		DOSE.....	36	LIFESCAN UNISTIK II	
SYRINGE/0.3ML/29G X		LENVIMA 24 MG DAILY		LANCETS.....	81
1/2".....	102	DOSE.....	36	LILETTA.....	51
LEADER INSULIN		LETAIRIS.....	48	LINCOCIN.....	11
SYRINGE/0.3ML/30G X		letrozole.....	35	lincomycin hcl.....	11
5/16".....	102	leucovorin calcium.....	37	LINDANE.....	60
LEADER INSULIN		LEUCOVORIN CALCIUM.....	37	lindane.....	60
SYRINGE/0.3ML/31G X		leucovorin calcium.....	37	linezolid.....	11
5/16".....	102	LEUKERAN.....	33	LINZESS.....	67
LEADER INSULIN		LEUKINE.....	70	liothyronine sodium.....	132
SYRINGE/0.5ML/28G X		leuprolide acetate.....	35		
1/2".....	102	levabuterol hcl.....	14		
		levabuterol tartrate.....	14		

LIPITOR.....	29	LIVE BETTER ADVANCED LANCING DEVICE.....	81	LOVAZA.....	28
lisinopril.....	29	LIVE BETTER LANCET SUPERTHIN 30G.....	81	LOVENOX.....	16
lisinopril & hydrochlorothiazide.....	31	LIVE BETTER LANCET ULTRATHIN 28G.....	81	loxapine succinate.....	40
LITE TOUCH LANCETS.....	81	LO LOESTRIN FE.....	50	LUCEMYRA.....	129
LITE TOUCH LANCING PEN.....	81	LOCOID.....	59	LULICONAZOLE.....	56
LITE TOUCH PEN NEEDLES/31G X 3/16".....	102	LODINE.....	5	LUMIGAN.....	127
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	102	LODOSYN.....	38	LUMIZYME.....	65
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	102	LOESTRIN 1.5/30-21.....	50	LUNESTA.....	70
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	102	LOESTRIN 1/20-21.....	50	LUPANETA PACK.....	64
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	102	LOESTRIN FE 1.5/30.....	50	LUPRON DEPOT (1-MONTH).....	35
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	102	LOESTRIN FE 1/20.....	50	LUPRON DEPOT (3-MONTH).....	35
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	102	LOFIBRA.....	29	LUPRON DEPOT (4-MONTH).....	35
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	102	LOMOTIL.....	24	LUPRON DEPOT (6-MONTH).....	35
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	102	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	103	LUPRON DEPOT-PED (1-MONTH).....	64
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	102	LONGS LANCETS STANDARD.....	81	LUPRON DEPOT-PED (3-MONTH).....	64
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	102	LONGS LANCETS THIN.....	81	LUXIQ.....	59
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	102	LONGS LANCETS ULTRA THIN.....	81	LUZU.....	56
LITETOUCH LANCETS MICRO THIN 33G.....	81	loperamide hcl.....	25	LYNPARZA.....	36
LITETOUCH PEN NEEDLES 29GX12.7MM.....	102	LOPID.....	29	LYRICA.....	17
LITETOUCH PEN NEEDLES 31G X 6MM.....	103	lopinavir-ritonavir.....	42	LYRICA CR.....	130
LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	103	LOPRESSOR.....	46	LYSODREN.....	35
LITHIUM.....	39	LOPROX.....	55	LYSTEDA.....	70
lithium carbonate.....	39	LOPROX SHAMPOO.....	55	MACROBID.....	134
LITHIUM CARBONATE.....	39	loratadine.....	27	MACRODANTIN.....	134
lithium carbonate.....	39	loratadine & pseudoephedrine.....	53	mafenide acetate.....	57
LITHOBID.....	39	lorazepam.....	12	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2".....	103
LIVALO.....	29	LORTAB.....	8	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16".....	103
		losartan potassium.....	30	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2".....	103
		losartan potassium & hydrochlorothiazide.....	31	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16".....	103
		LOSEASONIQUE.....	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2".....	103
		LOTEMAX.....	125	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16".....	103
		LOTENSIN.....	29	magnesium sulfate.....	120
		LOTENSIN HCT.....	31	MAGNESIUM SULFATE.....	120
		LOTREL.....	31	MALARONE.....	32
		LOTRIMIN AF.....	55	malathion.....	60
		LOTRIMIN AF FOR HER.....	56		
		LOTRIMIN AF JOCK ITCH.....	56		
		LOTRIMIN ULTRA.....	56		
		LOTRISONE.....	56		
		LOTRONEX.....	67		
		lovastatin.....	29		

MAPROTILINE HCL.....	19	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM..	103	MEIJER PEN NEEDLES 29G X12MM.....	103
MARATHON MEDICAL PENTIPS29GX12MM.....	103	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM..	103	MEIJER PEN NEEDLES 31G X6MM.....	103
MARATHON MEDICAL PENTIPS31GX5MM.....	103	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM..	103	MEIJER PEN NEEDLES 31G X8MM.....	103
MARATHON MEDICAL PENTIPS31GX8MM.....	103	MEDISENSE THIN LANCETS.....	81	MEIJER SUPER THIN LANCETS.....	81
MARATHON MEDICAL PENTIPS32GX4MM.....	103	MEDLANCE PLUS EXTRA LANCETS 21G.....	81	MEKINIST.....	36
MARINOL.....	26	MEDLANCE PLUS LANCETS.....	81	MEKTOVI.....	36
MARPLAN.....	20	MEDLANCE PLUS LITE LANCETS 25G.....	81	meloxicam.....	5
MATULANE.....	37	MEDLANCE PLUS LITE LANCETS 25G.....	81	melphalan.....	33
MAVIK.....	29	MEDLANCE PLUS SPECIAL LANCETS 0.8MM.....	81	melphalan hcl.....	33
MAVYRET.....	44	MEDLANCE PLUS SUPERLITE 30G.....	81	memantine hcl.....	129
MAXALT.....	118	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX.....	81	MENACTRA.....	135
MAXALT-MLT.....	119	MEDLANCE PLUS UNIVERSAL LANCETS 21G.....	81	MENEST.....	66
MAXI-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28GX1/2".....	103	MEDLANCE PLUS/LITE 25G.....	81	MENOMUNE-A/C/Y/W-135	135
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	103	MEDLANCE/EXTRA.....	81	MENOSTAR.....	66
MAXIDEX.....	125	MEDLANCE/LITE.....	81	MENTAX.....	56
MAXIPIME.....	49	MEDLANCE/UNIVERSAL.....	81	MENVEO.....	135
MAXITROL.....	126	MEDROL.....	52	meperidine hcl.....	7
MAXX LUBRICATED.....	73	MEDROL DOSEPAK.....	52	MEPERIDINE HCL.....	7
MAXX PLUS SPERMICIDE LUBRICATED.....	73	medroxyprogesterone acetate.....	128	meperidine hcl.....	7
MAXZIDE.....	62	medroxyprogesterone acetate (contraceptive).....	51	meprobamate.....	12
MAXZIDE-25.....	62	mefenamic acid.....	5	MEPRON.....	10
meclizine hcl.....	25	mefloquine hcl.....	32	mercaptopurine.....	34
MECLOFENAMATE SODIUM 5 MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16".....	103	MEFLOQUINE HCL.....	32	meropenem.....	10
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16".....	103	MEGACE ES.....	128	MERREM.....	11
MEDICHOICE PRE-SET SAFETY LANCET DUAL USE.....	81	MEGACE ORAL.....	35	mesalamine.....	67
MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW.....	81	megestrol acetate.....	35	MESTINON.....	32
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW.....	81	megestrol acetate (appetite).....	128	MESTINON TIMESPAN.....	32
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW.....	81	MEIJER COLOR LANCETS UNIVERSAL 33G.....	81	METADATE CD.....	2
MEDICHOICE SAFETY LANCETEXTRA.....	81	MEIJER LANCETS.....	81	METAPROTERENOL SULFATE.....	14
MEDICHOICE SAFETY LANCETNORMAL.....	81	MEIJER LANCETS THIN.....	81	metaxalone.....	123
		MEIJER LANCETS UNIVERSAL21G.....	81	metformin hcl.....	23
		MEIJER LANCETS UNIVERSAL30G.....	81	methadone hcl.....	7
		MEIJER LANCETS UNIVERSAL33G.....	81	METHADONE HCL.....	7
				methadone hcl.....	7
				METHADONE HCL.....	7
				methadone hcl.....	7
				METHADONE HCL.....	7
				methadone hcl.....	7
				METHADOSE.....	7
				METHADOSE SUGAR-FREE.....	7
				methamphetamine hcl.....	1
				methazolamide.....	62
				methenamine hippurate.....	134

methimazole	132	MILLIPRED DP	52	MONOJECT INSULIN	
METHITEST	9	MINASTRIN 24 FE	50	SYRINGE/1ML/31G X	
methocarbamol	123	MINI LANCING DEVICE	81	5/16"	104
METHOTREXATE SODIUM	34	MINIPRESS	30	MONOJECT INSULIN	
methotrexate sodium	34	MINIVELLE	66	SYRINGE/DETACH	
methoxsalen rapid	56	MINOCIN	131	NEEDLE/1ML/25G X 5/8"	104
methscopolamine bromide	132	minocycline hcl	131	MONOJECT INSULIN	
METHYCLOTHIAZIDE	63	minoxidil	32	SYRINGE/DETACH	
methyl dopa	30	MIRAPEX	39	NEEDLE/1ML/27G X 1/2"	104
METHYLDOPATE HCL	30	MIRCERA	70	MONOJECT INSULIN	
METHYLIN	2	MIRCETTE	50	SYRINGE/PERM	
methylphenidate hcl	2	MIRENA	51	NEEDLE/1ML/28G X 1/2"	104
METHYLPHENIDATE		mirtazapine	19	MONOJECT INSULIN	
HYDROCHLORIDE ER	2	misoprostol	134	SYRINGE/PERM NEEDLE/U-	
methylprednisolone	52	mitomycin	36	100/0.5ML/28G X 1/2"	104
methylprednisolone acetate	52	mitoxantrone hcl	36	MONOJECT INSULIN	
methylprednisolone sod		MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	
succ	52	100/0.3ML/30G X 5/16"	103	NEEDLE/0.3ML/29GX1/2"	104
METIPRANOLOL	124	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
metoclopramide hcl	67	100/0.3ML/31G X 5/16"	103	SYRINGE/SAFETY/PERM	
metolazone	63	MM INSULIN SYRINGE/U-		NEEDLE/0.5ML/29G X 1/2"	104
metoprolol succinate	46	100/1/2ML/30G X 5/16"	103	MONOJECT INSULIN	
metoprolol tartrate	46	MM INSULIN SYRINGE/U-		SYRINGE/SAFETY/PERM	
METROCREAM	60	100/1/2ML/31G X 5/16"	103	NEEDLE/1ML/29G X 1/2"	104
METROGEL	60	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
METROGEL-VAGINAL	137	100/1ML/30G X 5/16"	103	SYRINGE/SOFTPACK/1ML/27G	
METROLOTION	60	MM INSULIN SYRINGE/U-		X 1/2"	104
metronidazole	10	MM INSULIN SYRINGE/U-		MONOJECT INSULIN	
metronidazole (topical)	60	100/1ML/31G X 5/16"	103	SYRINGE/SOFTPACK/U-	
metronidazole vaginal	138	MM LANCING DEVICE	81	100/0.5ML/28G X 1/2"	104
MEVACOR	29	MM PEN NEEDLES 31G X		MONOJECT INSULIN	
mexiletine hcl	13	1/4"	103	SYRINGE/U-100/0.3ML/30G X	
MIACALCIN	63	MM PEN NEEDLES 31G X		5/16"	104
MICARDIS	30	3/16"	103	MONOJECT INSULIN	
MICARDIS HCT	31	MM PEN NEEDLES 31G X		SYRINGE/U-100/0.5ML/28G X	
MICONAZOLE 3	138	5/16"	103	1/2"	104
MICRO-K	120	MM PEN NEEDLES 32G X		MONOJECT INSULIN	
MICROLET LANCETS	81	5/32"	103	SYRINGE/U-100/0.5ML/30G X	
MICROLET NEXT	81	MM TWIST LANCETS	82	5/16"	104
MICROTAINER SAFETY FLOW		MOBIC	5	MONOJECT INSULIN	
LANCET/STERILE/SINGLE-USE		modafinil	3	SYRINGE/U-100/1ML/28G X	
.....	81	MODERIBA 1200 DOSE		1/2"	104
MICROZIDE	63	PACK	44	MONOJECT INSULIN	
midodrine hcl	138	MODERIBA 800 DOSE		SYRINGE/U-100/1ML/30G X	
miglitol	22	PACK	44	5/16"	104
miglustat	69	moexipril hcl	29	MONOJECT INSULIN	
MIGRANAL	118	mometasone furoate	59	SYRINGE/REGULAR LUER	
MILLIPRED	52	mometasone furoate		TIP/SOFTPACK/1ML	104
		(nasal)	123	MONOJECT ULTRA COMFORT	
		MONISTAT SOOTHING CARE		INSULIN SYRINGE/0.3ML/29G X	
		ITCH RELIEF	59	1/2"	104
		MONODOX	131	MONOJECT ULTRA COMFORT	
		MONOJECT INSULIN		INSULIN SYRINGE/0.3ML/30G X	
		SYRINGE/1ML	104	5/16"	104

MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"	104	MPD SAFETY LANCET 28G/1.8MM	82	naproxen	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"	104	MPD SAFETY LANCET 30G/1.8MM	82	naproxen sodium	5
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"	104	MPD SAFETY LANCETS 23G/1.8MM	82	naratriptan hcl	119
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	104	MS CONTIN	7	NARCAN	25
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	104	MS INSULIN SYRINGE/0.3ML/31G X 5/16"	105	NARDIL	20
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	105	MS INSULIN SYRINGE/0.5ML/31G X 5/16"	105	NASACORT ALLERGY 24HR	123
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	105	MS INSULIN SYRINGE/1ML/31G X 5/16"	105	NASACORT ALLERGY 24HR CHILDRENS	123
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	105	MULTAQ	13	NASONEX	123
MONOLET LANCETS	82	MULTI-LANCET DEVICE	82	NATACYN	125
MONOLET OPD LANCETS	82	mupirocin	55	NATAZIA	50
MONOLETTOR SAFETY LANCETS	82	mupirocin calcium (topical)	55	nateglinide	24
montelukast sodium	13	MUSTARGEN	33	NATROBA	60
MONUROL	134	MYALEPT	65	NATURE-THROID	132
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	105	MYAMBUTOL	33	NAVELBINE	38
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	105	MYCAMINE	26	NEBUPENT	10
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"	105	MYCOBUTIN	33	NEBUSAL	53
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	105	mycophenolate mofetil hcl	121	NECON 1/50-28	50
morphine sulfate	7	mycophenolate mofetil sodium	121	NECON 10/11-28	50
MORPHINE SULFATE	7	MYDRIACYL	124	NEFAZODONE HCL	21
MOTOFEN	25	MYFORTIC	121	nefazodone hcl	21
MOVIPREP	71	MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	82	NEFAZODONE HYDROCHLORIDE	21
MOXEZA	125	MYLERAN	33	NEO-SYNALAR	55
moxifloxacin hcl	67	MYRBETRIQ	135	neomycin sulfate	3
moxifloxacin hcl (ophth)	125	MYSOLINE	17	neomycin-bacitracin zn-polymyxin	125
moxifloxacin hcl in sodium chloride	67	nabumetone	5	neomycin-polymy-dexameth	126
MOZOBIL	70	nadolol	46	neomycin-polymyxin-hc (otic)	127
MPD SAFETY LANCET 21G/1.8MM	82	naftifine hcl	56	NEOMYCIN/POLYMYXIN/HYDR	126
		NAFTIN	56	OCORTISONE	121
		NAGLAZYME	65	NEORAL	121
		nalbuphine hcl	9	NEPTAZANE	62
		NALFON	5	NESINA	23
		naloxone hcl	25	NETGROUP LANCETS	82
		naltrexone hcl	25	NEULASTA	70
		NAMENDA	129	NEULASTA ONPRO KIT	70
		NAMENDA TITRATION PAK	129	NEUPOGEN	70
		NAPROSYN	5	NEUPRO	39
				NEURONTIN	17
				NEVANAC	126
				nevirapine	42
				NEXAVAR	36
				NEXIUM	133
				NEXIUM 24HR	133
				NEXPLANON	51

niacin	138	norethindrone acet & eth		NOVOLOG MIX 70/30	24
niacin (antihyperlipidemic)	29	estra	50	NOVOLOG MIX 70/30	
NIACIN TR	138	norethindrone acetate	128	PREFILLED FLEXPEN	24
niacinamide	138	norethindrone acetate-ethinyl		NOVOLOG PENFILL	24
NIASPAN	29	estradiol	66	NOVOTWIST 32GX5MM	105
nicardipine hcl	47	norethindrone acetate-ethinyl		NOXAFIL	26
NICODERM CQ	130	estradiol-fe	50	NPLATE	70
NICORETTE	130	norethindrone-eth estradiol		NUCYNTA	7
NICORETTE MINI	130	(triphasic)	50	NUCYNTA ER	7
NICORETTE STARTER		norgestimate-ethinyl		NUDEXTA	130
KIT	130	estradiol	50	NULOJIX	121
nicotine	131	norgestimate-ethinyl estradiol		NUTROPIN AQ NUSPIN 10	64
nicotine polacrilex	131	(triphasic)	50	NUVARING	51
NICOTINE TRANSDERMAL		norgestrel & ethinyl		NUVIGIL	3
SYSTEM	131	estradiol	50	nystatin	26
NICOTROL INHALER	131	NORINYL 1+35	50	nystatin (mouth-throat)	122
NICOTROL NS	131	NORMOSOL-M IN D5W	120	nystatin (topical)	56
nifedipine	47	NORMOSOL-R	120	nystatin-triamcinolone	56
NILANDRON	35	NORPACE	13	OBREDON	53
nilutamide	35	NORPRAMIN	22	OCREVUS	130
nimodipine	47	nortriptyline hcl	22	octreotide acetate	65
NINLARO	36	NORTRIPTYLINE HCL	22	OCUFEN	126
NIPENT	37	NORVASC	47	OCUFLOX	125
nisoldipine	47	NORVIR	43	ODEFSEY	43
NISOLDIPINE ER	47	NOVA MAX PLUS KETONE		ODOMZO	35
NITRO-BID	12	TESTSTRIPS	61	OFLOXACIN	67
NITRO-DUR	12	NOVA SAFETY LANCETS		ofloxacin	67
nitrofurantoin	134	23G	82	ofloxacin (ophth)	125
nitrofurantoin macrocrystal	134	NOVA SAFETY LANCETS		ofloxacin (otic)	127
nitrofurantoin monohyd		28G	82	OGESTREL	50
macro	134	NOVA SUREFLEX		olanzapine	40
nitroglycerin	12	LANCETS	82	olmesartan medoxomil	30
NITROGLYCERIN	12	NOVA SUREFLEX LANCING		olmesartan medoxomil-	
nitroglycerin	12	DEVICE	82	amlodipine-hydrochlorothiazide	
NITROSTAT	12	NOVAREL	64		31
NIX CREME RINSE	61	NOVOFINE 30GX8MM	105	hydrochlorothiazide	31
nizatidine	133	NOVOFINE 32GX6MM	105	olopatadine hcl	126
NIZATIDINE	133	NOVOFINE AUTOCOVER		olopatadine hcl (nasal)	123
NIZORAL	56	30GX8MM	105	OLUX	59
NOR-QD	51	NOVOFINE PLUS		omega-3-acid ethyl esters	28
NORCO	8	32GX4MM	105	omeprazole	133,134
NORDITROPIN FLEXPEN	64	NOVOLIN 70/30	24	OMEPRAZOLE	134
norethin acet & estrad-fe	50	NOVOLIN 70/30		omeprazole magnesium	134
norethindrone & eth estradiol	50	FLEXPEN	24	omeprazole-sodium	
norethindrone & ethinyl estradiol-		NOVOLIN 70/30 FLEXPEN		bicarbonate	134
fe	50	RELION	24	OMNIFLEX DIAPHRAGM	73
norethindrone		NOVOLIN 70/30 RELION	24	OMNIPRED	126
(contraceptive)	51	NOVOLIN N	24		
		NOVOLIN N RELION	24		
		NOVOLIN R	24		
		NOVOLIN R RELION	24		
		NOVOLOG	24		
		NOVOLOG FLEXPEN	24		

OMNITROPE.....	64	oxaprozin.....	5	PC LANCETS SUPER THIN	
ON CALL LANCETS.....	82	oxazepam.....	12	30G.....	82
ON CALL LANCING		oxcarbazepine.....	17	PC UNIFINE PENTIPS 29G	
DEVICE.....	82	oxiconazole nitrate.....	56	X1/2".....	105
ON CALL PLUS LANCETS.....	82	OXISTAT.....	56	PC UNIFINE PENTIPS 31G	
ON CALL PLUS LANCING		OXSORALEN ULTRA.....	56	X5MM MINI.....	105
DEVICE.....	82	oxybutynin chloride.....	134	PC UNIFINE PENTIPS 31G	
ONCASPAR.....	37	oxycodone hcl.....	7	X6MM ULTRA SHORT.....	105
ondansetron.....	25	OXYCODONE HCL ER.....	7	PC UNIFINE PENTIPS 31G	
ondansetron hcl.....	25	oxycodone w/		X8MM SHORT.....	105
ONETOUCH CLUB LANCETS		acetaminophen.....	8	PEDIAPRED.....	52
FINE POINT.....	82	OXYCODONE/ACETAMINOPH		peg 3350-kcl-sod bicarb-sod	
ONETOUCH COMBO PACK	82	EN.....	8	chloride-sod sulfate.....	71
ONETOUCH DELICA LANCETS		OXYCODONE/IBUPROFEN		PEG-INTRON REDIPEN.....	44
EXTRA FINE 33G.....	82	9.....		PEGANONE.....	18
ONETOUCH DELICA LANCETS		OXYCONTIN.....	7	PEGASYS.....	44
FINE 30G.....	82	oxymorphone hcl.....	7	PEGASYS PROCLICK.....	44
ONETOUCH DELICA LANCING		OXYMORPHONE		PEGINTRON.....	44
DEVICE.....	82	HYDROCHLORIDE ER.....	7	PEN NEEDLES 29G X	
ONETOUCH FINEPOINT		paclitaxel.....	38	12MM.....	105
LANCETS.....	82	PACLITAXEL.....	38	PEN NEEDLES 29GX1/2".....	105
ONETOUCH ULTRASOFT		paliperidone.....	40	PEN NEEDLES 30GX5/16".....	105
LANCETS.....	82	palonosetron hcl.....	25	PEN NEEDLES 30GX8MM.....	105
ONFI.....	16	PALONOSETRON		PEN NEEDLES 31G X 1/4"	
ONGLYZA.....	23	HYDROCHLORIDE.....	25	SHORT.....	105
OPANA.....	7	PAMELOR.....	22	PEN NEEDLES 31G X	
OPSUMIT.....	48	pamidronate disodium.....	63	3/16".....	105
ORAP.....	130	PAMIDRONATE		PEN NEEDLES 31G X	
ORAPRED ODT.....	52	DISODIUM.....	63	5MM.....	105
ORENCIA.....	5	PANCREAZE.....	62	PEN NEEDLES 31G X	
ORENITRAM.....	48	PANOXYL-4 CREAMY		6MM.....	105
ORFADIN.....	65	WASH.....	54	PEN NEEDLES 31G X	
orphenadrine citrate.....	123	PANRETIN.....	56	8MM.....	105
ORTHO MICRONOR.....	51	pantoprazole sodium.....	134	PEN NEEDLES 31GX5/16".....	105
ORTHO TRI-CYCLEN.....	50	PARAFON FORTE DSC.....	123	PEN NEEDLES 31GX6MM	
ORTHO TRI-CYCLEN LO.....	50	PARAGARD INTRAUTERINE		(1/4").....	105
ORTHO-CYCLEN.....	50	COPPER CONTRACEPTIVE		PEN NEEDLES 31GX8MM.....	105
ORTHO-NOVUM 1/35.....	50	T380A.....	51	PEN NEEDLES 31GX8MM	
ORTHO-NOVUM 7/7/7.....	50	parenteral electrolytes.....	120	(5/16").....	105
oseltamivir phosphate.....	45	paricalcitol.....	65	PEN NEEDLES 32G X	
OSMOPREP.....	71	PARLODEL.....	39	4MM.....	105
OSPHENA.....	64	PARNATE.....	20	PEN NEEDLES 32G X	
OTEZLA.....	5	paromomycin sulfate.....	3	5MM.....	105
OTOVEL.....	127	paroxetine hcl.....	20	PEN NEEDLES 32G X	
OVCON-35.....	50	PASER.....	33	6MM.....	105
OVIDE.....	61	PATADAY.....	126	PEN NEEDLES 32GX4MM.....	105
oxacillin sodium.....	128	PATANASE.....	123	penicillin g potassium.....	128
oxaliplatin.....	34	PATANOL.....	126	PENICILLIN G POTASSIUM IN	
OXANDRIN.....	9	PAXIL.....	20,21	ISO-OSMOTIC	
oxandrolone.....	9	PAXIL CR.....	20	DEXTROSE.....	128
				PENICILLIN G PROCAINE.....	128
				PENICILLIN G SODIUM.....	128
				penicillin v potassium.....	128
				PENICILLIN V	
				POTASSIUM.....	128

penicillin v potassium.....	128	phenytoin.....	19	potassium chloride in dextrose.....	120
PENLAC NAIL LACQUER...56		phenytoin sodium.....	19	potassium chloride in dextrose & sodium chloride.....	120
PENTAM 300.....	10	phenytoin sodium extended.....	19	potassium chloride in nacl...120	
pentazocine w/ naloxone.....	9	PHOSLYRA.....	68	potassium chloride microencapsulated crystals er.....	120
PENTIPS 29G X 12MM....	105	PHOSPHOLINE IODIDE..	124	POTASSIUM CHLORIDE/DEXTROSE...120	
PENTIPS 29GX12MM.....	105	PHOTOFRIN.....	37	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	120
PENTIPS 31G X 5MM.....	106	PICATO.....	56	potassium citrate (alkalinizer).....	68
PENTIPS 31G X 8MM.....	106	pilocarpine hcl.....	124	potassium phosphates.....	120
PENTIPS 31GX5MM.....	106	pilocarpine hcl (oral).....	122	POTASSIUM PHOSPHATES.....	120
PENTIPS 31GX6MM.....	106	pimozide.....	130	POTIGA.....	17
PENTIPS 31GX8MM.....	106	pindolol.....	46	PRADAXA.....	16
PENTIPS 32G X 4MM.....	106	pioglitazone hcl.....	23	pramipexole dihydrochloride..39	
PENTIPS 32GX4MM.....	106	pioglitazone hcl-glimepiride.....	22	PRANDIN.....	24
pentoxifylline.....	69	pioglitazone hcl-metformin hcl.....	22	prasugrel hcl.....	69
PEPCID.....	133	piperacillin sodium-tazobactam sodium.....	128	PRAVACHOL.....	29
PEPCID AC MAXIMUM STRENGTH.....	133	PIPERACILLIN/TAZOBACTAM.....	128	pravastatin sodium.....	29
PERCOCET.....	9	piroxicam.....	5	praziquantel.....	10
PERFECT LANCETS 30G...82		PLAN B ONE-STEP.....	51	prazosin hcl.....	30
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G.....	82	PLAQUENIL.....	32	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	106
PERIDEX.....	122	PLASMA-LYTE A.....	120	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	106
perindopril erbumine.....	29	PLASMA-LYTE-148.....	120	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	106
PERJETA.....	34	PLASMA-LYTE-56/D5W..	120	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	106
permethrin.....	61	PLAVIX.....	69	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	106
perphenazine.....	41	PLEGRIDY.....	130	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	106
PERPHENAZINE/AMITRIPTYLINE.....	129	PLEGRIDY STARTER PACK.....	130	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	106
PFIZERPEN.....	128	PNEUMOVAX 23.....	135	PRECISION THIN LANCETS.....	82
PHARMACIST CHOICE ULTRA THIN LANCETS.....	82	PNEUMOVAX 23/1 DOSE.....	135	PRECISION THINS GP LANCET.....	82
PHARMACIST CHOICE ULTRA THIN LANCETS 28G.....	82	podofilox.....	60	PRECISION ULTRA LANCET.....	82
PHARMACIST CHOICE ULTRA THIN LANCETS 30G.....	82	polymyxin b sulfate.....	11	PRECISION XTRA.....	61
PHARMACIST CHOICE ULTRA THIN LANCETS 31G.....	82	polymyxin b-trimethoprim.....	125		
PHARMACIST CHOICE ULTRA THIN LANCETS 33G.....	82	POLYTRIM.....	125		
PHARMACY COUNTER LANCETS.....	82	POMALYST.....	35		
phenazopyridine hcl.....	68	PONSTEL.....	5		
phendimetrazine tartrate.....	1	potassium acetate.....	120		
phenelzine sulfate.....	20	potassium bicarb & chloride.....	120		
PHENERGAN.....	28	potassium bicarbonate...120			
phenobarbital.....	70	potassium chloride.....	120		
phenoxybenzamine hcl.....	30	POTASSIUM CHLORIDE.....	120		
phentermine hcl.....	2	potassium chloride.....	120		
PHENYTEK.....	18	POTASSIUM CHLORIDE ER.....	120		

PRECOSE.....	22	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM	106	PRO COMFORT PEN NEEDLES/32G X 6MM.....	107
PRED FORTE.....	126	PREGNYL W/DILUENT		PROAIR HFA.....	14
PRED MILD.....	126	BENZYLALCOHOL/NACL	64	probenecid.....	69
prednicarbate.....	59	PREMARIN.....	66	procainamide hcl.....	13
prednisolone.....	52	PREMIUM CONDOMS LUBRICATED.....	73	PROCARDIA.....	47
prednisolone acetate (ophth).....	126	PREMPHASE.....	66	PROCARDIA XL.....	47
PREDNISOLONE SODIUM PHOSPHATE.....	52	PREMPRO.....	66	prochlorperazine.....	41
prednisolone sodium phosphate.....	52	PREPOPIK.....	71	prochlorperazine maleate.....	41
PREDNISOLONE SODIUM PHOSPHATE.....	126	PRESSURE ACTIVATED SAFETYLANCET 21G.....	83	PROCRIT.....	70
PREDNISON.....	52	PREVACID.....	134	PROCTOCORT.....	10
prednisone.....	52	PREVACID 24HR.....	134	PRODIGY INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16".....	107
PREDNISON.....	52	PREVNAR 13.....	135	PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16".....	107
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	106	PREZCOBIX.....	43	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2".....	107
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	106	PREZISTA.....	43	PRODIGY LANCING DEVICE.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	106	PRIFTIN.....	33	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	106	PRILOSEC.....	134	PRODIGY SAFETY LANCETS.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	106	PRILOSEC OTC.....	134	PRODIGY TWIST TOP LANCETS.....	83
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	106	PRIMAQUINE PHOSPHATE.....	32	progesterone micronized.....	128
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	106	PRIMAXIN IV.....	11	PROGLYCEM.....	23
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	106	primidone.....	17	PROGRAF.....	121
PREFERRED PLUS LANCETS COLORED 21G.....	82	PRINIVIL.....	30	PROLASTIN-C.....	131
PREFERRED PLUS LANCETS SUPER THIN 30G.....	82	PRISTIQ.....	21	PROLEUKIN.....	37
PREFERRED PLUS LANCETS THIN 26G.....	83	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2".....	106	PROLIA.....	63
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	106	PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16".....	107	PROMACTA.....	70
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	106	PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16".....	107	promethazine hcl.....	28
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	106	PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2".....	107	PROMETRIUM.....	129
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	106	PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16".....	107	propafenone hcl.....	13
		PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16".....	107	proparacaine hcl.....	125
		PRO COMFORT LANCETS 30G.....	83	PROPECIA.....	60
		PRO COMFORT LANCETS 31G.....	83	propranolol hcl.....	46
		PRO COMFORT PEN NEEDLES/31G X 8MM.....	107	PROPRANOLOL HCL.....	46
		PRO COMFORT PEN NEEDLES/32G X 4MM.....	107	propranolol hcl.....	46
		PRO COMFORT PEN NEEDLES/32G X 5MM.....	107	propylthiouracil.....	132
				PROSCAR.....	68
				PROTONIX.....	134
				PROTOPIC.....	60
				protriptyline hcl.....	22
				PROVENTIL HFA.....	14
				PROVERA.....	129
				PROVIGIL.....	3

PROZAC	21	QC PEN NEEDLES 31G X 6MM	107	RAPAMUNE	121
PROZAC WEEKLY	21	QC PEN NEEDLES 31G X 8MM	107	rasagiline mesylate	39
PRUDOXIN	56	QC UNIFINE PENTIPS 32GX4MM	107	RAZADYNE	129
PSORCON	59	QC UNILET LANCETS 28G/ULTRA THIN	83	RAZADYNE ER	129
PSS SELECT GP LANCETS	83	QC UNILET LANCETS 33G/MICRO THIN	83	READYLANCE SAFETY LANCETS/21G/2.2MM	83
PSS SELECT SAFETY LANCETS	83	QUALAQUIN	32	READYLANCE SAFETY LANCETS/23G/1.8MM	83
PTS PANELS KETONE TEST	61	QUESTRAN	28	READYLANCE SAFETY LANCETS/26G/1.8MM	83
PULMICORT	14	QUESTRAN LIGHT	28	READYLANCE SAFETY LANCETS/28G/1.8MM	83
PULMICORT FLEXHALER ..	14	quetiapine fumarate ...	40,41	READYLANCE SAFETY LANCETS/30G/1.6MM	83
PULMOZYME	131	quinapril hcl	30	REALITY INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2"	107
PUSH BUTTON SAFETY LANCETS 21G	83	quinapril-hydrochlorothiazide	31	REALITY INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	108
PUSH BUTTON SAFETY LANCETS 28G	83	QUINIDINE SULFATE	13	REALITY INSULIN SYRINGE/U- 100/1ML/28G X 1/2"	108
PX ADVANCED LANCING DEVICE	83	quinine sulfate	32	REALITY INSULIN SYRINGE/U- 100/1ML/29G X 1/2"	108
PX EXTRA SHORT PEN NEEDLES 31GX6MM	107	QVAR	14	REALITY LANCETS	83
PX INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2"	107	QVAR REDIHALER	14	REALITY LATEX CONDOMS/LUBRICATED ..	73
PX INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16"	107	RA E-ZJECT COLOR LANCETSMICRO-THIN 33G	83	REALITY LATEX/ULTRA TEXTURED	73
PX INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2"	107	RA E-ZJECT LANCETS 28G	83	REALITY LATEX/ULTRA THIN	73
PX INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16"	107	RA E-ZJECT LANCETS THIN 26G	83	REALITY TRIGGER LANCETS	83
PX INSULIN SYRINGE/U- 100/1ML/30G X 1/2"	107	RA E-ZJECT LANCETS THIN 28G	83	REBETOL	44
PX INSULIN SYRINGE/U- 100/1ML/31G X 5/16"	107	RA E-ZJECT LANCETS ULTRATHIN 30G	83	REBIF	130
PX LANCET AUTO INJECTOR	83	RA INSULIN SYRINGE/0.5ML/29G X 1/2"	107	REBIF REBIDOSE	130
PX LANCETS ULTRA THIN 28G	83	RA INSULIN SYRINGE/1ML/29G X 1/2"	107	REBIF REBIDOSE TITRATIONPACK	130
PX MINI PEN NEEDLES 31GX5MM	107	RA INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16"	107	REBIF TITRATION PACK ..	130
PX OMEPRAZOLE	134	RA INSULIN SYRINGE/U- 100/1 ML/30G X 5/16"	107	RECLAST	63
PX PEN NEEDLE 29GX12MM	107	RA LANCING DEVICE	83	RECTIV	10
PX PEN NEEDLE 31GX8MM	107	RA OMEPRAZOLE	134	REGLAN	67
PX SHORTLENGTH PEN NEEDLES/31GX8MM	107	RA PEN NEEDLES 31G X 5MM3/16"	107	REGRANEX	61
pyrazinamide	33	RA PEN NEEDLES 31G X 8MM5/16"	107	RELENZA DISKHALER	45
PYRIDIDIUM	68	rabeprazole sodium	134	RELION 2-IN-1 LANCING DEVICE 25G	83
pyridostigmine bromide ..	32	raloxifene hcl	64	RELION 2-IN-1 LANCING DEVICE 30G	83
QC ADVANCED LANCING DEVICE	83	ramipril	30	RELION INSULIN SYRINGE 1ML/31GX15/64"	108
QC LANCETS SUPER THIN	83	RANEXA	12	RELION INSULIN SYRINGE/U- 00/1ML/29G X 1/2"	108
QC LANCETS ULTRA THIN	83	ranitidine hcl	133	RELION INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2"	108
QC PEN NEEDLES 29G X 12MM	107	RAPAFLO	68	RELION INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16"	108

RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	108	REPAGLINIDE/METFORMIN HYDROCHLORIDE.....	22	RITALIN.....	3
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	108	REPATHA.....	29	RITALIN LA.....	3
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	108	REPATHA SURECLICK... ..	29	ritonavir.....	43
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	REPREXAIN.....	9	RITUXAN.....	34
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	REQUIP.....	39	rivastigmine tartrate.....	129
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64".....	108	REQUIP XL.....	39	rizatriptan benzoate.....	119
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	108	RESCRIPTOR.....	43	ROBAXIN.....	123
RELION KETONE.....	61	RESCULA.....	127	ROBAXIN-750.....	123
RELION KETONE TEST STRIPS.....	61	RESECTISOL.....	68	ROBINUL.....	132
RELION LANCETS MICRO-THIN33G.....	83	RESTASIS.....	125	ROBINUL FORTE.....	132
RELION LANCETS STANDARD 21G.....	83	RESTASIS MULTIDOSE.....	125	ROCALTROL.....	65
RELION LANCETS THIN 26G.....	83	RESTORIL.....	70	ROMIDEPSIN.....	37
RELION LANCETS ULTRA-THIN30G.....	83	RETIN-A.....	54	ropinirole hydrochloride.....	39
RELION LANCING DEVICE.....	83	RETIN-A MICRO.....	54	rosuvastatin calcium.....	29
RELION MINI PEN NEEDLES 31GX6MM.....	108	RETIN-A MICRO PUMP... ..	54	ROXICODONE.....	7
RELION PEN NEEDLES 29GX12MM.....	108	RETROVIR.....	43	ROZEREM.....	71
RELION PEN NEEDLES 31GX6MM.....	108	RETROVIR IV INFUSION.....	43	RYCLORA.....	26
RELION PEN NEEDLES 31GX8MM.....	108	REVATIO.....	48	RYTHMOL.....	13
RELION PEN NEEDLES 32GX4MM.....	108	REVLIMID.....	121	RYTHMOL SR.....	13
RELION SHORT PEN NEEDLES31GX8MM.....	108	REXALL LANCETS ULTRA THIN.....	84	SABRIL.....	18
RELION ULTRA THIN LANCETS30G.....	84	REXULTI.....	41	SAFE-T-LANCE LOW FLOW 25G.....	84
RELION ULTRA THIN PLUS LANCETS 32G.....	84	REYATAZ.....	43	SAFE-T-LANCE NORMAL FLOW21G.....	84
RELION ULTRA THIN PLUS LANCETS 33G.....	84	RHINOCORT AQUA.....	123	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW.....	84
RELISTOR.....	68	RIBASPHERE.....	44	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW.....	84
RELPAK.....	119	RIBASPHERE RIBAPAK... ..	44	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW.....	84
REMERON.....	19	ribavirin (hepatitis c).....	44	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	108
REMERON SOLTAB.....	19	RIDAURA.....	4	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	108
REMICADE.....	67	rifabutin.....	33	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16".....	108
REMODULIN.....	48	RIFADIN.....	33	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2".....	108
RENAGEL.....	68	RIFAMATE.....	33	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2".....	108
RENFLEXIS.....	67	rifampin.....	33	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2".....	108
REVELA.....	68	RIFATER.....	33	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16".....	108
REOPRO.....	69	RIGHTEST GD500 LANCING DEVICE.....	84	SAFETY INSULIN SYRINGES 1ML/27GX1/2".....	108
repaglinide.....	24	RIGHTEST GL300 LANCETS.....	84		
		RILUTEK.....	124		
		riluzole.....	124		
		rimantadine hydrochloride.....	45		
		ringer's.....	120		
		ringer's irrigation.....	122		
		risedronate sodium.....	63		
		RISPERDAL.....	40		
		RISPERDAL CONSTA.....	40		
		RISPERDAL M-TAB.....	40		
		risperidone.....	40		

SAFETY INSULIN SYRINGES 1ML/29GX1/2".....	108	SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/30G X 5/16".....	109	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31 GX8MM.....	109
SAFETY INSULIN SYRINGES 1ML/30GX1/2".....	108	scopolamine.....	25	SHOPKO UNILET LANCETS SUPER THIN 30G.....	84
SAFETY LANCET 21G/PRESSURE ACTIVATED.....	84	SEASONIQUE.....	50	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	84
SAFETY LANCET 28G/PRESSURE ACTIVATED.....	84	SECTRAL.....	46	SHUR-SEAL.....	137
SAFETY LANCETS.....	84	SEGLUROMET.....	22	SIDE BUTTON SAFETY LANCET21G.....	84
SAFETY LANCETS 21G.....	84	SELECT-LITE LANCING DEVICE.....	84	SIGNIFOR.....	65
SAFETY LANCETS 28G.....	84	selegiline hcl.....	39	SIKLOS.....	69
SAFETY LET LANCETS.....	84	selenium sulfide.....	57	sildenafil citrate.....	47
SAFETY SEAL LANCETS 28G.....	84	SELZENTRY.....	43	sildenafil citrate (pulmonary hypertension).....	48
SAFETY SEAL LANCETS 30G.....	84	SENSIPAR.....	65	SILVADENE.....	57
SAFYRAL.....	50	SEREVENT DISKUS.....	14	silver sulfadiazine.....	57
SAIZEN.....	64	SEROQUEL.....	41	SIMBRINZA.....	125
SAIZEN CLICK.EASY.....	64	SEROQUEL XR.....	41	SIMPLE DIAGNOSTICS LANCING DEVICE.....	84
SAIZENPREP RECONSTITUTIONKIT.....	64	SEROSTIM.....	64	SIMPONI.....	4
SALAGEN.....	122	sertraline hcl.....	21	SIMULECT.....	122
salsalate.....	6	sevelamer carbonate.....	68	simvastatin.....	29
SAMSCA.....	65	SHINGRIX.....	137	SINEMET.....	39
SANDIMMUNE.....	121	SHOHL'S SOLUTION MODIFIED.....	68	SINEMET CR.....	39
SANDOSTATIN.....	65	SHOPKO AUTOLET LANCING DEVICE.....	84	SINEMET CR.....	39
SANTYL.....	60	SHOPKO ON-THE-GO COMFORTLANCETS 30G.....	84	SINGLE-LET.....	84
SAPHRIS.....	41	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	109	SINGULAIR.....	13
SAPS HEALTH TWIST TOP LANCETS 30G.....	84	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	109	sirolimus.....	122
SAPSCARE TWIST TOP LANCETS 30G.....	84	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12 MM.....	109	SIRTURO.....	33
SAVELLA.....	129	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	109	SIVEXTRO.....	11
SAVELLA TITRATION PACK.....	129	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/3 2GX4MM.....	109	SKELAXIN.....	123
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	109	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31 GX5MM.....	109	SKLICE.....	61
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	109	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12 MM.....	109	SKYLA.....	51
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	109			SLO-NIACIN.....	138
SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	109			SM INSULIN SYRINGE/1ML/31G X 5/16".....	109
SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	109			SM MICRO THIN LANCETS 33G.....	84
SB LANCETS THIN.....	84			SM OMEPRAZOLE.....	134
SB LANCETS ULTRA THIN.....	84			SM TRUEDRAW LANCING DEVICE.....	84
SB OMEPRAZOLE.....	134			SMART DIABETES VANTAGE LANCING DEVICE.....	84
SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/29G X 1/2".....	109			SMART SENSE COLOR LANCETS UNIVERSAL 33G.....	84

sodium acetate.....	119	stavudine.....	43	SURE COMFORT INSULIN	
sodium chloride.....	121	STEGLATRO.....	24	SYRINGE/U-100/0.3ML/31G X	
sodium chloride (gu irrigant).....	68	STELARA.....	57	5/16".....	109
sodium chloride (inhalant).....	53	STENDRA.....	47	SURE COMFORT INSULIN	
sodium citrate & citric acid.....	68	STERILANCE TL.....	85	SYRINGE/U-100/0.5ML/28G X	
sodium phenylbutyrate.....	65	STIMATE.....	65	1/2".....	109
sodium polystyrene		STIVARGA.....	37	SURE COMFORT INSULIN	
sulfonate.....	122	STRATTERA.....	2	SYRINGE/U-100/0.5ML/29G X	
SOFOSBUVIR/VELPATASVIR		STREPTOMYCIN		1/2".....	109
.....	44	SULFATE.....	3	SURE COMFORT INSULIN	
SOLARAZE.....	56	STRIBILD.....	43	SYRINGE/U-100/0.5ML/30G X	
SOLOSEC.....	3	STRIVERDI RESPIMAT.....	14	5/16".....	109
SOLU-CORTEF.....	52	STROMECTOL.....	10	SURE COMFORT INSULIN	
SOLU-MEDROL.....	52	SUBOXONE.....	9	SYRINGE/U-100/0.5ML/31G X	
SOLUS V2 LANCING		SUCRAID.....	62	5/16.....	110
DEVICE.....	85	sucralfate.....	133	SURE COMFORT INSULIN	
SOLUS V2 PRESSURE		SULAR.....	47	SYRINGE/U-100/1ML/28G X	
ACTIVATED SAFETY LANCETS		sulfacetamide sodium		1/2".....	110
28G.....	85	(acne).....	54	SURE COMFORT INSULIN	
SOLUS V2 TWIST LANCETS		sulfacetamide sodium		SYRINGE/U-100/1ML/29G X	
30G.....	85	(ophth).....	125	1/2".....	110
SOMA.....	123	sulfacetamide sodium w/		SURE COMFORT INSULIN	
SOMATULINE DEPOT.....	65	sulfur.....	55	SYRINGE/U-100/1ML/30G X	
SOMAVERT.....	64	SULFADIAZINE.....	131	1/2".....	110
SONATA.....	70,71	sulfamethoxazole-trimethoprim		SURE COMFORT INSULIN	
SORBITOL.....	68	.....	10	SYRINGE/U-100/1ML/30G X	
SORBITOL-MANNITOL.....	68	SULFAMYLON.....	57	5/16".....	110
SORIATANE.....	56,57	sulfasalazine.....	67	SURE COMFORT INSULIN	
sotalol hcl.....	46	sulindac.....	5	SYRINGE/U-100/1ML/31G X	
sotalol hcl (afib/afI).....	46	SUMADAN WASH.....	55	5/16".....	110
SOVALDI.....	44	sumatriptan.....	119	SURE COMFORT LANCETS	
SPECTRACEF.....	49	sumatriptan succinate.....	119	18G.....	85
SPINOSAD.....	61	SUMATRIPTAN		SURE COMFORT LANCETS	
SPIRIVA HANDIHALER.....	13	SUCCINATE.....	119	21G.....	85
SPIRIVA RESPIMAT.....	13	sumatriptan succinate.....	119	SURE COMFORT LANCETS	
spironolactone.....	62	SUPER THIN LANCETS.....	85	23G.....	85
spironolactone &		SUPRAX.....	49	SURE COMFORT LANCETS	
hydrochlorothiazide.....	62	SUPREP BOWEL PREP		28G.....	85
SPORANOX.....	26	KIT.....	71	SURE COMFORT LANCETS	
SPORANOX PULSEPAK.....	26	SURE COMFORT INSULIN		30G.....	85
SPRYCEL.....	37	SYRINGE/U-100/0.3ML/29G X		SURE COMFORT LANCING	
STALEVO 100.....	39	1/2".....	109	PEN.....	85
STALEVO 125.....	39	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 150.....	39	SYRINGE/U-100/0.3ML/30G X		NEEDLES29GX1/2"	
STALEVO 200.....	39	1/2".....	109	12.7MM.....	110
STALEVO 50.....	39	SURE COMFORT INSULIN		SURE COMFORT PEN	
STALEVO 75.....	39	SYRINGE/U-100/0.3ML/30G X		NEEDLES30GX5/16"	
stannous fluoride.....	122	5/16".....	109	SHORT.....	110
STARLIX.....	24	SURE COMFORT INSULIN		SURE COMFORT PEN	
		SYRINGE/U-100/0.3ML/31G X		NEEDLES31GX3/16"	
		5/16.....	109	(5MM).....	110
				SURE COMFORT PEN	
				NEEDLES31GX5/16"	
				(8MM).....	110
				SURE COMFORT PEN	
				NEEDLES32GX5/32".....	110

SURE COMFORT PEN			
NEEDLES32GX6MM	110	SYLATRON	37
SURE-FINE PEN NEEDLES		SYMBICORT	15
29GX1/2" 12.7MM	110	SYMFI	43
SURE-FINE PEN NEEDLES		SYMFI LO	43
31GX3/16" 5MM	110	SYMLINPEN 120	22
SURE-FINE PEN NEEDLES		SYMLINPEN 60	22
31GX5/16" 8MM	110	SYNALAR	59
SURE-JECT INSULIN		SYNAREL	64
SYRINGE/U-100/0.3ML/29G X		SYNERA	60
1/2"	110	SYNJARDY	22
SURE-JECT INSULIN		SYNRIBO	37
SYRINGE/U-100/0.3ML/30G X		SYNTHROID	132
5/16"	110	SYPRINE	121
SURE-JECT INSULIN		TABLOID	34
SYRINGE/U-100/0.5ML/28G X		TACLONEX	59
1/2"	110	tacrolimus	122
SURE-JECT INSULIN		tacrolimus (topical)	60
SYRINGE/U-100/0.5ML/29G X		tadalafil	47
1/2"	110	tadalafil (pulmonary	
SURE-JECT INSULIN		hypertension)	48
SYRINGE/U-100/0.5ML/30G X		TAFINLAR	37
5/16"	110	TAGAMET HB	133
SURE-JECT INSULIN		TALWIN	9
SYRINGE/U-100/0.5ML/31G X		TAMIFLU	45
5/16"	110	tamoxifen citrate	35
SURE-JECT INSULIN		tamsulosin hcl	68
SYRINGE/U-100/1ML/28G X		TANZEUM	23
1/2"	110	TAPAZOLE	132
SURE-JECT INSULIN		TARCEVA	37
SYRINGE/U-100/1ML/29G X		TARGRETIN	37,56
1/2"	110	TARKA	31
SURE-JECT INSULIN		TASIGNA	37
SYRINGE/U-100/1ML/31G X		TASMAR	38
5/16"	110	TAXOTERE	38
SURE-LANCE FLAT		tazarotene	57
LANCETS	85	TAZORAC	57
SURE-LANCE LANCETS		TECFIDERA	130
26G	85	TECFIDERA STARTER	
SURE-LANCE THIN LANCETS		PACK	130
28G	85	TECHLITE AST LANCETS	85
SURE-LANCE ULTRA THIN		TECHLITE INSULIN	
LANCETS	85	SYRINGEU-100/0.3ML/29G X	
SURE-PEN	85	1/2"	110
SURE-TOUCH LANCETS		TECHLITE INSULIN	
UNIVERSAL	85	SYRINGEU-100/0.3ML/30G X	
SURELITE LANCETS	85	1/2"	110
SURMONTIL	22	TECHLITE INSULIN	
SUSTIVA	43	SYRINGEU-100/0.3ML/30G X	
SUTENT	37	1/2"	110
SW OMEPRAZOLE	134	TECHLITE INSULIN	
		SYRINGEU-100/0.3ML/30G X	
		5/16"	111
		TECHLITE INSULIN SYRINGEU-	
		100/0.3ML/31G X 5/16"	111
		TECHLITE INSULIN SYRINGEU-	
		100/0.5ML/29G X 1/2"	111
		TECHLITE INSULIN SYRINGEU-	
		100/0.5ML/30G X 1/2"	111
		TECHLITE INSULIN SYRINGEU-	
		100/0.5ML/30G X 5/16"	111
		TECHLITE INSULIN SYRINGEU-	
		100/0.5ML/31G X 5/16"	111
		TECHLITE INSULIN SYRINGEU-	
		100/1ML/29G X 1/2"	111
		TECHLITE INSULIN SYRINGEU-	
		100/1ML/30G X 1/2"	111
		TECHLITE INSULIN SYRINGEU-	
		100/1ML/30G X 5/16"	111
		TECHLITE INSULIN SYRINGEU-	
		100/1ML/31G X 15/64"	111
		TECHLITE INSULIN SYRINGEU-	
		100/1ML/31G X 5/16"	111
		TECHLITE LANCETS	85
		TECHLITE LANCETS 30G	85
		TECHLITE PEN NEEDLES 29GX	
		12 MM	111
		TECHLITE PEN NEEDLES 31GX	
		5MM	111
		TECHLITE PEN NEEDLES/31GX	
		5MM	111
		TECHLITE PEN NEEDLES/31GX	
		6 MM	111
		TECHLITE PEN NEEDLES/31GX	
		8MM	111
		TECHLITE PEN NEEDLES/32GX	
		4MM	111
		TECHLITE PEN NEEDLES/32GX	
		6MM	111
		TEFLARO	49
		TEGRETOL	18
		TEGRETOL-XR	18
		TEKTRUNA	32
		telmisartan	30
		telmisartan-amlodipine	31
		telmisartan-hydrochlorothiazide	31
		temazepam	71
		TEMODAR	34
		TEMOVATE	59
		TEMOVATE E	59
		temozolomide	34
		temsirolimus	37
		TENEX	30
		TENIPOSIDE	38
		tenofovir disoproxil fumarate	43
		TENORETIC 100	31

TENORETIC 50	31	TOBI	3	TOPCARE ULTRA COMFORT	
TENORMIN	46	TOBRADEX	126	INSULIN SYRINGE/1ML/30G X	
TERAZOL 7	138	tobramycin	3	5/16"	111
terazosin hcl	30	TOBRAMYCIN	3	TOPCARE ULTRA COMFORT	
terbinafine hcl	26	tobramycin (ophth)	125	INSULIN SYRINGE/1ML/31G X	
terbutaline sulfate	15	TOBRAMYCIN SULFATE	3	5/16"	112
TERCONAZOLE	138	tobramycin sulfate	3	TOPCARE ULTRA COMFORT	
terconazole vaginal	138	tobramycin-		INSULIN SYRINGE/U-	
TESSALON PERLES	52	dexamethasone	126	100/0.3ML/29G X 1/2"	112
testosterone cypionate	9	TOBEX	125	TOPCARE ULTRA COMFORT	
testosterone enanthate	9	TODAY SPONGE	137	INSULIN SYRINGE/U-	
tetrabenazine	129	TODAYS HEALTH ADVANCED		100/0.5ML/29G X 1/2"	112
tetracycline hcl	131	LANCING DEVICE	85	TOPCARE ULTRA COMFORT	
TETRACYCLINE HCL	131	TODAYS HEALTH MINI PEN		INSULIN SYRINGE/U-	
TGT LANCET MICRO THIN		NEEDLES 31G X 1/4"	111	100/1ML/29G X 1/2"	112
33G	85	TODAYS HEALTH ORIGINAL		TOPCO INSULIN SYRINGE/U-	
TGT LANCET THIN 26G	85	PEN NEEDLES 29G X		100/0.3ML/29G X 1/2"	112
TGT LANCET ULTRA THIN		1/2"	111	TOPCO INSULIN SYRINGE/U-	
30G	85	TODAYS HEALTH SHORT		100/0.5ML/28G X 1/2"	112
TGT LANCING DEVICE	85	PEN NEEDLES 31G X		100/0.5ML/29G X 1/2"	112
TGT OMEPRAZOLE	134	5/16"	111	TOPCO INSULIN SYRINGE/U-	
THALOMID	121	TODAYS HEALTH SUPER		100/1ML/28G X 1/2"	112
theophylline	15	THINLANCETS 30G	85	TOPCO INSULIN SYRINGE/U-	
THINLETS GP LANCETS	85	TODAYS HEALTH ULTRA		100/1ML/29G X 1/2"	112
THINLETS LANCET	85	THINLANCETS 28G	85	TOPICORT	59
thioridazine hcl	41	TOFRANIL	22	topiramate	18
thiotepa	34	TOLAZAMIDE	24	topotecan hcl	38
thiothixene	41	TOLBUTAMIDE	24	TOPROL XL	46
THYMOGLOBULIN	122	tolcapone	38	TORISEL	37
thyroid	132	TOLMETIN SODIUM	5	torsemide	62
THYROLAR-1	132	tolterodine tartrate	135	TOVIAZ	135
THYROLAR-1/2	132	TOPAMAX	18	TRACLEER	48
THYROLAR-1/4	132	TOPAMAX SPRINKLE	18	TRADJENTA	23
THYROLAR-2	132	TOPCARE CLICKFINE		tramadol hcl	8
THYROLAR-3	132	UNIVERSAL PEN NEEDLES		tramadol-acetaminophen	9
tiagabine hcl	18	31GX1/4"	111	trandolapril	30
TIAZAC	47	TOPCARE CLICKFINE		trandolapril-verapamil hcl	31
TIGAN	25	UNIVERSAL PEN NEEDLES		TRANDOLAPRIL/VERAPAMIL	
tigecycline	11	31GX5/16"	111	HCL ER	31
TIGECYCLINE	11	TOPCARE LANCETS MICRO-		tranexamic acid	70
TIKOSYN	13	THIN 33G	85	TRANSDERM-SCOP	25
TIMOLOL MALEATE	46	TOPCARE ULTRA COMFORT		TRANXENE T	12
timolol maleate (ophth)	124	INSULIN SYRINGE/0.3ML/30G		tranylcypramine sulfate	20
TIMOPTIC	124	X 5/16"	111	TRAVATAN Z	127
TIMOPTIC-XE	124	TOPCARE ULTRA COMFORT		TRAVEL LANCETS 30G	85
TIVICAY	43	INSULIN SYRINGE/0.3ML/31G		TRAVEL LANCETS ADVANCED	
tizanidine hcl	123	X 5/16"	111	28G	85
		TOPCARE ULTRA COMFORT		trazodone hcl	21
		INSULIN SYRINGE/0.5ML/30G		TREANDA	34
		X 5/16"	111	TRECTOR	33
		TOPCARE ULTRA COMFORT		TRELEGY ELLIPTA	15
		INSULIN SYRINGE/0.5ML/31G			
		X 5/16"	111		

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TREXALL.....	34	TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT.....	73	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	112
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TRIAMCINOLONE ACETONIDE.....	52	TROJAN-ENZ LUBRICATED.....	74	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	113
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triamcinolone acetonide- dimethicone-silicone.....	59	TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	112	TRUEPLUS LANCETS 28G.....	85
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ULTRACARE PEN NEEDLES/32G X 5/32".....	117	UNILET SUPERLITE LANCET.....	86	valsartan.....	30
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ULTRAVATE.....	59	UNISTIK PRO SAFETY LANCET 25G.....	86	VALTREX.....	45
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FROM



nh healthy families.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de NH Healthy Families, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-265-1278 (TTY/TDD 1-855-742-0123).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from NH Healthy Families, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from NH Healthy Families 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 1-844-265-1278 (TTY/TDD 1-855-742-0123)。
Nepali:	यदि तपाईं वा तपाईंले मद्दत गरिरहनुभएको कोही व्यक्ति ँग Ambetter from NH Healthy Families सम्बन्धी कुनै प्रश्नहरू भएको खण्डमा तपाईंहरू ँग आफ्नै भाषामा निःशुल्क मद्दत र जानकारी प्राप्त गर्ने अधिकार छ। दोभाषे ँग कुरा गर्नका लागि 1-844-265-1278 (TTY/TDD 1-855-742-0123) नम्बरमा कल गर्नुहो ।
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from NH Healthy Families, 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 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from NH Healthy Families, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Greek:	Εάν εσείς ή κάποιος που βοηθάτε, έχετε ερωτήσεις σχετικά με την Ambetter from NH Healthy Families, έχετε το δικαίωμα να ζητήσετε βοήθεια και πληροφορίες στη γλώσσα σας, χωρίς χρέωση. Για να μιλήσετε με διερμηνέα, καλέστε το 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from NH Healthy Families، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Serbo-Croatian:	Ako Vi, ili neko kome pomažete, imate pitanja u vezi Ambetter from NH Healthy Families, imate pravo na besplatnu pomoć i informaciju na sopstvenom jeziku. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Indonesian:	Jika Anda, atau orang yang Anda bantu, memiliki pertanyaan tentang Ambetter from NH Healthy Families, Anda berhak mendapatkan bantuan dan informasi dalam bahasa Anda tanpa dikenakan biaya. Untuk berbicara dengan juru bicara, hubungi 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from NH Healthy Families 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-265-1278 (TTY/TDD 1-855-742-0123) 로 전화하십시오.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from NH Healthy Families вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-265-1278 (TTY/TDD 1-855-742-0123).
French Creole:	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from NH Healthy Families, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Bantu:	Niba wowe cyangwa undi muntu wese uri gufasha yaba afite ikibazo kijyanye na Ambetter from NH Healthy Families, ufite uburenganzira bwo guhabwa amakuru mu rurimi wunwa utishyuye. Kugira ngo uvugane n'umusobanuzi, Hamagara 1-844-265-1278 (TTY/TDD 1-855-742-0123).
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów oferowanych za pośrednictwem Ambetter from NH Healthy Families, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-265-1278 (TTY/TDD 1-855-742-0123).

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