



FROM



nh healthy families.

2017 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 1.25MG-1.25MG-1.25MG-1.25MG, 2.5MG-2.5MG-2.5MG-2.5MG, 5MG-5MG-5MG-5MG, 3.125MG-3.125MG-3.125MG-3.125MG, 1.875MG-1.875MG-1.875MG-1.875MG, 3.75MG-3.75MG-3.75MG-3.75MG (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, 6.25MG-6.25MG-6.25MG-6.25MG, 7.5MG-7.5MG-7.5MG-7.5MG (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 1.875mg-1.875mg-1.875mg-1.875mg, 3.125mg-3.125mg-3.125mg-3.125mg, 2.5mg-2.5mg-2.5mg-2.5mg, 3.75mg-3.75mg-3.75mg-3.75mg, 1.25mg-1.25mg-1.25mg-1.25mg, 5mg-5mg-5mg-5mg	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 15 MG, 10 MG (Use Dextroamphetamine Sulfate)	NF	QL(4 ea daily)
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily)
dextroamphetamine sulfate cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily)
methamphetamine hcl tabs	3	QL(5 ea daily); AL; At least 6 yrs old
VYVANSE CAPS 70 MG, 10 MG, 40 MG, 30 MG, 60 MG, 50 MG, 20 MG	2	QL(1 ea daily)
Anorexiants Non-Amphetamine		
ADIPEX-P CAPS (Use Phentermine HCl)	NF	PA
BONTRIL PDM TABS (Use Phendimetrazine Tartrate)	NF	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>phendimetrazine tartrate tabs</i>	1	PA
<i>phentermine hcl caps 37.5 mg, 30 mg, 15 mg</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 100 mg, 60 mg, 80 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL; At least 6 yrs old
INTUNIV TB24 (<i>Use Guanfacine HCl (ADHD)</i>)	NF	QL(1 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 25 MG, 40 MG, 10 MG, 18 MG (<i>Use Atomoxetine HCl</i>)	2	PA; QL(2 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 80 MG, 100 MG, 60 MG (<i>Use Atomoxetine HCl</i>)	2	PA; 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 (<i>Use Methylphenidate HCl</i>)	NF	QL(1 ea daily); AL; At least 6 yrs old
CONCERTA TBCR 54 MG, 36 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(2 ea daily); AL; At least 6 yrs old
<i>dexmethylphenidate hcl tabs 10 mg, 2.5 mg, 5 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old
FOCALIN TABS (<i>Use Dexmethylphenidate HCl</i>)	NF	QL(2 ea daily); AL; At least 6 yrs old
METADATE CD CPCR (<i>Use Methylphenidate HCl</i>)	NF	QL(1 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/Limits
METHYLIN SOLN 5 MG/5ML, 10 MG/5ML (<i>Use Methylphenidate HCl</i>)	NF	QL(30 ml daily); AL; At least 6 yrs old
<i>methylphenidate hcl cp24 20 mg, 40 mg</i>	1	AL; At least 6 yrs old
<i>methylphenidate hcl cp24 30 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl cpcr 30 mg, 40 mg, 10 mg, 50 mg, 20 mg, 60 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 27 MG, 18 MG	1	QL(1 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TB24 36 MG, 54 MG	1	QL(2 ea daily); AL; At least 6 yrs old
METHYLPHENIDATE HCL ER TBCR 18 MG	2	QL(1 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL; At least 6 yrs old
<i>methylphenidate hcl tabs 10 mg, 5 mg, 20 mg</i>	1	QL(5 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl tbcr 18 mg, 27 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl tbcr 20 mg, 10 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl tbcr 36 mg, 54 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL; At least 16 yrs old
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL; At least 16 yrs old
NUVIGIL TABS (<i>Use Armodafinil</i>)	2	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

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Drug Name	Drug Tier	Requirements/ Limits
PROVIGIL TABS 200 MG (Use Modafinil)	NF	PA; QL(2 ea daily); AL; At least 16 yrs old
RITALIN LA CP24 20 MG, 40 MG (Use Methylphenidate HCl)	NF	AL; At least 6 yrs old
RITALIN LA CP24 30 MG (Use Methylphenidate HCl)	NF	QL(3 ea daily); AL; At least 6 yrs old
RITALIN TABS (Use Methylphenidate HCl)	NF	QL(5 ea daily); AL; At least 6 yrs old

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

Allergenic Extracts

GRASTEK SUBL	3	PA
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Biologicals Misc

ADAGEN SOLN	4	PA
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AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

<i>amikacin sulfate soln</i>	1	
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln ij 40 mg/ml</i>	1	
<i>gentamicin sulfate soln iv 10 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 (Use Tobramycin)	4	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN NEBU	4	PA
TOBRAMYCIN SULFATE SOLN 10 MG/ML	1	
<i>tobramycin sulfate soln 40 mg/ml, 10 mg/ml, 80 mg/2ml</i>	1	

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA
HUMIRA PEN PNKT	4	PA
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	4	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	4	PA
HUMIRA PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	PA
SIMPONI SOAJ	4	PA
SIMPONI SOSY	4	PA

Antirheumatic - Enzyme Inhibitors

XELJANZ TABS	4	PA
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Antirheumatic Antimetabolites

RHEUMATREX TABS	4	PA
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Gold Compounds

RIDAURA CAPS	3	
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Interleukin-1 Blockers

ARCALYST SOLR	4	PA
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Interleukin-1 Receptor Antagonist (IL-1Ra)

KINERET SOSY	4	PA
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Interleukin-6 Receptor Inhibitors

Drug Name	Drug Tier	Requirements/ Limits
ACTEMRA SOLN	4	PA
ACTEMRA SOSY	4	PA
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 100 MG, 200 MG, 50 MG (Use Celecoxib)	3	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (Use Celecoxib)	3	PA; QL(1 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 50 mg, 25 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 500 mg, 400 mg</i>	1	
FELDENE CAPS (Use Piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 600 mg, 800 mg, 400 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
<i>ketoprofen caps</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL(0.667 ea daily)
LODINE TABS (Use Etodolac)	NF	
MECLOFENAMATE SODIUM CAPS 50 MG	1	
<i>mefenamic acid caps</i>	1	
MELOXICAM SUSP 7.5 MG/5ML	1	
<i>meloxicam tabs 7.5 mg, 15 mg</i>	1	QL(1 ea daily)
MOBIC SUSP 7.5 MG/5ML	1	
MOBIC TABS 7.5 MG, 15 MG (Use Meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NAPROSYN SUSP 125 MG/5ML (Use Naproxen)	1	
NAPROSYN TABS 500 MG (Use Naproxen)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	
NAPROXEN SUSP 125 MG/5ML	1	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tabs 375 mg, 500 mg, 250 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	NF	
<i>sulindac tabs</i>	1	
TOLMETIN SODIUM CAPS 400 MG	1	
<i>tolmetin sodium caps 400 mg</i>	1	
TOLMETIN SODIUM TABS 200 MG, 600 MG	1	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	4	PA
OTEZLA TBPB	4	PA
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	4	PA
ORENCIA SOSY	4	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	4	PA
ENBREL SOLR 25 MG	4	
ENBREL SOSY 50 MG/ML, 25 MG/0.5ML	4	PA
ENBREL SURECLICK SOAJ	4	PA
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	

Drug Name	Drug Tier	Requirements/Limits
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NF	
Salicylates		
<i>aspirin chew or 81 mg</i>	0	AL; At least 45 yrs old - Up to 79 yrs old
ASPIRIN LOW DOSE TABS	0	AL; At least 45 yrs old - Up to 79 yrs old
<i>aspirin tabs or 325 mg</i>	0	AL; At least 45 yrs old - Up to 79 yrs old
<i>aspirin tbec or 81 mg</i>	0	AL; At least 45 yrs old - Up to 79 yrs old
<i>diflunisal tabs</i>	1	
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)
CODEINE SULFATE TABS 15 MG, 30 MG, 60 MG (<i>Use Codeine Sulfate</i>)	1	
<i>codeine sulfate tabs 60 mg, 15 mg, 30 mg</i>	1	
DEMEROL SOLN IJ 50 MG/ML, 100 MG/ML, 25 MG/ML (<i>Use Meperidine HCl</i>)	NF	
DEMEROL TABS OR 50 MG, 100 MG (<i>Use Meperidine HCl</i>)	NF	QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
DILAUDID TABS 2 MG, 8 MG, 4 MG (Use Hydromorphone HCl)	NF	QL(8 ea daily)
DILAUDID-HP SOLN (Use Hydromorphone HCl)	NF	
DOLOPHINE TABS 10 MG (Use Methadone HCl)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use Methadone HCl)	NF	QL(4 ea daily)
DURAGESIC PT72 (Use Fentanyl)	NF	QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)
EXALGO T24A 32 MG (Use Hydromorphone HCl)	2	PA; QL(1 ea daily)
EXALGO T24A 8 MG, 16 MG, 12 MG (Use Hydromorphone HCl)	NF	PA; QL(2 ea daily)
fentanyl citrate lpop bu 400 mcg, 600 mcg, 1200 mcg, 200 mcg, 800 mcg, 1600 mcg	1	PA; QL(4 ea daily)
fentanyl pt72 75 mcg/hr, 50 mcg/hr, 12 mcg/hr, 25 mcg/hr, 100 mcg/hr	1	QL(0.34 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	
hydromorphone hcl soln ij 500 mg/50ml, 10 mg/ml, 50 mg/5ml	1	
hydromorphone hcl t24a or 16 mg, 8mg, 12 mg, 8 mg	1	PA; QL(2 ea daily)
hydromorphone hcl t24a or 32 mg	1	PA; QL(1 ea daily)
hydromorphone hcl tabs or 2 mg, 8 mg, 4 mg	1	QL(8 ea daily)
KADIAN CP24 80 MG, 30 MG, 100 MG, 20 MG, 60 MG, 50 MG (Use Morphine Sulfate)	NF	PA; QL(2 ea daily)
LEVORPHANOL TARTRATE TABS	1	
meperidine hcl soln ij 50 mg/ml, 25 mg/ml, 100 mg/ml	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	1	QL(500 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
meperidine hcl tabs or 100 mg, 50 mg	1	QL(6 ea daily)
methadone hcl conc or 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln ij 10 mg/ml	1	
METHADONE HCL SOLN IJ 10 MG/ML (Use Methadone HCl)	1	
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl)	1	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	1	QL(100 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl)	1	QL(100 ml daily)
methadone hcl tabs or 10 mg	1	QL(10 ea daily)
methadone hcl tabs or 5 mg	1	QL(4 ea daily)
methadone hcl tbs or 40 mg	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)
morphine sulfate cp24 or 100 mg, 20 mg, 60 mg, 80 mg, 30 mg, 50 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 1 mg/ml, 0.5 mg/ml	1	
morphine sulfate soln or 10 mg/5ml	1	QL(100 ml daily)
morphine sulfate soln or 20 mg/5ml	1	QL(50 ml daily)
MORPHINE SULFATE TABS OR 30 MG, 15 MG	1	QL(6 ea daily)
morphine sulfate tbs or 15 mg, 30 mg, 200 mg, 100 mg, 60 mg	1	QL(2 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use Oxymorphone HCl)	NF	QL(12 ea daily)
OXYCODONE HCL ER T12A	1	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 20 mg, 10 mg, 5 mg, 15 mg</i>	1	QL(12 ea daily)
<i>oxycodone hcl tabs 30 mg</i>	1	QL(24 ea daily)
OXYCONTIN T12A	1	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	3	PA; QL(4 ea daily)
<i>oxymorphone hcl tb12 7.5 mg, 5 mg, 10 mg, 20 mg, 15 mg, 30 mg</i>	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 30 MG, 7.5 MG, 10 MG, 5 MG, 20 MG, 15 MG	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
ROXICODONE TABS 15 MG, 5 MG (Use Oxycodone HCl)	NF	QL(12 ea daily)
ROXICODONE TABS 30 MG (Use Oxycodone HCl)	NF	QL(24 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 300 mg, 200 mg</i>	1	QL(1 ea daily)
ULTRAM ER TB24 (Use Tramadol HCl)	NF	QL(1 ea daily)
ULTRAM TABS (Use Tramadol HCl)	NF	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	QL(75 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	QL(13 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	QL(12 ea daily)
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(6 ea daily)
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAPS	1	
<i>butalbital-acetaminophen-caffeine w/ codeine caps 300mg-50mg-40mg-30mg</i>	1	
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(6 ea daily)
FIORICET/CODEINE CAPS (Use Butalbital-Acetaminophen-Caffeine w/ Codeine)	NF	
FIORINAL/CODEINE #3 CAPS (Use Butalbital-Aspirin-Caffeine w/Cod)	NF	QL(6 ea daily)
HYCET SOLN (Use Hydrocodone-Acetaminophen)	NF	QL(180 ml daily)
<i>hydrocodone-acetaminophen soln 10mg/15ml-325mg/15ml</i>	1	
<i>hydrocodone-acetaminophen soln 7.5mg/15ml-325mg/15ml, 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 10mg-325mg, 5mg-325mg, 7.5mg-325mg</i>	1	QL(12 ea daily)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	1	
<i>hydrocodone-acetaminophen tabs 7.5mg-300mg, 10mg-300mg, 5mg-300mg</i>	1	QL(13 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tabs 200mg-10mg, 200mg-5mg</i>	1	
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i>	1	QL(5 ea daily)
IBUDONE TABS (Use Hydrocodone-Ibuprofen)	NF	
LORTAB ELIX	2	
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(12 ea daily)
OXYCODONE/IBUPROFEN TABS	1	QL(1 ea daily)
PERCOCET TABS 7.5MG-325MG, 10MG-325MG, 5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	QL(12 ea daily)
REPREXAIN TABS (Use Hydrocodone-Ibuprofen)	NF	
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)
TREZIX CAPS	3	PA
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	QL(12 ea daily)
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	QL(6 ea daily)
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	QL(8 ea daily)
VICOPROFEN TABS (Use Hydrocodone-Ibuprofen)	NF	QL(5 ea daily)
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	QL(13 ea daily)
Opioid Partial Agonists		
BUPRENEX SOLN (Use Buprenorphine HCl)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl subl sl 8 mg, 2 mg</i>	1	QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	3	QL(3 ea daily)
BUPRENORPHINE PTWK	3	PA; QL(0.143 ea daily)
<i>butorphanol tartrate soln ij 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA
BUTRANS PTWK	3	PA; QL(0.143 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	
SUBOXONE FILM 12MG-3MG, 8MG-2MG	3	QL(2 ea daily)
SUBOXONE FILM 4MG-1MG, 2MG-0.5MG	3	QL(3 ea daily)
TALWIN SOLN	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (Use Oxandrolone)	NF	
<i>oxandrolone tabs</i>	1	
Androgens		
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROXY TABS	3	
<i>danazol caps</i>	1	
DEPO-TESTOSTERONE SOLN (Use Testosterone Cypionate)	NF	
METHITEST TABS	3	
<i>testosterone cypionate soln</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
AZACTAM SOLR (<i>Use Aztreonam</i>)	NF	
AZACTAMIN ISO-OSMOTIC DEXTROSE SOLN	3	
<i>aztreonam solr</i>	1	
<i>bacitracin solr im 50000 unit</i>	3	
CAYSTON SOLR	4	PA
FLAGYL TABS 250 MG, 500 MG (<i>Use Metronidazole</i>)	NF	
<i>metronidazole tabs or 500 mg, 250 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
<i>trimethoprim tabs</i>	1	
VANCOCIN HCL CAPS (<i>Use Vancomycin HCl</i>)	NF	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	QL(4 ea daily,40 ea per fill retail)
<i>vancomycin hcl solr iv 10 gm, 500 mg, 1000 mg</i>	1	
VIBATIV SOLR	3	
XIFAXAN TABS	3	PA; AL; At least 12 yrs old
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp or</i>	1	
MEPRON SUSP (Use <i>Atovaquone</i>)	NF	
Carbapenems		
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR	3	
<i>meropenem solr</i>	1	
MERREM SOLR (Use <i>Meropenem</i>)	NF	
PRIMAXIN IV ADD-VANTAGE SOLR (Use <i>Imipenem-Cilastatin</i>)	NF	
PRIMAXIN IV SOLR (Use <i>Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	PA
Cyclic Lipopeptides		
CUBICIN RF SOLR (Use <i>Daptomycin</i>)	NF	
CUBICIN SOLR (Use <i>Daptomycin</i>)	NF	
<i>daptomycin solr</i>	1	
Glycylcyclines		
TIGECYCLINE SOLR	3	
TYGACIL SOLR	3	
Ketolides		
KETEK TABS	3	QL(2 ea daily,20 ea per fill retail)
Leprostatics		

Drug Name	Drug Tier	Requirements/Limits
<i>dapsone tabs</i>	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (Use <i>Clindamycin HCl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (Use <i>Clindamycin Palmitate Hydrochloride</i>)	NF	
CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML, 300 MG/2ML, 600 MG/4ML (Use <i>Clindamycin Phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IV 300 MG/2ML (Use <i>Clindamycin Phosphate</i>)	1	
CLEOCIN PHOSPHATE SOLN IV 600 MG/4ML, 900 MG/6ML (Use <i>Clindamycin Phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	
<i>clindamycin phosphate soln ij 600 mg/4ml, 300 mg/2ml, 150 mg/ml, 9000 mg/60ml, 900 mg/6ml</i>	1	
CLINDAMYCIN PHOSPHATE SOLN IV 150 MG/ML	1	
<i>clindamycin phosphate soln iv 900 mg/6ml, 150 mg/ml, 300 mg/2ml, 600 mg/4ml</i>	1	
LINCOCIN SOLN (Use <i>Lincomycin HCl</i>)	3	
<i>lincomycin hcl soln</i>	1	
Oxazolidinones		
<i>linezolid susr 100 mg/5ml</i>	1	
<i>linezolid tabs 600 mg</i>	1	PA; QL(2 ea daily)
SIVEXTRO TABS	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ZYVOX SUSR 100 MG/5ML (Use Linezolid)	3	
ZYVOX TABS 600 MG (Use Linezolid)	NF	PA; QL(2 ea daily)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
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 0.2 MG/HR, 0.1 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use Nitroglycerin)	2	
<i>nitroglycerin cpcr or 6.5 mg, 9 mg, 2.5 mg</i>	1	QL(4 ea daily)
<i>nitroglycerin pt24 td 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr, 0.1 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	1	
<i>nitroglycerin subl sl 0.4 mg, 0.3 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	2	
ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl tabs 10 mg, 7.5 mg, 30 mg, 15 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(1 ea daily)
<i>hydroxyzine hcl soln</i>	1	
<i>hydroxyzine hcl syrpf</i>	1	
<i>hydroxyzine hcl tabs</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 0.5 mg</i>	1	
<i>alprazolam tabs 1 mg, 2 mg, 0.25 mg</i>	1	QL(4 ea daily)
<i>alprazolam tb24 1 mg, 2 mg, 0.5 mg, 3 mg</i>	1	
<i>alprazolam tbdp 0.5 mg, 0.25 mg, 2 mg, 1 mg</i>	1	
ATIVAN TABS 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
ATIVAN TABS 2 MG, 0.5 MG (Use Lorazepam)	NF	QL(3 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 1 MG/ML	1	
<i>diazepam tabs or 10 mg, 5 mg, 2 mg</i>	1	QL(4 ea daily)
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tabs 1 mg</i>	1	QL(4 ea daily)
<i>lorazepam tabs 2 mg, 0.5 mg</i>	1	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxazepam caps</i>	1	
TRANXENE T TABS (<i>Use Clorazepate Dipotassium</i>)	NF	
VALIUM TABS (<i>Use Diazepam</i>)	NF	QL(4 ea daily)
XANAX TABS 0.25 MG, 1 MG, 2 MG (<i>Use Alprazolam</i>)	NF	QL(4 ea daily)
XANAX TABS 0.5 MG (<i>Use Alprazolam</i>)	NF	
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</i>	1	
QUINIDINE SULFATE ER TBCR	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</i>	1	
<i>amiodarone hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CORDARONE TABS (<i>Use Amiodarone HCl</i>)	NF	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use Dofetilide</i>)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	4	PA
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</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
<i>zafirlukast tabs</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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		
DALIRESP TABS	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	
Sympathomimetics		
ADVAIR DISKUS AEPB	2	
ADVAIR HFA AERO	2	
<i>albuterol sulfate nebu in 0.083 %, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate nebu in 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 4 mg, 2 mg</i>	1	
<i>albuterol sulfate tb12 or 8 mg, 4 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>epinephrine hcl soln</i>	1	
FORADIL AEROLIZER CAPS	2	QL(2 ea 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	QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	
LEVALBUTEROL TARTRATE HFA AERO	3	PA; Limit 2 inhalers per month;QL(1 gm daily)
METAPROTERENOL SULFATE SYRP OR 10 MG/5ML	1	
METAPROTERENOL SULFATE TABS OR 20 MG, 10 MG	1	
PROAIR HFA AERS	2	
PROVENTIL HFA AERS	2	
SEREVENT DISKUS AEPB	2	
STRIVERDI RESPIMAT AERS	3	PA
SYMBICORT AERO	2	
<i>terbutaline sulfate soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>terbutaline sulfate tabs</i>	1	
VENTOLIN HFA AERS	2	
VOSPIRE ER TB12 (Use <i>Albuterol Sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (Use <i>Levalbuterol HCl</i>)	NF	
XOPENEX HFA AERO	3	PA; Limit 2 inhalers per month; QL(1 gm daily)
XOPENEX NEBU (Use <i>Levalbuterol HCl</i>)	NF	QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	1	
<i>theophylline tb12 200 mg, 100 mg, 450 mg, 300 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (Use <i>Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	2	QL(2.47 ea daily)
XARELTO TABS 15 MG	2	QL(2 ea daily)
XARELTO TABS 20 MG, 10 MG	2	QL(1 ea daily)
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(7.2 ml per 30 days retail, 7.2 ml per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
ARIXTRA SOLN 2.5 MG/0.5ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(4.5 ml per 30 days retail, 4.5 ml per 30 days mail)
ARIXTRA SOLN 5 MG/0.4ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(3.6 ml per 30 days retail, 3.6 ml per 30 days mail)
ARIXTRA SOLN 7.5 MG/0.6ML (Use <i>Fondaparinux Sodium</i>)	NF	QL(5.4 ml per 30 days retail, 5.4 ml per 30 days mail)
<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)
<i>enoxaparin sodium soln sc 40 mg/0.4ml</i>	4	QL(0.8 ml daily, 30 day(s) limit)
<i>enoxaparin sodium soln sc 60 mg/0.6ml</i>	4	QL(1.2 ml daily, 30 day(s) limit)
<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 30 days retail, 7.2 ml per 30 days mail)
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL(4.5 ml per 30 days retail, 4.5 ml per 30 days mail)
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL(3.6 ml per 30 days retail, 3.6 ml per 30 days mail)
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL(5.4 ml per 30 days retail, 5.4 ml per 30 days mail)

Drug Name	Drug Tier	Requirements/ Limits
FRAGMIN SOLN 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 2500 UNIT/0.2ML, 10000 UNIT/ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 18000 UNT/0.72ML	4	PA
<i>heparin sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln</i>	1	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(6 ml daily)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(2 ml daily)
LOVENOX SOLN SC 30 MG/0.3ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(0.6 ml daily)
LOVENOX SOLN SC 40 MG/0.4ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(0.8 ml daily,30 day(s) limit)
LOVENOX SOLN SC 60 MG/0.6ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(1.2 ml daily,30 day(s) limit)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (<i>Use Enoxaparin Sodium</i>)	NF	QL(1.6 ml daily)
Thrombin Inhibitors		
PRADAXA CAPS 75 MG, 150 MG	2	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
AMPA Glutamate Receptor Antagonists		
FYCOMPA TABS 12 MG, 6 MG, 4 MG, 2 MG, 10 MG, 8 MG	3	PA
Anticonvulsants - Benzodiazepines		
<i>clonazepam tabs 1 mg, 0.5 mg, 2 mg</i>	1	
DIASTAT ACUDIAL GEL	3	PA

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL	3	PA
DIAZEPAM GEL RE 10 MG, 2.5 MG, 20 MG	3	PA
DIAZEPAM RECTAL GEL GEL	3	PA
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	
ONFI SUSP 2.5 MG/ML	3	PA; QL(16 ml daily)
ONFI TABS 20 MG, 10 MG	3	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
APTIOM TABS	3	PA
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	ST
<i>carbamazepine cp12 200 mg</i>	1	ST; QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	ST; 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	ST; QL(4 ea daily)
<i>carbamazepine tb12 200 mg</i>	1	ST; QL(6 ea daily)
CARBATROL CP12 100 MG (<i>Use Carbamazepine</i>)	NF	ST
CARBATROL CP12 200 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(4 ea daily)
<i>gabapentin caps 400 mg, 300 mg, 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin soln 300 mg/6ml, 250 mg/5ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use <i>Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use <i>Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use <i>Levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 500 MG, 250 MG, 750 MG (Use <i>Levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA XR TB24 (Use <i>Levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use <i>Lamotrigine</i>)	NF	
LAMICTAL TABS (Use <i>Lamotrigine</i>)	NF	
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine tabs 25 mg, 200 mg, 150 mg, 100 mg</i>	1	
<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 750 mg, 250 mg, 500 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 200 MG, 150 MG, 100 MG, 50 MG, 75 MG, 25 MG	2	PA; QL(3 ea daily)
LYRICA CAPS 225 MG, 300 MG	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML	2	QL(30 ml daily)
MYSOLINE TABS (Use <i>Primidone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAPS 300 MG, 100 MG, 400 MG (Use <i>Gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (Use <i>Gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use <i>Gabapentin</i>)	NF	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 300 mg, 150 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	
TEGRETOL SUSP (Use <i>Carbamazepine</i>)	2	
TEGRETOL TABS (Use <i>Carbamazepine</i>)	2	
TEGRETOL-XR TB12 100 MG, 400 MG (Use <i>Carbamazepine</i>)	NF	ST; QL(4 ea daily)
TEGRETOL-XR TB12 200 MG (Use <i>Carbamazepine</i>)	NF	ST; QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (Use <i>Topiramate</i>)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use <i>Topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG, 200 MG (Use <i>Topiramate</i>)	NF	QL(2 ea daily)
TOPAMAX TABS 50 MG, 25 MG (Use <i>Topiramate</i>)	NF	QL(4 ea daily)
<i>topiramate csp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate csp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 200 mg, 100 mg</i>	1	QL(2 ea daily)
<i>topiramate tabs 25 mg, 50 mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TRILEPTAL SUSP 300 MG/5ML (Use Oxcarbazepine)	NF	QL(40 ml daily)
TRILEPTAL TABS 300 MG, 150 MG (Use Oxcarbazepine)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (Use Oxcarbazepine)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)
VIMPAT TABS OR 100 MG, 150 MG, 50 MG, 200 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (Use Zonisamide)	NF	QL(6 ea daily)
zonisamide caps	1	QL(6 ea daily)
Carbamates		
felbamate susp 600 mg/5ml	1	QL(30 ml daily)
felbamate tabs 400 mg	1	QL(9 ea daily)
felbamate tabs 600 mg	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	NF	QL(30 ml daily)
FELBATOL TABS 400 MG (Use Felbamate)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (Use Felbamate)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS 4 MG, 2 MG (Use Tiagabine HCl)	NF	
SABRIL PACK (Use Vigabatrin)	4	PA; QL(6 ea daily)
SABRIL TABS	4	PA; QL(6 ea daily)
tiagabine hcl tabs	1	
vigabatrin pack	4	PA; QL(6 ea daily)
Hydantoins		
CEREBYX SOLN (Use Fosphenytoin Sodium)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use Phenytoin)	2	
DILANTIN-125 SUSP (Use Phenytoin)	2	
fosphenytoin sodium soln	1	
PEGANONE TABS	3	
PHENYTEK CAPS (Use Phenytoin Sodium Extended)	2	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin sodium soln	1	
phenytoin susp	1	
Succinimides		
CELONTIN CAPS	3	QL(4 ea daily)
ethosuximide caps 250 mg	1	QL(6 ea daily)
ethosuximide soln 250 mg/5ml	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (Use Ethosuximide)	2	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use Ethosuximide)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (Use Valproate Sodium)	NF	
DEPAKENE CAPS (Use Valproic Acid)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	
divalproex sodium tb24 500 mg, 250 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 45 mg, 30 mg, 7.5 mg, 15 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 15 mg, 30 mg</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp 45 mg</i>	1	
REMERON SOLTAB TBDP 15 MG, 30 MG (Use <i>Mirtazapine</i>)	NF	QL(1 ea daily)
REMERON SOLTAB TBDP 45 MG (Use <i>Mirtazapine</i>)	NF	
REMERON TABS (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, 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 150 mg, 300 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 (Use <i>Bupropion HCl</i>)	NF	QL(2 ea daily)
WELLBUTRIN TABS (Use <i>Bupropion HCl</i>)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 (Use <i>Bupropion HCl</i>)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	QL(1 ea daily)
MARPLAN TABS	2	QL(6 ea daily)
NARDIL TABS (Use <i>Phenelzine Sulfate</i>)	NF	
PARNATE TABS (Use <i>Tranylcypromine Sulfate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG, 10 MG (Use <i>Citalopram Hydrobromide</i>)	NF	QL(1.5 ea daily)
CELEXA TABS 40 MG (Use <i>Citalopram Hydrobromide</i>)	NF	QL(1 ea daily)
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 20 mg, 10 mg</i>	1	QL(1.5 ea daily)
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg, 5 mg</i>	1	QL(1.5 ea daily)
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl cpdr 90 mg</i>	1	
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
FLUOXETINE HCL TABS 60 MG	1	QL(1 ea daily)
FLUOXETINE HCL TABS 60 MG (Use <i>Fluoxetine HCl</i>)	1	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG, 5 MG (Use Escitalopram Oxalate)	NF	QL(1.5 ea daily)
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
paroxetine hcl tabs 30 mg	1	QL(2 ea daily)
paroxetine hcl tabs 40 mg, 20 mg, 10 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)
PAXIL TABS 20 MG, 10 MG, 40 MG (Use Paroxetine HCl)	NF	QL(1 ea daily)
PAXIL TABS 30 MG (Use Paroxetine HCl)	NF	QL(2 ea daily)
PROZAC CAPS 10 MG (Use Fluoxetine HCl)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use Fluoxetine HCl)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use Fluoxetine HCl)	NF	QL(2 ea daily)
PROZAC WEEKLY CPDR (Use Fluoxetine HCl)	NF	
sertraline hcl conc 20 mg/ml	1	QL(10 ml daily)
sertraline hcl tabs 100 mg	1	QL(2 ea daily)
sertraline hcl tabs 25 mg, 50 mg	1	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (Use Sertraline HCl)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use Sertraline HCl)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ZOLOFT TABS 25 MG, 50 MG (Use Sertraline HCl)	NF	QL(1.5 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	3	QL(1 ea daily)
NEFAZODONE HCL TABS 150 MG, 100 MG, 200 MG	3	
nefazodone hcl tabs 250 mg, 50 mg	3	
trazodone hcl tabs	1	
TRINTELLIX TABS	3	QL(1 ea daily)
VIIBRYD STARTER PACK KIT	2	
VIIBRYD TABS	2	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use Duloxetine HCl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	ST; QL(4 ea daily)
desvenlafaxine succinate tb24 50 mg, 25 mg	1	ST; QL(1 ea daily)
DULOXETINE HCL CPEP 40 MG	1	
duloxetine hcl cpep 60 mg, 30 mg, 20 mg	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
FETZIMA CP24	3	PA
FETZIMA TITRATION PACK C4PK	3	PA
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	2	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	2	ST; QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (Use <i>Venlafaxine HCl</i>)	1	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 37.5 MG (Use <i>Venlafaxine HCl</i>)	3	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 37.5 mg, 75 mg, 225 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (Use <i>Clomipramine HCl</i>)	NF	
<i>clomipramine hcl caps</i>	1	
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	
ELAVIL TABS (Use <i>Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (Use <i>Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps 75 mg, 25 mg, 50 mg, 10 mg</i>	1	
NORTRIPTYLINE HCL SOLN 10 MG/5ML	1	
PAMELOR CAPS (Use <i>Nortriptyline HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (Use <i>Trimipramine Maleate</i>)	NF	
TOFRANIL TABS (Use <i>Imipramine HCl</i>)	NF	
TOFRANIL-PM CAPS (Use <i>Imipramine Pamoate</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 (Use <i>Miglitol</i>)	3	
<i>miglitol tabs</i>	1	
PRECOSE TABS (Use <i>Acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; QL(0.36 ml daily)
SYMLINPEN 60 SOPN	2	PA; QL(0.2 ml daily)
Antidiabetic Combinations		
ACTOPLUS MET TABS (Use <i>Pioglitazone HCl-Metformin HCl</i>)	NF	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 2.5mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5mg-500mg</i>	1	QL(4 ea daily)
GLUCOVANCE TABS 2.5MG-500MG (Use <i>Glyburide-Metformin</i>)	NF	QL(2 ea daily)
GLUCOVANCE TABS 5MG-500MG (Use <i>Glyburide-Metformin</i>)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TABS	3	PA
INVOKAMET TABS	3	PA
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
PRANDIMET TABS (<i>Use Repaglinide-Metformin HCl</i>)	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN IN HYDROCHLORIDE TABS	1	QL(2 ea daily)
SYNJARDY TABS	3	PA
XIGDUO XR TB24	3	PA
Biguanides		
FORTAMET TB24 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NF	QL(5 ea daily)
GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (<i>Use Metformin HCl</i>)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 1000 mg, 750 mg</i>	1	QL(2 ea daily)
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(0.035 ea daily)
GLUCAGON EMERGENCY KIT KIT	3	QL(0.035 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
ALOGLIPTIN TABS	3	PA
JANUVIA TABS	2	PA; QL(1 ea daily)
NESINA TABS	3	PA
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 10 MCG/0.04ML	2	PA; QL(0.04 ml daily)
BYETTA SOPN 5 MCG/0.02ML	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		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	2	
APIDRA SOLOSTAR SOPN	3	
BASAGLAR KWIKPEN SOPN	2	
FIASP FLEXTOUCH SOPN	2	
FIASP SOLN	2	

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN SOPN	2	
HUMALOG KWIKPEN SOPN 100 UNIT/ML	2	
HUMALOG MIX 50/50 KWIKPEN SUPN	2	
HUMALOG MIX 50/50 SUSP	2	
HUMALOG MIX 75/25 KWIKPEN SUPN	2	
HUMALOG MIX 75/25 SUSP	2	
HUMALOG SOCT	2	
HUMALOG SOLN	2	
HUMULIN 70/30 KWIKPEN SUPN	2	
HUMULIN 70/30 SUSP	2	
HUMULIN N KWIKPEN SUPN	2	
HUMULIN N SUSP	2	
HUMULIN R SOLN	2	
HUMULIN R U-500 (CONCENTRATED) SOLN	2	
LANTUS SOLN	2	
LANTUS SOLOSTAR SOPN	2	
LEVEMIR FLEXTOUCH SOPN	2	
LEVEMIR SOLN	2	
NOVOLIN 70/30 RELION SUSP	2	
NOVOLIN 70/30 SUSP	2	
NOVOLIN N RELION SUSP	2	
NOVOLIN N SUSP	2	
NOVOLIN R RELION SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
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 (<i>Use Repaglinide</i>)	NF	QL(4 ea daily)
<i>repaglinide tabs</i>	1	QL(4 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
FARXIGA TABS	3	PA
INVOKANA TABS	3	PA; QL(1 ea daily)
JARDIANCE TABS	3	PA
Sulfonylureas		
AMARYL TABS 2 MG, 1 MG (<i>Use Glimepiride</i>)	NF	QL(1 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS 100 MG	1	QL(3 ea daily)
DIABETA TABS 5 MG	1	QL(4 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(1 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 2.5 mg, 10 mg, 5 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
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)

ANTIDIARRHEALS - Drugs to Treat Diarrhea

Antiperistaltic Agents

<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS 2 MG (<i>Use Loperamide HCl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
MOTOFEN TABS	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

Antidotes - Chelating Agents

CHEMET CAPS	3	
EXJADE TBSO	4	PA
FERRIPROX TABS 500 MG	3	
JADENU TABS	4	PA

Antidotes and Specific Antagonists

VISTOGARD PACK	4	
Opioid Antagonists		
<i>naloxone hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tabs</i>	1	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN	3	
ANZEMET SOLN IV 20 MG/ML	3	
ANZEMET TABS OR 100 MG, 50 MG	3	PA; QL(0.167 ea daily)
<i>granisetron hcl soln iv 1 mg/ml, 0.1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	QL(0.34 ea daily)
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	QL(3.34 ml daily)
<i>ondansetron hcl tabs or 24 mg</i>	1	QL(0.143 ea daily)
<i>ondansetron hcl tabs or 8 mg, 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp 8 mg</i>	1	
ZOFRAN ODT TBDP 4 MG (<i>Use Ondansetron</i>)	NF	QL(1 ea daily)
ZOFRAN ODT TBDP 8 MG (<i>Use Ondansetron</i>)	NF	
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NF	QL(3.34 ml daily)
ZOFRAN TABS 8 MG, 4 MG (<i>Use Ondansetron HCl</i>)	NF	QL(1 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	
TIGAN CAPS (<i>Use Trimethobenzamide HCl</i>)	NF	
TRANSDERM-SCOP PT72	2	

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Drug Name	Drug Tier	Requirements/ Limits
TRANSDERM-SCOP PT72 (Use Scopolamine)	2	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
AKYNZEO CAPS	3	PA
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use Dronabinol)	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 125 MG, 40 MG (Use Aprepitant)	2	PA; QL(0.067 ea daily)
EMEND CAPS 80 MG (Use Aprepitant)	2	PA; QL(0.134 ea daily)
VARUBI TABS	3	PA
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use Caspofungin Acetate)	3	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
<i>caspofungin acetate solr 70 mg, 50 mg</i>	1	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTEC SUSR	3	
AMPHOTERICIN B SOLR	3	

Drug Name	Drug Tier	Requirements/ Limits
ANCOBON CAPS (Use Flucytosine)	NF	
<i>flucytosine caps</i>	1	
GRIFULVIN V TABS (Use Griseofulvin Microsize)	NF	
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	NF	
<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 (Use Terbinafine HCl)	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	3	PA
DIFLUCAN SUSR (Use Fluconazole)	NF	
DIFLUCAN TABS (Use Fluconazole)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps</i>	1	PA; QL(4 ea daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP 40 MG/ML	3	QL(20 ml daily)
SPORANOX CAPS 100 MG (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML	3	PA; QL(20 ml daily)
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	QL(4 ea daily)
<i>voriconazole tabs 50 mg, 200 mg</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln</i>	1	
<i>carbinoxamine maleate tabs</i>	1	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
CLEMASTINE FUMARATE TABS 2.68 MG	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 Fexofenadine HCl)	1	QL(30 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS 180 MG (Use Fexofenadine HCl)	1	QL(1 ea daily)
ALLEGRA ALLERGY TABS 60 MG (Use Fexofenadine HCl)	1	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>cetirizine hcl chew 10 mg, 5 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 5 mg/5ml, 1 mg/ml</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 Desloratadine)	NF	QL(1 ea daily)
CLARITIN CAPS 10 MG (Use Loratadine)	1	
CLARITIN CHEW 5 MG	1	

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

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Drug Name	Drug Tier	Requirements/Limits
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 SYRP (Use Cetirizine HCl)	1	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
promethazine hcl soln	1	
promethazine hcl supp	1	
promethazine hcl syrp	1	
promethazine hcl tabs	1	
Antihistamines - Piperidines		
cyproheptadine hcl syrp	1	
cyproheptadine hcl tabs	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin tabs	1	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)
omega-3-acid ethyl esters caps	1	ST; QL(4 ea daily)
VASCEPA CAPS 1 GM	3	PA
Bile Acid Sequestrants		
cholestyramine light pack 4 gm	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light powd 4 gm/dose	1	QL(24 gm daily)
cholestyramine pack 4 gm	1	QL(6 ea daily)
cholestyramine powd 4 gm/dose	1	QL(25.2 gm daily)
COLESTID FLAVORED GRAN 5 GM (Use Colestipol HCl)	NF	QL(6 gm 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)
colestipol hcl gran 5 gm	1	QL(6 gm daily)
colestipol hcl pack 5 gm	1	QL(6 ea daily)
colestipol hcl tabs 1 gm	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	2	QL(1 ea daily)
WELCHOL TABS 625 MG	2	QL(7 ea daily)
Fibric Acid Derivatives		
fenofibrate micronized caps 67 mg, 200 mg, 134 mg	1	QL(1 ea daily)
fenofibrate tabs 48 mg, 54 mg, 160 mg, 145 mg	1	QL(1 ea daily)
gemfibrozil tabs	1	QL(2 ea daily)
LOFIBRA CAPS (Use Fenofibrate Micronized)	NF	QL(1 ea daily)
LOFIBRA TABS (Use Fenofibrate)	NF	QL(1 ea daily)
LOPID TABS (Use Gemfibrozil)	NF	QL(2 ea daily)
TRICOR TABS (Use Fenofibrate)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
HMG CoA Reductase Inhibitors		
ADVICOR TB24 20MG-1000MG	3	PA; QL(2 ea daily)
ADVICOR TB24 20MG-750MG, 40MG-1000MG, 20MG-500MG	3	PA; QL(1 ea daily)
ALTOPREV TB24 40 MG, 20 MG	3	ST; QL(1 ea daily)
ALTOPREV TB24 60 MG	3	QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use Rosuvastatin Calcium)	2	ST; QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use Atorvastatin Calcium)	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 (Use Lovastatin)	NF	\$0 copay for generic only, age 40 to 76; QL(2 ea daily); PV
PRAVACHOL TABS (Use Pravastatin Sodium)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	ST; QL(1 ea daily)
SIMCOR TB24 20MG-1000MG	2	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
SIMCOR TB24 20MG-500MG, 20MG-750MG, 40MG-500MG, 40MG-1000MG	2	PA; QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (Use Simvastatin)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	ST; QL(1 ea daily)
ZETIA TABS (Use Ezetimibe)	2	ST; QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use Niacin (Antihyperlipidemic))	NF	QL(2 ea daily)
Proprotein Convertase Subtilisin/Kexin Type 9		
REPATHA SOSY	4	PA
REPATHA SURECLICK SOAJ	4	PA
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use Quinapril HCl)	NF	
ACEON TABS (Use Perindopril Erbumine)	NF	
ALTACE CAPS (Use Ramipril)	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 (Use Benazepril HCl)	NF	
MAVIK TABS (Use Trandolapril)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use Lisinopril)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (Use Enalapril Maleate)	NF	
ZESTRIL TABS (Use Lisinopril)	NF	
Agents for Pheochromocytoma		
DIBENZYLINE CAPS (Use Phenoxybenzamine HCl)	3	
<i>phenoxybenzamine hcl caps</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use Candesartan Cilexetil)	NF	QL(1 ea daily)
AVAPRO TABS (Use Irbesartan)	NF	QL(1 ea daily)
BENICAR TABS (Use Olmesartan Medoxomil)	2	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (Use Losartan Potassium)	NF	QL(1 ea daily)
DIOVAN TABS (Use Valsartan)	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 (Use Telmisartan)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use Doxazosin Mesylate)	NF	
CATAPRES TABS (Use Clonidine HCl)	NF	QL(8 ea daily)
<i>clonidine hcl tabs or 0.3 mg, 0.2 mg, 0.1 mg</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 (Use Prazosin HCl)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
RESERPINE TABS	1	PA
TENEX TABS (Use Guanfacine HCl)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
ACCURETIC TABS 10MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(3 ea daily)
ACCURETIC TABS 20MG-12.5MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(4 ea daily)
ACCURETIC TABS 20MG-25MG (Use Quinapril-Hydrochlorothiazide)	NF	QL(2 ea daily)
<i>amlodipine besylate-benazepril hcl caps</i>	1	
ATACAND HCT TABS (Use Candesartan Cilexetil-Hydrochlorothiazide)	NF	
<i>atenolol & chlorthalidone tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AVALIDE TABS (Use Irbesartan-Hydrochlorothiazide)	NF	
benazepril & hydrochlorothiazide tabs	1	
BENICAR HCT TABS (Use Olmesartan Medoxomil-Hydrochlorothiazide)	NF	
candesartan cilexetil-hydrochlorothiazide tabs	1	
DIOVAN HCT TABS (Use Valsartan-Hydrochlorothiazide)	NF	
enalapril maleate & hydrochlorothiazide tabs	1	
fosinopril sodium & hydrochlorothiazide tabs	1	
HYZAAR TABS (Use Losartan Potassium & Hydrochlorothiazide)	NF	QL(1 ea daily)
irbesartan-hydrochlorothiazide tabs	1	
lisinopril & hydrochlorothiazide tabs	1	
losartan potassium & hydrochlorothiazide tabs	1	QL(1 ea daily)
LOTENSIN HCT TABS (Use Benazepril & Hydrochlorothiazide)	NF	
LOTREL CAPS (Use Amlodipine Besylate-Benazepril HCl)	NF	
MICARDIS HCT TABS (Use Telmisartan-Hydrochlorothiazide)	NF	
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)

Drug Name	Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazide tabs	1	
TENORETIC 100 TABS (Use Atenolol & Chlorthalidone)	NF	
TENORETIC 50 TABS (Use Atenolol & Chlorthalidone)	NF	
valsartan-hydrochlorothiazide tabs	1	
VASERETIC TABS (Use Enalapril Maleate & Hydrochlorothiazide)	NF	
ZESTORETIC TABS (Use Lisinopril & Hydrochlorothiazide)	NF	
Antihypertensives - Misc.		
VECAMYL TABS	3	PA
Direct Renin Inhibitors		
TEKTURNA TABS	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
eplerenone tabs	1	
INSPRA TABS (Use Eplerenone)	NF	
Vasodilators		
hydralazine hcl soln	1	
hydralazine hcl tabs	1	
minoxidil tabs	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
atovaquone-proguanil hcl tabs	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)

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Drug Name	Drug Tier	Requirements/Limits
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	QL(12 ea per 3 days retail)
Antimalarials		
<i>chloroquine phosphate tabs 250 mg, 500 mg</i>	1	
DARAPRIM TABS	3	QL(3 ea daily)
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl tabs</i>	1	
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	
<i>quinine sulfate caps</i>	1	
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 tbcr</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	QL(6 ea daily)
Antimycobacterial Agents		

Drug Name	Drug Tier	Requirements/Limits
CAPASTAT SULFATE SOLR	3	
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		
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	4	PA
<i>busulfan soln</i>	4	PA

Drug Name	Drug Tier	Requirements/ Limits
BUSULFEX SOLN (<i>Use Busulfan</i>)	4	PA
<i>carboplatin soln</i>	4	PA
<i>cisplatin soln</i>	4	PA
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG	4	PA
<i>cyclophosphamide solr ij 500 mg, 1 gm, 2 gm</i>	4	PA
GLEOSTINE CAPS 10 MG, 100 MG, 40 MG	4	PA
HEXALEN CAPS	4	PA
IFEX SOLR (<i>Use Ifosfamide</i>)	4	PA
<i>ifosfamide soln</i>	4	PA
<i>ifosfamide solr</i>	4	PA
LEUKERAN TABS	4	PA
LOMUSTINE CAPS	4	PA
<i>melfalan hcl solr</i>	1	
<i>melfalan tabs</i>	1	
MUSTARGEN SOLR	4	PA
MYLERAN TABS	4	PA
<i>oxaliplatin soln</i>	4	PA
TEMODAR CAPS OR 140 MG, 100 MG, 20 MG, 250 MG, 5 MG, 180 MG (<i>Use Temozolomide</i>)	4	PA
TEMODAR SOLR IV 100 MG	4	PA
<i>temozolomide caps</i>	4	PA
TEPADINA SOLR 15 MG (<i>Use Thiotepa</i>)	4	PA
<i>thiotepa solr</i>	4	PA
TREANDA SOLR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
ZANOSAR SOLR	4	PA
Antimetabolites		
ALIMTA SOLR	4	PA
ARRANON SOLN	4	PA
<i>azacitidine susr</i>	4	PA
<i>capecitabine tabs</i>	4	PA
<i>clofarabine soln</i>	4	PA
CLOLAR SOLN (<i>Use Clofarabine</i>)	4	PA
<i>cytarabine soln</i>	4	PA
DACOGEN SOLR (<i>Use Decitabine</i>)	4	PA
<i>decitabine solr</i>	4	PA
DEPOCYT SUSP	4	PA
FLOXURIDINE SOLR	4	PA
<i>fludarabine phosphate soln</i>	4	PA
<i>fludarabine phosphate solr</i>	4	PA
<i>fluorouracil soln iv 500 mg/10ml</i>	4	PA
FOLOTYN SOLN	4	PA
<i>gemcitabine hcl solr</i>	4	PA
GEMZAR SOLR (<i>Use Gemcitabine HCl</i>)	4	PA
<i>mercaptopurine tabs</i>	1	
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	1	
<i>methotrexate sodium soln ij 50 mg/2ml</i>	1	
<i>methotrexate sodium solr ij 1 gm</i>	1	
<i>methotrexate sodium tabs or 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS	4	PA
TREXALL TABS	4	PA
VIDAZA SUSR (Use Azacitidine)	4	PA
XELODA TABS (Use Capecitabine)	4	PA
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	4	PA
ZALTRAP SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA
ARZERRA CONC	4	PA
CAMPATH SOLN	4	PA
ERBITUX SOLN	4	PA
HERCEPTIN SOLR 440 MG	4	PA
PERJETA SOLN	4	PA
RITUXAN SOLN	4	PA
VECTIBIX SOLN	4	PA
YERVOY SOLN	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA
ODOMZO CAPS	4	PA
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	1	
ARIMIDEX TABS (Use Anastrozole)	4	
AROMASIN TABS (Use Exemestane)	4	
<i>bicalutamide tabs</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
CASODEX TABS (Use Bicalutamide)	4	PA
ELIGARD KIT	4	PA
EMCYT CAPS	4	PA
<i>exemestane tabs</i>	4	
FARESTON TABS	2	
FASLODEX SOLN	4	PA
FEMARA TABS (Use Letrozole)	4	
FIRMAGON SOLR	4	PA
<i>flutamide caps</i>	4	PA
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA
LUPRON DEPOT (1-MONTH) KIT	4	PA
LUPRON DEPOT (3-MONTH) KIT	4	PA
LUPRON DEPOT (4-MONTH) KIT	4	PA
LUPRON DEPOT (6-MONTH) KIT	4	PA
LYSODREN TABS	4	PA
MEGACE ORAL SUSP (Use Megestrol Acetate)	NF	
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (Use Nilutamide)	3	QL(2 ea daily)
<i>nilutamide tabs</i>	1	QL(2 ea daily)
<i>tamoxifen citrate tabs</i>	0	
TRELSTAR MIXJECT SUSR	4	PA
TRELSTAR SUSR	4	PA

Drug Name	Drug Tier	Requirements/ Limits
XTANDI CAPS	4	PA
ZOLADEX IMPL	4	PA
ZYTIGA TABS	4	PA
Antineoplastic - Immunomodulators		
POMALYST CAPS	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	4	PA
COSMEGEN SOLR	4	PA
<i>daunorubicin hcl inj</i>	4	PA
DAUNOXOME INJ	4	PA
DOXIL INJ (Use Doxorubicin HCl Liposomal)	4	PA
<i>doxorubicin hcl liposomal inj</i>	4	PA
<i>doxorubicin hcl soln 2 mg/ml</i>	4	PA
DOXORUBICIN HCL SOLR 50 MG, 10 MG	4	PA
ELLENCESOLN (Use Epirubicin HCl)	4	PA
<i>epirubicin hcl soln</i>	4	PA
IDAMYCIN PFS SOLN (Use Idarubicin HCl)	4	PA
<i>idarubicin hcl soln</i>	4	PA
<i>mitomycin solr</i>	4	PA
<i>mitoxantrone hcl conc</i>	4	PA
VALSTAR SOLN	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA
BOSULIF TABS	4	PA
CAPRELSA TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT	4	PA
GILOTRIF TABS	4	PA
GLEEVEC TABS (Use Imatinib Mesylate)	4	PA
<i>imatinib mesylate tabs</i>	4	PA
IMBRUVICA CAPS	4	PA
INLYTA TABS	4	PA
ISTODAX (OVERFILL) SOLR	4	PA
ISTODAX SOLR	4	PA
JAKAFI TABS	4	PA
KYPROLIS SOLR	4	PA
LENVIMA 10 MG DAILY DOSE CPPK	4	PA
LENVIMA 14 MG DAILY DOSE CPPK	4	PA
LENVIMA 20 MG DAILY DOSE CPPK	4	PA
LENVIMA 24 MG DAILY DOSE CPPK	4	PA
LYNPARZA CAPS	4	PA
LYNPARZA TABS	4	PA
NEXAVAR TABS	4	PA
NINLARO CAPS	4	PA; QL(0.143 ea daily)
SPRYCEL TABS	4	PA
STIVARGA TABS	4	PA
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA
TAFINLAR CAPS	4	PA
TARCEVA TABS	4	PA
TASIGNA CAPS	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TORISEL SOLN	4	PA
TYKERB TABS	4	PA
VELCADE SOLR	4	PA
VOTRIENT TABS	4	PA
XALKORI CAPS	4	PA
ZELBORAF TABS	4	PA
ZOLINZA CAPS	4	PA
ZYDELIG TABS	4	PA
ZYKADIA CAPS	4	PA
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA
ONCASPAR SOLN	4	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA
<i>bexarotene caps</i>	4	PA
<i>dacarbazine solr</i>	4	PA
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR	4	PA
INTRON A W/DILUENT SOLR	4	PA
MATULANE CAPS	4	PA
NIPENT SOLR	4	PA
PHOTOFRIN SOLR	4	PA
PROLEUKIN SOLR	4	PA
SYLATRON KIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR	4	PA
TARGETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	4	PA
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN	4	PA
UVADEX SOLN	4	PA
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	PA
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 350 mg, 50 mg, 100 mg, 200 mg</i>	1	
LEUCOVORIN CALCIUM SOLR IJ 500 MG	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
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA
DOCEFREZ SOLR	4	PA
<i>docetaxel conc 20 mg/ml</i>	4	PA
DOCETAXEL CONC 20 MG/ML, 20 MG/0.5ML	4	PA
DOCETAXEL SOLN 20 MG/2ML	4	PA
ETOPOPHOS SOLR	4	PA
ETOPOSIDE CAPS OR 50 MG	4	PA
<i>etoposide soln iv 100 mg/5ml, 500 mg/25ml, 1 gm/50ml</i>	4	PA
HALAVEN SOLN	4	PA
IXEMPRA KIT SOLR	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
JEVTANA SOLN	4	PA
NAVELBINE SOLN (Use Vinorelbine Tartrate)	4	PA
paclitaxel conc 100 mg/16.7ml	4	PA
PACLITAXEL CONC 150 MG/25ML	4	PA
TAXOTERE CONC (Use Docetaxel)	4	PA
TENIPOSIDE SOLN	4	PA
vincristine sulfate soln	4	PA
vinorelbine tartrate soln	4	PA
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN (Use Irinotecan HCl)	4	PA
HYCAMTIN CAPS OR 1 MG, 0.25 MG	4	PA
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	4	PA
irinotecan hcl soln	4	PA
topotecan hcl solr	4	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
carbidopa tabs	1	
LODOSYN TABS (Use Carbidopa)	3	
Antiparkinson Anticholinergics		
benztropine mesylate soln	1	
benztropine mesylate tabs	1	
COGENTIN SOLN (Use Benztropine Mesylate)	NF	
trihexyphenidyl hcl elix	1	
trihexyphenidyl hcl tabs	1	
Antiparkinson COMT Inhibitors		

Drug Name	Drug Tier	Requirements/ Limits
COMTAN TABS (Use Entacapone)	NF	QL(8 ea daily)
entacapone tabs	1	QL(8 ea daily)
TASMAR TABS (Use Tolcapone)	3	
tolcapone tabs	3	
Antiparkinson Dopaminergics		
amantadine hcl caps	1	
amantadine hcl syrp	1	
amantadine hcl tabs	1	
bromocriptine mesylate caps	1	
bromocriptine mesylate tabs	1	
carbidopa-levodopa tabs	1	
carbidopa-levodopa tbcr	1	
carbidopa-levodopa tbdp	1	
CARBIDOPA/LEVODOPA/ ENTACAPONE TABS	1	
MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.5 MG, 1 MG, 1.5 MG, 0.75 MG (Use Pramipexole Dihydrochloride)	NF	
NEUPRO PT24	2	
PARLODEL CAPS 5 MG (Use Bromocriptine Mesylate)	1	
PARLODEL TABS 2.5 MG (Use Bromocriptine Mesylate)	NF	
pramipexole dihydrochloride tabs 0.125 mg	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tabs 1 mg, 0.25 mg, 0.75 mg, 1.5 mg, 0.5 mg</i>	1	
REQUIP TABS (Use <i>Ropinirole Hydrochloride</i>)	NF	
REQUIP XL TB24 12 MG, 8 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	ST; QL(2 ea daily)
REQUIP XL TB24 6 MG, 2 MG, 4 MG (Use <i>Ropinirole Hydrochloride</i>)	NF	ST; QL(1 ea daily)
<i>ropinirole hydrochloride tabs 0.5 mg, 0.25 mg, 3 mg, 5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>ropinirole hydrochloride tb24 12 mg, 8 mg</i>	1	ST; QL(2 ea daily)
<i>ropinirole hydrochloride tb24 2 mg, 6 mg, 4 mg</i>	1	ST; QL(1 ea daily)
SINEMET CR TBCR (Use <i>Carbidopa-Levodopa</i>)	NF	
SINEMET TABS (Use <i>Carbidopa-Levodopa</i>)	NF	
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>)	2	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	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium carbonate caps 150 mg, 600 mg, 300 mg</i>	1	
LITHIUM CARBONATE CAPS 600 MG, 150 MG (Use <i>Lithium Carbonate</i>)	1	
<i>lithium carbonate tabs 300 mg</i>	1	
<i>lithium carbonate tbcr 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)
EQUETRO CP12 300 MG	3	QL(4 ea daily)
GEODON CAPS (Use <i>Ziprasidone HCl</i>)	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 1.5 MG, 3 MG, 9 MG (Use <i>Paliperidone</i>)	NF	QL(1 ea daily)
INVEGA TB24 6 MG (Use <i>Paliperidone</i>)	NF	QL(2 ea daily)
<i>paliperidone tb24 6 mg</i>	1	QL(2 ea daily)
<i>paliperidone tb24 9 mg, 3 mg, 1.5 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SUSR	2	PA; QL(0.072 ea daily)
RISPERDAL M-TAB TBDP (Use Risperidone)	NF	PA; QL(2 ea daily)
RISPERDAL SOLN 1 MG/ML (Use Risperidone)	NF	PA; QL(8 ml daily)
RISPERDAL TABS 0.25 MG, 2 MG, 0.5 MG, 3 MG, 1 MG (Use Risperidone)	NF	QL(2 ea daily)
RISPERDAL TABS 4 MG (Use Risperidone)	NF	QL(4 ea daily)
<i>risperidone soln 1 mg/ml</i>	1	PA; QL(8 ml daily)
<i>risperidone tabs 0.25 mg, 1 mg, 3 mg, 0.5 mg, 2 mg</i>	1	QL(2 ea daily)
<i>risperidone tabs 4 mg</i>	1	QL(4 ea daily)
<i>risperidone tbdp 2 mg, 0.5 mg, 4 mg, 1 mg, 3 mg, 0.25 mg</i>	1	PA; QL(2 ea daily)
Butyrophenones		
HALDOL DECANOATE 100 SOLN (Use Haloperidol Decanoate)	NF	QL(0.036 ml daily)
HALDOL DECANOATE 50 SOLN (Use Haloperidol Decanoate)	NF	QL(0.036 ml daily)
HALDOL SOLN (Use Haloperidol Lactate)	NF	
<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	1	
<i>clozapine tabs</i>	1	
<i>clozapine tbdp</i>	1	
CLOZARIL TABS (Use Clozapine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
FAZACLO TBDP 100 MG, 25 MG (Use Clozapine)	NF	
FAZACLO TBDP 200 MG, 150 MG, 12.5 MG	1	
<i>loxapine succinate caps</i>	1	
<i>olanzapine solr im 10 mg</i>	1	QL(0.215 ea daily)
<i>olanzapine tabs or 20 mg, 15 mg</i>	1	QL(2 ea daily)
<i>olanzapine tabs or 7.5 mg, 2.5 mg, 5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>olanzapine tbdp or 10 mg, 15 mg, 5 mg, 20 mg</i>	1	
<i>quetiapine fumarate tabs 25 mg, 200 mg, 100 mg, 50 mg, 300 mg, 400 mg</i>	1	QL(2 ea daily); AL; At least 10 yrs old
<i>quetiapine fumarate tb24 150 mg, 200 mg, 50 mg</i>	1	PA; QL(1 ea daily); AL; At least 10 yrs old
<i>quetiapine fumarate tb24 400 mg, 300 mg</i>	1	PA; QL(2 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 (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 15 MG, 20 MG (Use Olanzapine)	NF	QL(2 ea daily)
ZYPREXA TABS OR 5 MG, 10 MG, 2.5 MG, 7.5 MG (Use Olanzapine)	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ZYPREXA ZYDIS TBDP (Use Olanzapine)	NF	
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 50 MG/2ML, 25 MG/ML	3	
<i>chlorpromazine hcl tabs or 25 mg, 50 mg, 200 mg, 10 mg, 100 mg</i>	1	
FLUPHENAZINE HCL CONC OR 5 MG/ML	1	
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	1	
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	1	
<i>fluphenazine hcl tabs or 5 mg, 1 mg, 2.5 mg, 10 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	PA; QL(30 ml daily); AL; At least 6 yrs old
<i>aripiprazole tabs 30 mg, 15 mg, 5 mg, 2 mg, 10 mg, 20 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		

Drug Name	Drug Tier	Requirements/ Limits
<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)
ATRIPLA TABS	3	QL(1 ea daily)
COMBIVIR TABS (Use Lamivudine-Zidovudine)	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 125 mg, 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)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	3	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	3	QL(2 ea daily)
EPIVIR TABS 300 MG (Use Lamivudine)	3	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate- Lamivudine)	2	QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	QL(4 ea daily)
FUZEON SOLR	4	PA

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 100 MG, 25 MG	2	
ISENTRESS HD TABS	2	QL(2 ea daily)
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	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 (Use Fosamprenavir Calcium)	2	QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	QL(12.5 ml daily)
NEVIRAPINE SUSP 50 MG/5ML	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)
NORVIR CAPS 100 MG	2	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG	2	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZISTA SUSP 100 MG/ML	2	QL(12 ml daily)
PREZISTA TABS 150 MG, 600 MG, 75 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 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	2	QL(2 ea daily)
REYATAZ CAPS 300 MG	2	QL(1 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 15 mg, 40 mg, 30 mg, 20 mg</i>	1	QL(2 ea daily)
<i>stavudine solr 1 mg/ml</i>	1	QL(80 ml daily)
STRIBILD TABS	3	QL(1 ea daily)
SUSTIVA CAPS 200 MG	2	QL(2 ea daily)
SUSTIVA CAPS 50 MG	2	QL(3 ea daily)
SUSTIVA TABS 600 MG	2	QL(1 ea daily)
TIVICAY TABS	3	
TRIUMEQ TABS	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR TABS (<i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i>)	2	QL(2 ea daily)
TRUVADA TABS 250MG-167MG, 150MG-100MG, 200MG-133MG	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, 200 MG (<i>Use Didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 400 MG, 250 MG (<i>Use Didanosine</i>)	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	1	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use Nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 100 MG (<i>Use Nevirapine</i>)	2	QL(3 ea daily)
VIRAMUNE XR TB24 400 MG (<i>Use Nevirapine</i>)	2	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 250 MG, 150 MG, 200 MG	2	QL(1 ea daily)
VIREAD TABS 300 MG	2	
VITEKTA TABS	3	
ZERIT CAPS 40 MG, 30 MG, 15 MG, 20 MG (<i>Use Stavudine</i>)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN SOLN 20 MG/ML (<i>Use Abacavir Sulfate</i>)	2	
ZIAGEN TABS 300 MG (<i>Use Abacavir Sulfate</i>)	NF	QL(2 ea daily)
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine syrps 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use Ganciclovir Sodium</i>)	NF	
<i>ganciclovir sodium solr</i>	1	
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	3	PA; QL(4 ea daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily)
BARACLUDGE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily)
BARACLUDGE TABS 1 MG, 0.5 MG (<i>Use Entecavir</i>)	4	PA; QL(1 ea daily)
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
DAKLINZA TABS 60 MG, 30 MG	4	PA
<i>entecavir tabs</i>	4	PA; QL(1 ea daily)
EPCLUSA TABS	4	PA
EPIVIR HBV SOLN 5 MG/ML	4	PA; QL(60 ml daily)
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	NF	PA; QL(3 ea daily)
HARVONI TABS	4	PA; QL(1 ea daily)
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	4	PA; QL(1 ea daily)
<i>lamivudine (hbv) tabs</i>	1	PA; QL(3 ea daily)
MAVYRET TABS	4	PA; QL(3 ea daily)
PEG-INTRON KIT	4	PA; QL(0.143 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PEG-INTRON REDIPEN KIT	4	PA; QL(0.143 ea daily)
PEG-INTRON REDIPEN PAK 4 KIT	4	PA; QL(0.143 ea daily)
PEGASYS PROCLICK SOLN	4	PA
PEGASYS SOLN	4	PA
PEGINTRON KIT	4	PA; QL(0.143 ea daily)
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)
<i>ribavirin (hepatitis c) caps</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	PA; QL(7 ea daily)
SOVALDI TABS	4	PA; QL(1 ea daily)
TYZEKA TABS	4	PA; QL(1 ea daily)
VICTRELIS CAPS	4	PA; QL(12 ea daily)
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(1.67 ea daily)
<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 250 mg, 125 mg</i>	1	PA; QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	PA; QL(4 ea daily)
FAMVIR TABS 250 MG, 125 MG (Use Famciclovir)	NF	PA; QL(3 ea daily)
FAMVIR TABS 500 MG (Use Famciclovir)	NF	PA; 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)

Drug Name	Drug Tier	Requirements/Limits
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(1.67 ea daily)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	QL(13.34 ml daily)
ZOVIRAX TABS OR 800 MG, 400 MG (Use Acyclovir)	NF	QL(5 ea daily)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps 30 mg</i>	1	QL(0.667 ea daily)
<i>oseltamivir phosphate caps 45 mg</i>	1	QL(0.34 ea daily)
<i>oseltamivir phosphate caps 75 mg</i>	1	Limit 1 every 3 months;QL(10 ea per 90 days retail)
<i>oseltamivir phosphate susr 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 Osetamivir Phosphate)	2	QL(0.667 ea daily)
TAMIFLU CAPS 45 MG (Use Osetamivir Phosphate)	2	QL(0.34 ea daily)
TAMIFLU CAPS 75 MG (Use Osetamivir Phosphate)	2	Limit 1 every 3 months;QL(10 ea per 90 days retail)
TAMIFLU SUSR 6 MG/ML (Use Osetamivir Phosphate)	2	Limit 1 every 3 months;QL(120 ml per 90 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		

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Drug Name	Drug Tier	Requirements/Limits
<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	
BYSTOLIC TABS 10 MG, 2.5 MG, 5 MG	2	QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	QL(2 ea daily)
LOPRESSOR TABS (Use Metoprolol Tartrate)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 50 mg, 100 mg, 25 mg</i>	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 TABS (Use Sotalol HCl)	NF	QL(2 ea daily)
CORGARD TABS (Use Nadolol)	NF	
HEMANGEOL SOLN	4	PA
INDERAL LA CP24 (Use Propranolol HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 60 mg, 80 mg, 160 mg, 120 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
PROPRANOLOL HCL SOLN OR 40 MG/5ML, 20 MG/5ML	1	
<i>propranolol hcl tabs or 60 mg, 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>sotalol hcl tabs 120 mg, 80 mg, 160 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
TIMOLOL MALEATE TABS	1	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use Nifedipine)	NF	
<i>amlodipine besylate tabs</i>	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 300 MG, 360 MG, 240 MG, 180 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl cp12 or 120 mg, 90 mg, 60 mg</i>	1	
<i>diltiazem hcl cp24 or 180 mg, 120 mg, 240 mg</i>	1	
<i>diltiazem hcl extended release beads cp24 360 mg, 300 mg, 180 mg, 240 mg, 120 mg</i>	1	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
<i>diltiazem hcl tabs or 60 mg, 120 mg, 90 mg, 30 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24 20 MG, 40 MG, 30 MG	1	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	NF	
PROCARDIA CAPS (<i>Use Nifedipine</i>)	NF	
PROCARDIA XL TB24 (<i>Use Nifedipine</i>)	NF	
SULAR TB24 (<i>Use Nisoldipine</i>)	NF	
TIAZAC CP24 240 MG, 300 MG, 180 MG, 120 MG, 360 MG (<i>Use Diltiazem HCl Extended Release Beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbcr</i>	1	
VERELAN CP24 (<i>Use Verapamil HCl</i>)	NF	
VERELAN PM CP24 (<i>Use Verapamil HCl</i>)	NF	
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 250 mcg, 125 mcg, 0.25 mg, 0.125 mg</i>	1	
LANOXIN SOLN IJ 0.25 MG/ML (<i>Use Digoxin</i>)	2	
LANOXIN TABS OR 187.5 MCG, 62.5 MCG	2	
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Use Digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
BIDIL TABS	2	
ENTRESTO TABS	3	PA
Impotence Agents		
CIALIS TABS 5 MG	3	PA; BPH Only; QL(1 ea daily)
STENDRA TABS	3	QL(0.134 ea daily)
VIAGRA TABS	3	PA; QL(0.1334 ea daily)
Prostaglandin Vasodilators		

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM TBCR 0.125 MG, 2.5 MG, 1 MG, 0.25 MG	3	PA
REMODULIN SOLN	4	PA
VENTAVIS SOLN	4	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA
OPSUMIT TABS	4	PA
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily)
TRACLEER TABS 62.5 MG	4	PA; QL(1 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	4	PA
REVATIO SOLN IV 10 MG/12.5ML (Use Sildenafil Citrate (Pulmonary Hypertension))	4	PA
REVATIO TABS OR 20 MG (Use Sildenafil Citrate (Pulmonary Hypertension))	4	PA
sildenafil citrate (pulmonary hypertension) soln	4	PA
sildenafil citrate (pulmonary hypertension) tabs	4	PA
Pulmonary Hypertension - Sol Guanylate Cyclase		
ADEMPAS TABS 1.5 MG, 2 MG, 2.5 MG, 0.5 MG	4	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
cefadroxil caps	1	
cefadroxil susr	1	
cefadroxil tabs	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	1	
cefazolin sodium solr ij 500 mg, 10 gm, 1 gm	1	

Drug Name	Drug Tier	Requirements/ Limits
cephalexin caps 750 mg, 250 mg, 500 mg	1	
cephalexin susr 125 mg/5ml, 250 mg/5ml	1	
CEPHALEXIN TABS 500 MG, 250 MG	1	
KEFLEX CAPS (Use Cephalexin)	NF	
Cephalosporins - 2nd Generation		
cefaclor caps 500 mg, 250 mg	1	
CEFACLOR ER TB12	1	
CEFACLOR SUSR 375 MG/5ML, 250 MG/5ML, 125 MG/5ML	1	
CEFOTAN SOLR (Use Cefotetan Disodium)	NF	
cefotetan disodium solr	1	
CEFOTETAN SOLR	3	
cefoxitin sodium solr	1	
cefprozil susr	1	
cefprozil tabs	1	
CEFTIN SUSR 125 MG/5ML	1	
CEFTIN TABS 500 MG, 250 MG (Use Cefuroxime Axetil)	NF	
cefuroxime axetil tabs	1	
cefuroxime sodium solr	1	
ZINACEF SOLR (Use Cefuroxime Sodium)	NF	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
cefdinir caps	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefdinir susr</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG	3	
<i>cefixime susr</i>	1	
CEFOTAXIME SODIUM SOLR 1 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</i>	1	
CLAFORAN SOLR 1 GM (Use Cefotaxime Sodium)	1	
FORTAZ SOLR (Use Ceftazidime)	NF	
SUPRAX SUSR 200 MG/5ML, 100 MG/5ML (Use Cefixime)	NF	
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR (Use Cefepime HCl)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CHEMICALS		
Bulk Chemicals - C's		
CLINDAMYCIN PHOSPHATE POWD XX	1	
Solids		
STANNOUS FLUORIDE POWD XX	0	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		

Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Oral		
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	
DROSPIRENONE/ETHINY L ESTRADIOL/LEVOMEFOL ATE CALCIUM TABS	0	
ESTROSTEP FE TABS (Use Norethindrone Acetate-Ethinyl Estradiol- Fe)	0	
<i>ethynodiol diacet & eth estradiol 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	
LEVONORGESTREL AND ETHINYL ESTRADIOL TABS	0	

Drug Name	Drug Tier	Requirements/ Limits
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	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	
MODICON TABS (Use Norethindrone & Eth Estradiol)	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>norethindrone acet & eth estra tabs</i>	0	
<i>norethindrone acetate-ethinyl estradiol-fe tabs</i>	0	
<i>norethindrone-eth estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol (triphasic) tabs</i>	0	
<i>norgestimate-ethinyl estradiol tabs</i>	0	
<i>norgestrel & ethinyl estradiol tabs</i>	0	
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	0	
NORINYL 1+50 TABS	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	0	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	0	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	0	

Drug Name	Drug Tier	Requirements/Limits
YASMIN 28 TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	0	
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	0	
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 (<i>Use Levonorgestrel (Emergency OC)</i>)	0	
Progestin Contraceptives - IUD		
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	0	QL(1 ml per 90 days retail)
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	QL(1 ml per 90 days retail)
DEPO-SUBQ PROVERA 104 SUSY	0	

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

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Drug Name	Drug Tier	Requirements/Limits
ENTOCORT EC CPEP (Use Budesonide)	NF	
hydrocortisone tabs	1	
KENALOG-40 SUSP	3	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 8 MG, 16 MG, 4 MG, 32 MG (Use Methylprednisolone)	NF	
methylprednisolone acetate susp	1	
methylprednisolone sod succ solr	1	
methylprednisolone tabs	1	
methylprednisolone tbpk	1	
MILLIPRED DP TBPK	3	
MILLIPRED SOLN 10 MG/5ML (Use Prednisolone Sodium Phosphate)	3	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	3	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
prednisolone sodium phosphate soln or 20 mg/5ml, 10 mg/5ml, 15 mg/5ml, 5 mg/5ml, 6.7 mg/5ml	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
prednisolone sodium phosphate tbdp or 15 mg, 30 mg, 10 mg	3	
prednisolone soln	1	

Drug Name	Drug Tier	Requirements/Limits
prednisolone syrpf	1	
PREDNISONE SOLN 5 MG/5ML	1	
prednisone tabs 2.5 mg, 20 mg, 5 mg, 1 mg, 10 mg	1	
PREDNISONE TABS 50 MG	1	
PREDNISONE TBPK 10 MG, 5 MG	1	
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR 1000 MG, 40 MG, 125 MG (Use Methylprednisolone Sod Succ)	NF	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG	1	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	3	
Mineralocorticoids		
fludrocortisone acetate tabs	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
benzonatate caps 100 mg	1	QL(6 ea daily)
benzonatate caps 200 mg	1	QL(3 ea daily)
TESSALON PERLES CAPS (Use Benzonatate)	NF	QL(6 ea daily)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use Fexofenadine-Pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
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
BENZEFOAMULTRA FOAM (Use Benzoyl Peroxide)	NF	AL; At least 12 yrs old
<i>benzoyl peroxide foam 5.3 %</i>	1	AL; At least 12 yrs old; RX/OTC
<i>benzoyl peroxide foam 9.8 %</i>	1	AL; At least 12 yrs old
<i>benzoyl peroxide gel 10 %</i>	1	AL; At least 12 yrs old; RX/OTC
<i>benzoyl peroxide gel 5 %</i>	1	AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide liqd 10 %</i>	1	AL; At least 12 yrs old; RX/OTC
<i>benzoyl peroxide liqd 7 %, 4 %</i>	1	AL; At least 12 yrs old
<i>benzoyl peroxide lotn 6 %</i>	1	AL; At least 12 yrs old; RX/OTC
<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	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
CLINDAP-T CREA	3	PA; AL; At least 12 yrs old
DESQUAM-X WASH LIQD 10 % (<i>Use Benzoyl Peroxide</i>)	NF	AL; At least 12 yrs old; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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	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
<i>sulfacetamide sodium (acne) susp</i>	1	AL; At least 12 yrs old
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	ST; AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<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 <i>Sulfacetamide Sodium w/ Sulfur</i>)	NF	ST; AL; At least 12 yrs old
<i>tretinoin crea 0.05 %, 0.1 %, 0.025 %</i>	1	AL; At least 12 yrs old
<i>tretinoin gel 0.01 %, 0.025 %</i>	1	AL; At least 12 yrs old
<i>tretinoin microsphere gel 0.1 %</i>	1	PA; AL; At least 12 yrs old
TRISEON CREA	3	PA; AL; At least 12 yrs old
VELTIN GEL	3	ST; AL; At least 12 yrs old
ZIANA GEL (Use <i>Clindamycin Phosphate-Tretinoin</i>)	3	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	
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use <i>Diclofenac Sodium (Topical)</i>)	2	
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use <i>Mupirocin Calcium (Topical)</i>)	NF	
BACTROBAN OINT (Use <i>Mupirocin</i>)	NF	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	
<i>mupirocin calcium (topical) crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin oint</i>	1	
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>ketoconazole (topical) crea</i>	1	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>)	NF	
LOPROX SUSP 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	

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

Drug Name	Drug Tier	Requirements/ Limits
EFUDEX CREA (Use Fluorouracil (Topical))	NF	
<i>fluorouracil (topical) crea</i>	1	
<i>fluorouracil (topical) soln</i>	1	
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (Use Diclofenac Sodium (Actinic Keratoses))	NF	
TARGRETIN GEL EX 1 %	4	PA
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA	3	
PRUDOXIN CREA	3	
ZONALON CREA	3	
Antipsoriatics		
8-MOP CAPS	3	PA; QL(4 ea daily)
<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	
<i>calcipotriene oint</i>	1	
<i>calcipotriene soln</i>	1	
CALCITRIOL OINT EX 3 MCG/GM	1	
COSENTYX SENSOREADY PEN SOAJ	4	PA
COSENTYX SOSY	4	PA
DOVONEX CREA (Use Calcipotriene)	NF	
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
SORIATANE CAPS 25 MG (Use Acitretin)	NF	QL(2 ea daily)
STELARA SOSY SC 45 MG/0.5ML, 90 MG/ML	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use Tazarotene)	2	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	
Antiseborrheic Products		
<i>selenium sulfide lotn 2.5 %</i>	1	
Antivirals - Topical		
<i>acyclovir topical oint</i>	1	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (Use Acyclovir Topical)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (Use Silver Sulfadiazine)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	3	
Corticosteroids - Topical		

Drug Name	Drug Tier	Requirements/ Limits
ACLOVATE CREA (Use Alclometasone Dipropionate)	NF	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
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	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use Flurandrenolide)	2	
CORDRAN TAPE 4 MCG/SQCM	3	
CORDRAN TAPE TAPE	3	
CUTIVATE CREA (Use Fluticasone Propionate)	NF	
CUTIVATE LOTN (Use Fluticasone Propionate)	NF	
DERMA-SMOOTHIE/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	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA (Use Desonide)	NF	
DESOWEN LOTN (Use Desonide)	NF	
<i>desoximetasone crea 0.25 %</i>	1	
<i>desoximetasone gel 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone oint 0.25 %</i>	1	
DIFLORASONE DIACETATE CREA	2	
DIFLORASONE DIACETATE OINT	1	
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	
<i>flurandrenolide lotn</i>	2	QL(2 ml daily)
<i>fluticasone propionate crea ex 0.05 %</i>	1	
<i>fluticasone propionate lotn ex 0.05 %</i>	1	
<i>fluticasone propionate oint ex 0.005 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	
HALOG OINT	3	
<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

Drug Name	Drug Tier	Requirements/ Limits
OLUX FOAM (Use Clobetasol Propionate)	NF	
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	
TEMOVATE GEL (Use Clobetasol Propionate)	NF	
TEMOVATE OINT (Use Clobetasol Propionate)	NF	
TEMOVATE SOLN (Use Clobetasol Propionate)	NF	
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 0.5 %, 0.1 %, 0.025 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.1 %, 0.025 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.1 %, 0.5 %, 0.025 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide-dimethicone-silicone kit</i>	1	PA
TRIDESILON CREA (Use <i>Desonide</i>)	NF	
ULTRAVATE CREA (Use <i>Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (Use <i>Halobetasol Propionate</i>)	NF	
WESTCORT OINT (Use <i>Hydrocortisone Valerate</i>)	NF	
Emollients		
LAC-HYDRIN CREA (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN LOTN (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use <i>Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (Use <i>Finasteride (Alopecia)</i>)	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (Use <i>Imiquimod</i>)	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 <i>Tacrolimus (Topical)</i>)	NF	AL; At least 2 yrs old

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) oint</i>	1	AL; At least 2 yrs old
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (Use <i>Podofilox</i>)	NF	
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
EMLA CREA (Use <i>Lidocaine-Prilocaine</i>)	NF	
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine oint 5 %</i>	1	
<i>lidocaine ptch 5 %</i>	1	
<i>lidocaine-prilocaine crea</i>	1	
LIDODERM PTCH (Use <i>Lidocaine</i>)	NF	
SYNERA PTCH	3	
XYLOCAINE SOLN (Use <i>Lidocaine HCl</i>)	NF	
Pigmenting-Depigmenting Agents		
OXSORALEN LOTN	2	
Rosacea Agents		
FINACEA GEL	2	
METROCREAM CREA (Use <i>Metronidazole (Topical)</i>)	NF	
METROGEL GEL (Use <i>Metronidazole (Topical)</i>)	NF	
METROLOTION LOTN (Use <i>Metronidazole (Topical)</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
Scabicides & Pediculicides		
ELIMITE CREA (<i>Use Permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN	3	
<i>lindane lotn</i>	3	
LINDANE LOTN	3	
<i>lindane sham</i>	3	
LINDANE SHAM	3	
<i>malathion lotn</i>	1	
NATROBA SUSP	1	
OVIDE LOTN (<i>Use Malathion</i>)	NF	
<i>permethrin crea ex 5 %</i>	1	
SKLICE LOTN	3	
SPINOSAD SUSP	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
PTS PANELS KETONE TEST STRP	1	
RELION KETONE STRP	1	
RELION KETONE TEST STRIPS STRP	1	
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	1	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
TRUE TEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE TEST BLOOD GLUCOSE TEST STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC
TRUE TEST STRIPS STRP	1	QL(3.34 ea daily); RX/OTC
TRUE TEST STRIPS STRP	1	Limit 100 per month; QL(3.34 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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	
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 56800UNIT-16800UNIT-98400UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT	2	
SUCRAID SOLN	3	
ZENPEP CPEP 17000UNIT-5000UNIT-27000UNIT	1	
ZENPEP CPEP 51000UNIT-15000UNIT-82000UNIT, 10000UNIT-3000UNIT-16000UNIT, 68000UNIT-20000UNIT-109000UNIT, 136000UNIT-40000UNIT-218000UNIT, 34000UNIT-10000UNIT-55000UNIT, 85000UNIT-25000UNIT-136000UNIT	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)

Drug Name	Drug Tier	Requirements/Limits
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	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 2 mg, 0.5 mg, 1 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>)	3	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	1	QL(16 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	1	
<i>furosemide tabs or 40 mg, 20 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>toremide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	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	
<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 (Use Hydrochlorothiazide)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (Use Risedronate Sodium)	NF	PA; QL(0.036 ea daily)

Drug Name	Drug Tier	Requirements/Limits
ACTONEL TABS 30 MG, 5 MG (Use Risedronate Sodium)	NF	PA; QL(1 ea daily)
ACTONEL TABS 35 MG (Use Risedronate Sodium)	NF	PA; QL(0.143 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 (Use Risedronate Sodium)	NF	PA
BONIVA SOLN IV 3 MG/3ML (Use Ibandronate Sodium)	4	PA
BONIVA TABS OR 150 MG (Use Ibandronate Sodium)	NF	QL(0.036 ea daily)
<i>calcitonin (salmon) soln</i>	1	
ETIDRONATE DISODIUM TABS 200 MG	1	
FORTEO SOLN	4	PA; QL(0.08 ml daily)
FOSAMAX PLUS D TABS	3	PA; QL(0.143 ea daily)
FOSAMAX TABS (Use Alendronate Sodium)	NF	QL(0.143 ea daily)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	PA
<i>ibandronate sodium tabs or 150 mg</i>	1	QL(0.036 ea daily)
MIACALCIN SOLN (Use Calcitonin (Salmon))	NF	
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA
<i>pamidronate disodium soln 90 mg/10ml, 30 mg/10ml</i>	4	PA
<i>pamidronate disodium soln 90 mg, 30 mg</i>	4	PA
PROLIA SOLN	4	PA
RECLAST SOLN (Use Zoledronic Acid)	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 150 mg</i>	1	PA; QL(0.036 ea daily)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; QL(0.143 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
TYMLOS SOPN	4	PA
XGEVA SOLN	4	PA
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA
<i>zoledronic acid soln 5 mg/100ml</i>	4	PA
ZOLEDRONIC ACID SOLR 4 MG	4	PA
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	4	PA
ZOMETA SOLN 4 MG/100ML	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA
NOVAREL SOLR	4	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA
GnRH/LHRH Antagonists		
CETROTIDE KIT	4	PA
GANIRELIX ACETATE SOLN	4	PA
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 15 MG, 10 MG, 20 MG	4	PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SOLR	4	PA
Growth Hormones		

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA
GENOTROPIN SOLR 5 MG	4	PA
HUMATROPE COMBO PACK SOLR	4	PA
HUMATROPE SOLR	4	PA
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 15 MG/1.5ML, 10 MG/1.5ML	4	PA
NUTROPIN AQ NUSPIN 10 SOLN	4	PA
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA
SAIZEN CLICK.EASY SOLR	4	PA
SAIZEN SOLR	4	PA
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA
SEROSTIM SOLR	4	PA
ZOMACTON SOLR	4	PA
ZORBTIVE SOLR	4	PA
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	2	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
LHRH/GnRH Agonist Analog Pituitary		
LUPANETA PACK KIT	4	PA
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA
LUPRON DEPOT-PED (3-MONTH) KIT	4	PA
SYNAREL SOLN	4	PA

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Drug Name	Drug Tier	Requirements/Limits
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA
BUPHENYL POWD 3 GM/TSP (Use Sodium Phenylbutyrate)	3	
BUPHENYL TABS 500 MG	3	
BUPHENYL TABS 500 MG (Use Sodium Phenylbutyrate)	3	
calcitriol caps or 0.25 mcg, 0.5 mcg	1	
calcitriol soln iv 1 mcg/ml	1	
calcitriol soln or 1 mcg/ml	1	
CARBAGLU TABS	4	PA
CYSTADANE POWD	4	PA
doxercalciferol caps	1	
doxercalciferol soln	1	
ELAPRASE SOLN	4	PA
FABRAZYME SOLR	4	PA
HECTOROL CAPS (Use Doxercalciferol)	NF	
HECTOROL SOLN (Use Doxercalciferol)	NF	
KUVAN TBSO 100 MG	4	PA
LUMIZYME SOLR	4	PA
MYALEPT SOLR	4	PA
NAGLAZYME SOLN	4	PA
ORFADIN CAPS 10 MG, 2 MG, 5 MG	4	PA
paricalcitol caps	1	
paricalcitol soln	1	

Drug Name	Drug Tier	Requirements/Limits
ROCALTROL CAPS (Use Calcitriol)	NF	
ROCALTROL SOLN (Use Calcitriol)	NF	
SENSIPAR TABS	4	PA
sodium phenylbutyrate powd 3 gm/tsp	3	
sodium phenylbutyrate tabs 500 mg	1	
ZEMPLAR CAPS OR 2 MCG, 1 MCG (Use Paricalcitol)	3	
ZEMPLAR SOLN IV 5 MCG/ML, 2 MCG/ML (Use Paricalcitol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	
DDAVP TABS OR 0.1 MG (Use Desmopressin Acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use Desmopressin Acetate)	NF	QL(8 ea daily)
desmopressin acetate soln ij 4 mcg/ml	1	PA
desmopressin acetate spray refrigerated soln	1	
desmopressin acetate spray soln	1	
desmopressin acetate tabs or 0.1 mg	1	QL(6 ea daily)
desmopressin acetate tabs or 0.2 mg	1	QL(8 ea daily)
STIMATE SOLN	4	PA
Prolactin Inhibitors		
cabergoline tabs	1	
Somatostatic Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate soln</i>	4	PA
SANDOSTATIN SOLN (Use Octreotide Acetate)	4	PA
SIGNIFOR SOLN	4	PA
SOMATULINE DEPOT SOLN	4	PA
Vasopressin Receptor Antagonists		
SAMSCA TABS	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
DUAVEE TABS	3	PA
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
CLIMARA PTWK (Use Estradiol)	NF	
DELESTROGEN OIL 10 MG/ML	1	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use Estradiol Valerate)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS	3	
ESTRACE TABS OR 2 MG, 1 MG, 0.5 MG (Use Estradiol)	NF	
<i>estradiol pttw td 0.1 mg/24hr, 0.05 mg/24hr, 0.0375 mg/24hr, 0.075 mg/24hr, 0.025 mg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol ptwk td 0.05 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.06 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 2 mg, 0.5 mg, 1 mg</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	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (Use Estradiol)	3	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	3	
AVELOX SOLN IV 400MG/250ML-0.8% (Use Moxifloxacin HCl in Sodium Chloride)	3	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	
CIPRO TABS 500 MG, 250 MG (Use Ciprofloxacin HCl)	NF	

Drug Name	Drug Tier	Requirements/Limits
CIPRO XR TB24 (<i>Use Ciprofloxacin-Ciprofloxacin HCl</i>)	NF	
CIPROFLOXACIN HCL TABS 100 MG	1	
<i>ciprofloxacin hcl tabs 500 mg, 750 mg, 250 mg</i>	1	
<i>ciprofloxacin in d5w soln</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
FACTIVE TABS	3	
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln</i>	1	
<i>levofloxacin soln iv 25 mg/ml</i>	1	
<i>levofloxacin soln or 25 mg/ml</i>	1	
<i>levofloxacin tabs or 250 mg, 750 mg, 500 mg</i>	1	
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
<i>ofloxacin tabs 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA
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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ASACOL HD TBEC	2	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA
CIMZIA STARTER KIT KIT	4	PA
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	
DIPENTUM CAPS	2	
LIALDA TBEC (<i>Use Mesalamine</i>)	2	
MESALAMINE DR TBEC	2	QL(6 ea daily)
<i>mesalamine enem</i>	1	
<i>mesalamine tbec</i>	1	
PENTASA CPCR	2	

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Drug Name	Drug Tier	Requirements/Limits
REMICADE SOLR	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	1	
LINZESS CAPS 290 MCG, 145 MCG	3	PA
LINZESS CAPS 72 MCG	3	PA; QL(1 ea daily)
LOTRONEX TABS (Use Alosetron HCl)	3	
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	
RELISTOR SOLN SC 12 MG/0.6ML, 8 MG/0.4ML	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 1000 MG, 750 MG, 500 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	

Drug Name	Drug Tier	Requirements/Limits
<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
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 IR 3.3 %, 3 %	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)

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tabs</i>	1	
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	
PROSCAR TABS (<i>Use Finasteride</i>)	NF	
RAPAFLO CAPS	2	
<i>tamsulosin hcl caps</i>	1	
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs 200 mg, 100 mg</i>	1	
PYRIDIDIUM TABS 100 MG (<i>Use Phenazopyridine HCl</i>)	3	PA
PYRIDIDIUM TABS 200 MG (<i>Use Phenazopyridine HCl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	
Gout Agents		
<i>allopurinol tabs</i>	1	
COLCHICINE TABS	2	QL(6 ea per fill retail, 6 ea per fill mail)
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

Drug Name	Drug Tier	Requirements/Limits
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	1	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)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS (<i>Use Prasugrel HCl</i>)	2	QL(1 ea daily)
PERSANTINE TABS (<i>Use Dipyridamole</i>)	NF	
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
PLETAL TABS (<i>Use Cilostazol</i>)	NF	
<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
CEREZYME SOLR	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ELELYSO SOLR	4	PA
VPRIV SOLR	4	PA
ZAVESCA CAPS	4	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	3	
Folic Acid/Folates		
<i>folic acid tabs 1 mg</i>	0	RX/OTC
<i>folic acid tabs 400 mcg</i>	0	
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML	4	
ARANESP ALBUMIN FREE SOLN 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA
ARANESP ALBUMIN FREE SOSY 200 MCG/0.4ML, 150 MCG/0.3ML, 500 MCG/ML, 300 MCG/0.6ML	4	PA
EPOGEN SOLN	3	PA
LEUKINE SOLR	4	PA
MIRCERA SOSY 200 MCG/0.3ML, 75 MCG/0.3ML, 50 MCG/0.3ML, 100 MCG/0.3ML	4	
NEULASTA ONPRO KIT PSKT	4	PA
NEULASTA SOSY	4	PA
NEUPOGEN SOLN	4	PA
NEUPOGEN SOSY	4	PA
NPLATE SOLR	4	PA
PROCRIT SOLN 10000 UNIT/ML, 2000 UNIT/ML, 4000 UNIT/ML, 3000 UNIT/ML, 20000 UNIT/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 40000 UNIT/ML	4	PA
PROMACTA TABS	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	0	AL; Up to 1 yrs old
<i>ferrous sulfate soln 15 mg/ml</i>	0	AL; Up to 1 yrs old
<i>ferrous sulfate tabs 65 mg, 325 mg</i>	0	
<i>ferrous sulfate tbec 325 mg</i>	0	
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA
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	
PHENOBARBITAL TABS 100 MG, 30 MG	1	
<i>phenobarbital tabs 16.2 mg, 97.2 mg, 32.4 mg, 64.8 mg</i>	1	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
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
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	NF	QL(2 ea daily); AL; At least 18 yrs old
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL; At least 18 yrs old
TRIAZOLAM TABS 0.125 MG	1	
<i>triazolam tabs 0.25 mg</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	

Drug Name	Drug Tier	Requirements/ Limits
FIBERCON TABS (<i>Use Calcium Polycarbophil</i>)	NF	
Laxative Combinations		
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 sulfat solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</i>	0	
PREPOPIK PACK	3	
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	
Stimulant Laxatives		
<i>bisacodyl tbec or 5 mg</i>	1	
DULCOLAX TBEC OR 5 MG (<i>Use Bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use Docusate Sodium</i>)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps or 250 mg, 100 mg</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln</i>	1	
XYLOCAINE SOLN (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
XYLOCAINE-MPF SOLN (Use Lidocaine HCl (Local Anesth.))	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	1	
azithromycin solr iv 500 mg	1	
azithromycin susr or 100 mg/5ml, 200 mg/5ml	1	
azithromycin tabs or 250 mg	1	QL(6 ea per fill retail,6 ea per fill mail)
azithromycin tabs or 500 mg	1	QL(4 ea per fill retail,4 ea per fill mail)
azithromycin tabs or 600 mg	1	QL(0.286 ea daily)
ZITHROMAX PACK OR 1 GM	1	
ZITHROMAX SOLR IV 500 MG (Use Azithromycin)	NF	
ZITHROMAX SUSR OR 200 MG/5ML, 100 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	

Drug Name	Drug Tier	Requirements/ Limits
BIAXIN TABS (Use Clarithromycin)	NF	
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	
clarithromycin tabs 250 mg, 500 mg	1	
clarithromycin tb24 500 mg	1	
Erythromycins		
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	3	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	3	
ERYPED 400 SUSR	3	
erythromycin base cpep 250 mg	3	
ERYTHROMYCIN BASE TABS 500 MG, 250 MG	3	
erythromycin ethylsuccinate susr 200 mg/5ml	1	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
ATLAS COLORED LUBRICATED CONDOM DEVI	0	
ATLAS LUBRICATED CONDOM DEVI	0	

Drug Name	Drug Tier	Requirements/ Limits
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	
CAYA DPRH	0	
CLASS ACT LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE DEVI	0	
ELEXA NATURAL FEEL MISC	0	
ELEXA STIMULATING MISC	0	
ELEXA ULTRA SENSITIVE MISC	0	
EXTRA SENSITIVE SPERMICIDAL DEVI	0	
FANTASY LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICID E MISC	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	
INTENSE SENSATION DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE/LUBRICATE D MISC	0	

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

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

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICID E MISC	0	
ULTIMATE FEELING DEVI	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		
1ST CHOICE LANCETS SUPERTHIN MISC	1	QL(6.6667 ea daily)
1ST CHOICE LANCETS THIN MISC	1	QL(6.6667 ea daily)
1ST CHOICE LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
ACTI-LANCE LITE SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETY LANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE SPECIAL SAFETYLANCETS 17G MISC	1	QL(6.6667 ea daily)
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G MISC	1	QL(6.6667 ea daily)
ACTIVE 1ST BLOOD LANCETS30G/EASY TWIST CAP MISC	1	QL(6.6667 ea daily)
ADJUSTABLE LANCING DEVICE MISC	1	
ADVOCATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCETS MISC	1	QL(6.6667 ea daily)
ADVOCATE LANCING DEVICE MISC	1	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	1	
ADVOCATE SAFETY LANCETS 26G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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 DEVI	1	
ASSURE COMFORT LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
ASSURE COMFORT LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS LOW FLOW 25G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS MICRO FLOW 28G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS NORMAL FLOW 21G MISC	1	QL(6.6667 ea daily)
ASSURE HAEMOLANCE PLUS PEDIATRIC BLADE MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS 21G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE LANCETS MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 25G MISC	1	QL(6.6667 ea daily)
ASSURE LANCE PLUS SAFETYLANCETS 30G MISC	1	QL(6.6667 ea daily)
ASSURE LANCETS MISC	1	QL(6.6667 ea daily)
AT LAST LANCETS MISC	1	QL(6.6667 ea daily)
AURORA LANCET SUPER THIN30G MISC	1	QL(6.6667 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
CARETOUCH TWIST LANCETS 33G MISC	1	QL(6.6667 ea daily)
CLEANLET LANCETS 28G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN 30G MISC	1	QL(6.6667 ea daily)
CLEVER CHEK LANCETS ULTRATHIN MISC	1	QL(6.6667 ea daily)
CLOSERCARE MISC	1	
COAGUCHEK LANCETS MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
COMFORT LANCETS MISC	1	QL(6.6667 ea daily)
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)
DIASTAR EASY TEST II LANCETS 30G MISC	1	QL(6.6667 ea daily)
DIASTAR EASY TEST LANCETS30G 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 Name	Drug Tier	Requirements/ Limits
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)
DUANE READE LANCET ALTERNATE SITE 26G MISC	1	QL(6.6667 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	1	QL(6.6667 ea daily)
DUANE READE LANCET ULTRATHIN 28G 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 MINI EJECT LANCING DEVICE MISC	1	
EASY MINI LANCING DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
FIFTY50 SAFETY SEAL LANCETS 32G MISC	1	QL(6.6667 ea daily)
FIFTY50 UNILET LANCETS 33G MISC	1	QL(6.6667 ea daily)
FINE 30 MISC	1	QL(6.6667 ea daily)
FINGERSTIX LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCETS MISC	1	QL(6.6667 ea daily)
FORA LANCING DEVICE MISC	1	
FORA LANCING DEVICE/CLEARCAP MISC	1	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	1	
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	QL(6.6667 ea daily)
FREESTYLE LANCETS MISC	1	QL(6.6667 ea daily)
FREESTYLE UNISTICK II LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET GP LANCETS MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	QL(6.6667 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 28G MISC	1	QL(6.6667 ea daily)
GLOBAL INJECT EASE LANCETS 30G MISC	1	QL(6.6667 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
GLUCOLET 2 AUTOMATIC LANCING DEVICE MISC	1	
GLUCOSOURCE LANCET DEVICE MISC	1	
GLUCOSOURCE LANCETS MISC	1	QL(6.6667 ea daily)
GMATE LANCETS 30G MISC	1	QL(6.6667 ea daily)
GMATE LANCING DEVICE MISC	1	
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 LANCETS MICRO-THIN 33G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCETS ULTRA-THIN 30G MISC	1	QL(6.6667 ea daily)
GOODSENSE LANCING DEVICE MISC	1	
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	1	

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS SAFETY SEAL 28G MISC	1	QL(6.6667 ea daily)
LANCETS SAFETY SEAL 30G MISC	1	QL(6.6667 ea daily)
LANCETS SUPER THIN 28G MISC	1	QL(6.6667 ea daily)
LANCETS THIN MISC	1	QL(6.6667 ea daily)
LANCETS TWIST TOP MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA FINE MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN 30G MISC	1	QL(6.6667 ea daily)
LANCETS ULTRA THIN MISC	1	QL(6.6667 ea daily)
LANCETSBULLSEYE SAFETY MISC	1	QL(6.6667 ea daily)
LANCING DEVICE ADJUSTABLE MISC	1	
LANCING DEVICE MISC	1	
LANZO MISC	1	
LEADER ADVANCED LANCING DEVICE MISC	1	
LIBERTY MEDICAL LANCETS 30G MISC	1	QL(6.6667 ea daily)
LIBERTY MINI LANCING DEVICE MISC	1	
LIFESCAN UNISTIK 2 DEEP PENETRATION MISC	1	QL(6.6667 ea daily)
LIFESCAN UNISTIK II LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCETS MISC	1	QL(6.6667 ea daily)
LITE TOUCH LANCING DEVICE MISC	1	
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	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
MULTI-LANCET DEVICE MISC	1	

Drug Name	Drug Tier	Requirements/ Limits
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)
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 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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
RIGHTTEST GD500 LANCING DEVICE MISC	1	
RIGHTTEST 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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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 ADVANCED LANCING DEVICE MISC	1	
TGT LANCET ALTERNATE SITE MISC	1	QL(6.6667 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	QL(6.6667 ea daily)
TGT LANCET SUPER THIN 30G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 23G MISC	1	QL(6.6667 ea daily)
TGT LANCET THIN 26G MISC	1	QL(6.6667 ea daily)
TGT LANCET ULTRA THIN 28G 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)

Drug Name	Drug Tier	Requirements/ Limits
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 METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUEDRAW LANCING DEVICE MISC	1	
TRUEPLUS LANCETS 26G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MICRO THIN MISC	1	QL(6.6667 ea daily)
TRUEPLUS LANCETS 33G MISC	1	QL(6.6667 ea daily)
TRUEPLUS SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	1	
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)

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Drug Name	Drug Tier	Requirements/ Limits
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 28G MISC	1	QL(6.6667 ea daily)
ULTRA THIN 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)
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 SAFETY LANCETS 28G MISC	1	QL(6.6667 ea daily)
UNISTIK SAFETY LANCETS 30G MISC	1	QL(6.6667 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	QL(6.6667 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	QL(6.6667 ea daily)
WALGREENS LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS THIN LANCETS MISC	1	QL(6.6667 ea daily)
WALGREENS ULTRA THIN LANCETS MISC	1	QL(6.6667 ea daily)
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/Limits
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
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	1	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

Drug Name	Drug Tier	Requirements/ Limits
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/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-100/0.5ML/30G 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/MINI/ULTRAFINE /31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	1	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
BD PEN NEEDLE/ULTRAFINE/29G X1/2" 12.7MM MISC	1	QL(5 ea daily)
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 32GX6MM MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	1	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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 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)
DROPLET PEN NEEDLES 31GX8MM 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)
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	1	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	1	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	1	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
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)

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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EQL SHORT PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
EQL ULTRA COMFORT INSULINSYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	1	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
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/29G 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)

Drug Name	Drug Tier	Requirements/ Limits
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/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

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

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

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Drug Name	Drug Tier	Requirements/ Limits
KROGER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	1	QL(5 ea daily); RX/OTC
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/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)

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Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	1	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	1	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	1	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	1	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	1	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	1	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 1/4" MISC	1	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	1	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	1	QL(5 ea daily)

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

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

Drug Name	Drug Tier	Requirements/ Limits
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); RX/OTC
NOVOFINE 32GX6MM MISC	1	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 30GX8MM MISC	1	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	1	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	1	QL(5 ea daily); RX/OTC

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)
QC PEN NEEDLES 31G X 8MM MISC	1	QL(5 ea daily); RX/OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
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

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Drug Name	Drug Tier	Requirements/ Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/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
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	1	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	1	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	1	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	1	QL(5 ea daily)
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)
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
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	1	QL(5 ea daily)
ULTILET PEN NEEDLE 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	1	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	1	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNIFINE PENTIPS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	1	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
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
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)

Drug Name	Drug Tier	Requirements/Limits
VALUMARK PEN NEEDLES 31GX 8MM MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	1	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	1	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	1	QL(5 ea daily); RX/OTC
VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM MISC	1	QL(5 ea daily); RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	1	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	1	QL(5 ea daily)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		

Drug Name	Drug Tier	Requirements/Limits
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	2	
<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	ST; QL(0.267 ml daily)
ERGOMAR SUBL	3	QL(0.667 ea daily)
MIGRANAL SOLN (<i>Use Dihydroergotamine Mesylate</i>)	1	ST; 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
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>)	3	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

Drug Name	Drug Tier	Requirements/ Limits
IMITREX SOLN SC 6 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL; At least 18 yrs old
IMITREX STATDOSE REFILL SOCT (Use <i>Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL; At least 18 yrs old
IMITREX STATDOSE SYSTEM SOAJ (Use <i>Sumatriptan Succinate</i>)	NF	QL(0.134 ml daily); AL; At least 18 yrs old
IMITREX TABS OR 50 MG, 25 MG, 100 MG (Use <i>Sumatriptan Succinate</i>)	NF	QL(0.3 ea daily); AL; At least 18 yrs old
MAXALT TABS 10 MG (Use <i>Rizatriptan Benzoate</i>)	NF	QL(0.6 ea daily); AL; At least 6 yrs old
MAXALT TABS 5 MG (Use <i>Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); AL; At least 6 yrs old
MAXALT-MLT TBDP 10 MG (Use <i>Rizatriptan Benzoate</i>)	NF	QL(0.6 ea daily); AL; At least 6 yrs old
MAXALT-MLT TBDP 5 MG (Use <i>Rizatriptan Benzoate</i>)	NF	QL(0.4 ea daily); AL; At least 6 yrs old
<i>naratriptan hcl tabs</i>	1	QL(0.3 ea daily); AL; At least 18 yrs old
RELPAK TABS (Use <i>Eletriptan Hydrobromide</i>)	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

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soct sc 6 mg/0.5ml, 4 mg/0.5ml</i>	1	QL(0.134 ml daily); AL; At least 18 yrs old
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	QL(0.134 ml daily); AL; At least 18 yrs old
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	1	QL(0.134 ml daily); AL; At least 18 yrs old
<i>sumatriptan succinate tabs or 50 mg, 25 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 2.5 MG, 5 MG	2	ST; QL(0.2 ea daily); AL; At least 12 yrs old
ZOMIG TABS OR 5 MG, 2.5 MG (Use <i>Zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL; At least 12 yrs old
ZOMIG ZMT TBDP (Use <i>Zolmitriptan</i>)	NF	ST; QL(0.3 ea daily); AL; At least 12 yrs old

MINERALS & ELECTROLYTES

Bicarbonates

<i>sodium acetate soln</i>	1	
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Calcium

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

DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
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<i>dextrose in lactated ringers soln</i>	1	
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IONOSOL-B/DEXTROSE 5% SOLN	1	
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Drug Name	Drug Tier	Requirements/ Limits
IONOSOL-MB/DEXTROSE 5% SOLN	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
<i>parenteral electrolytes soln</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	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN	1	
<i>ringer's soln</i>	1	
Iodine Products		
SSKI SOLN	3	PA
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 40 GM/1000ML, 4 GM/50ML, 20 GM/500ML, 4 GM/100ML (Use <i>Magnesium Sulfate</i>)	1	
<i>magnesium sulfate soln iv 20 gm/500ml, 4 gm/50ml, 2 gm/50ml, 40 gm/1000ml, 4 gm/100ml</i>	1	
Phosphate		
POTASSIUM PHOSPHATES SOLN	1	
<i>potassium phosphates soln</i>	1	
Potassium		
K-TAB TBCR 10 MEQ (Use <i>Potassium Chloride</i>)	NF	
K-TAB TBCR 8 MEQ	1	
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (Use <i>Potassium Chloride</i>)	NF	
<i>potassium acetate soln 2 meq/ml</i>	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML (Use <i>Potassium Acetate</i>)	NF	
<i>potassium bicarb & chloride tbf</i>	1	
<i>potassium bicarbonate tbf</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	
<i>potassium chloride soln iv 10 meq/100ml, 20 meq/50ml, 2 meq/ml, 0.4 meq/ml</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbcr or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.9 %, 4 meq/ml, 3 %, 5 %, 0.45 %</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	
SYPRINE CAPS	4	PA
Immunomodulators		
REVLIMID CAPS 10 MG, 5 MG, 15 MG, 25 MG, 2.5 MG	4	PA
THALOMID CAPS	4	PA
Immunosuppressive Agents		
ATGAM INJ	4	PA
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	1	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	NF	
CELLCEPT INTRAVENOUS SOLR (Use Mycophenolate Mofetil HCl)	3	
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	NF	
<i>cyclosporine caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	1	
<i>cyclosporine soln</i>	1	
IMURAN TABS (Use Azathioprine)	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 (Use Mycophenolate Sodium)	2	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	NF	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	NF	
NULOJIX SOLR	4	PA
PROGRAF CAPS OR 1 MG (Use Tacrolimus)	2	
PROGRAF CAPS OR 5 MG, 0.5 MG (Use Tacrolimus)	NF	
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	NF	
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	NF	

Drug Name	Drug Tier	Requirements/Limits
SIMULECT SOLR	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA
ZORTRESS TABS	4	PA
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 mt 0.63 %</i>	0	RX/OTC
Steroids - Mouth/Throat		
<i>triamcinolone acetamide (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	
<i>chlorzoxazone tabs</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
ATROVENT SOLN 0.03 % (Use <i>Ipratropium Bromide (Nasal)</i>)	NF	QL(1 ml daily)
ATROVENT SOLN 0.06 % (Use <i>Ipratropium Bromide (Nasal)</i>)	NF	
<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 <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(31.6 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 2 inhalers per month;QL(31.6 ml per 30 days retail); RX/OTC
FLUNISOLIDE SOLN	1	
<i>fluticasone propionate (nasal) susp</i>	1	Limit 2 inhalers per month;QL(31.6 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; QL(1.14 gm daily)
NASACORT ALLERGY 24HR AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	NF	RX/OTC
NASACORT ALLERGY 24HR CHILDRENS AERO (Use <i>Triamcinolone Acetonide (Nasal)</i>)	NF	RX/OTC
NASONEX SUSP (Use <i>Mometasone Furoate (Nasal)</i>)	2	PA; QL(1.14 gm daily)
RHINOCORT AQUA SUSP (Use <i>Budesonide (Nasal)</i>)	NF	RX/OTC
<i>triamcinolone acetonide (nasal) aero</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	3	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORT SOLR	3	PA
XEOMIN SOLR	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 (Use Levobunolol HCl)	NF	

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

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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 (Use Sulfacetamide Sodium (Ophth))	NF	
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	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 (Use Ofloxacin (Ophth))	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	
<i>tobramycin (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
TOBREX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln</i>	1	
VIGAMOX SOLN (Use Moxifloxacin HCl (Ophth))	2	
VIROPTIC SOLN (Use Trifluridine)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	3	
Ophthalmic Decongestants		
NAPHAZOLINE HCL SOLN	1	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	
RESTASIS MULTIDOSE EMUL	2	
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use Proparacaine HCl)	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 (Use Fluorometholone (Ophth))	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (Use Neomycin-Polymyxin-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymyxin-Dexameth)	NF	
neomycin-polymyxin-dexameth oint	1	
neomycin-polymyxin-dexameth susp	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NF	
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	NF	
PRED MILD SUSP	3	
prednisolone acetate (ophth) susp	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
TOBRADEX SUSP (Use Tobramycin-Dexamethasone)	NF	
tobramycin-dexamethasone susp	1	
VEXOL SUSP	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (Use Ketorolac Tromethamine (Ophth))	NF	
ACULAR SOLN (Use Ketorolac Tromethamine (Ophth))	NF	

Drug Name	Drug Tier	Requirements/ Limits
ALOCRIOL SOLN	3	
ALOMIDE SOLN	3	
azelastine hcl (ophth) soln	1	
AZOPT SUSP	2	
BEPREVE SOLN	3	
bromfenac sodium (ophth) soln	1	
BROMFENAC SOLN	1	
cromolyn sodium (ophth) soln	1	
CYSTARAN SOLN	2	
diclofenac sodium (ophth) soln	1	
dorzolamide hcl soln	1	
ELESTAT SOLN (Use Epinastine HCl (Ophth))	NF	
EMADINE SOLN	3	
epinastine hcl (ophth) soln	1	
flurbiprofen sodium soln	1	
ILEVRO SUSP	3	
ketorolac tromethamine (ophth) soln	1	
ketotifen fumarate (ophth) soln	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	
OCUFEN SOLN (Use Flurbiprofen Sodium)	NF	
olopatadine hcl soln	1	
PATADAY SOLN (Use Olopatadine HCl)	2	
PATANOL SOLN (Use Olopatadine HCl)	3	

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Drug Name	Drug Tier	Requirements/Limits
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	1	
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	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	
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Otic Steroids		
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 AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN 2 GM/10ML, 4 GM/20ML, 1 GM/5ML	4	PA
GAMMAGARD LIQUID SOLN	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA
GAMMAKED SOLN	4	PA
GAMUNEX-C SOLN	4	PA
HIZENTRA SOLN	4	PA
Passive Immunizing Agents - Combinations		
HYQVIA KIT	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 500 mg, 250 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	1	
<i>amoxicillin susr 400 mg/5ml, 200 mg/5ml, 125 mg/5ml, 250 mg/5ml</i>	1	
<i>amoxicillin tabs 875 mg, 500 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
<i>ampicillin sodium solr</i>	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	1	
<i>penicillin g potassium solr</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	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN-G SOLR (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</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
UNASYN SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
ZOSYN SOLR (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr</i>	1	
<i>oxacillin sodium solr</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	
<i>megestrol acetate (appetite) susp</i>	3	
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (Use Progesterone Micronized)	NF	
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	NF	
<i>disulfiram tabs</i>	1	
Anti-Cataplectic Agents		

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Drug Name	Drug Tier	Requirements/Limits
XYREM SOLN	4	PA; QL(18 ml daily)
Antidementia Agents		
ARICEPT TABS 10 MG (Use Donepezil Hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
donepezil hydrochloride tabs 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tabs 5 mg	1	QL(1 ea daily)
donepezil hydrochloride tbdp 10 mg	1	QL(2 ea daily)
donepezil hydrochloride tbdp 5 mg	1	QL(1 ea daily)
EXELON CAPS OR 1.5 MG, 3 MG, 4.5 MG, 6 MG (Use Rivastigmine Tartrate)	NF	
galantamine hydrobromide cp24 24 mg, 16 mg, 8 mg	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	1	QL(6 ml daily)
galantamine hydrobromide tabs 8 mg, 4 mg, 12 mg	1	QL(2 ea daily)
memantine hcl tabs	1	
memantine hcl tabs 10 mg	1	QL(2 ea daily)
memantine hcl tabs 5 mg	1	QL(1 ea daily)
NAMENDA TABS 10 MG (Use Memantine HCl)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use Memantine HCl)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	2	
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate caps	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		
tetrabenazine tabs	4	PA
XENAZINE TABS (Use Tetrabenazine)	4	PA
Multiple Sclerosis Agents		
AMPYRA TB12	4	PA
AUBAGIO TABS	3	PA
AVONEX KIT	4	PA
AVONEX PEN AJKT	4	PA
AVONEX PSKT	4	PA
BETASERON KIT	4	PA
COPAXONE SOSY (Use Glatiramer Acetate)	4	PA
EXTAVIA KIT	4	PA
GILENYA CAPS	4	PA
glatiramer acetate sosy	4	PA
PLEGRIDY SOPN	4	PA
PLEGRIDY SOSY	4	PA
PLEGRIDY STARTER PACK SOPN	4	PA
PLEGRIDY STARTER PACK SOSY	4	PA
REBIF REBIDOSE SOAJ	4	PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
REBIF SOSY	4	PA
REBIF TITRATION PACK SOSY	4	PA
TECFIDERA CPDR	4	PA
TECFIDERA STARTER PACK MISC	4	PA
TYSABRI CONC	4	PA
ZINBRYTA SOSY	4	
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 (Use Pimozide)	3	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 600 MG	3	
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)
FOLDING PADDLE WALKER/5"WHEELS MISC	0	QL(1 ea daily)
NICODERM CQ PT24 (Use Nicotine)	0	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
NICORETTE GUM (Use Nicotine Polacrilex)	0	
NICORETTE LOZG (Use Nicotine Polacrilex)	0	
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	0	
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	0	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24</i>	0	QL(1 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	
NICOTROL NS SOLN	0	
ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))	0	QL(2 ea daily)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	4	PA
PROLASTIN-C SOLR	4	PA
ZEMAIRA SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS 150 MG	4	PA
PULMOZYME SOLN	4	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	1	
TETRACYCLINES - Drugs to Treat Bacterial Infections		

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Drug Name	Drug Tier	Requirements/Limits
Tetracyclines		
ADOXA PAK 1/100 TABS (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
ADOXA TABS 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
demeclocycline hcl tabs	1	
doxycycline (monohydrate) caps 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline (monohydrate) caps 75 mg	1	
doxycycline (monohydrate) tabs 100 mg	1	QL(2 ea daily)
doxycycline hyclate caps or 50 mg, 100 mg	1	QL(2 ea daily)
doxycycline hyclate solr iv 100 mg	1	
doxycycline hyclate tabs or 100 mg, 20 mg	1	QL(2 ea daily)
MINOCIN CAPS (Use Minocycline HCl)	NF	QL(3 ea daily)
minocycline hcl caps 75 mg, 50 mg, 100 mg	1	QL(3 ea daily)
minocycline hcl tabs 100 mg, 75 mg, 50 mg	1	QL(3 ea daily)
MONODOX CAPS 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
MONODOX CAPS 75 MG (Use Doxycycline Monohydrate)	NF	
TETRACYCLINE HCL CAPS 250 MG, 500 MG (Use Tetracycline HCl)	1	QL(8 ea daily)
tetracycline hcl caps 500 mg, 250 mg	1	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (Use Doxycycline Hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		

Drug Name	Drug Tier	Requirements/Limits
Antithyroid Agents		
methimazole tabs	1	
propylthiouracil tabs	1	
TAPAZOLE TABS (Use Methimazole)	NF	
Thyroid Hormones		
CYTOMEL TABS (Use Liothyronine Sodium)	NF	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	1	
levothyroxine sodium tabs or 25 mcg, 200 mcg, 50 mcg, 175 mcg, 112 mcg, 300 mcg, 137 mcg, 75 mcg, 150 mcg, 100 mcg, 88 mcg, 125 mcg	1	
liothyronine sodium soln	1	
liothyronine sodium tabs	1	
NATURE-THROID TABS 81.25 MG, 113.75 MG	3	PA
SYNTHROID TABS (Use Levothyroxine Sodium)	NF	
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
WP THYROID TABS 81.25 MG, 113.75 MG	3	PA
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	0	

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSP	0	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
<i>atropine sulfate soln ij 1 mg/ml</i>	1	
BENTYL CAPS (Use Dicyclomine HCl)	NF	
BENTYL TABS (Use Dicyclomine HCl)	NF	
CANTIL TABS	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>glycopyrrolate soln</i>	1	
<i>glycopyrrolate tabs</i>	1	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
<i>methscopolamine bromide tabs</i>	1	
PAMINE FORTE TABS (Use Methscopolamine Bromide)	NF	
PAMINE TABS (Use Methscopolamine Bromide)	NF	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL SOLN (Use Glycopyrrolate)	NF	
ROBINUL TABS (Use Glycopyrrolate)	NF	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 800 mg, 300 mg, 400 mg</i>	1	
FAMOTIDINE PREMIXED SOLN	1	
<i>famotidine soln iv 200 mg/20ml, 40 mg/4ml, 20 mg/2ml</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 Famotidine)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use Famotidine)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use Famotidine)	NF	RX/OTC
PEPCID TABS 40 MG (Use Famotidine)	NF	
<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 150 mg/10ml, 15 mg/ml, 75 mg/5ml</i>	1	QL(20 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 Cimetidine)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use Ranitidine HCl)	NF	RX/OTC
ZANTAC TABS OR 150 MG (Use Ranitidine HCl)	NF	RX/OTC
ZANTAC TABS OR 300 MG (Use Ranitidine HCl)	NF	

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Drug Name	Drug Tier	Requirements/Limits
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use Sucralfate)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use Rabeprazole Sodium)	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	ST; 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(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM CPDR 20 MG (Use Esomeprazole Magnesium)	NF	QL(2 ea daily); RX/OTC
NEXIUM CPDR 40 MG (Use Esomeprazole Magnesium)	NF	ST; QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 20 mg, 40 mg</i>	1	QL(2 ea daily)
<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)

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

Drug Name	Drug Tier	Requirements/ Limits
FURADANTIN SUSP (<i>Use Nitrofurantoin</i>)	NF	
HIPREX TABS (<i>Use Methenamine Hippurate</i>)	NF	
MACROBID CAPS (<i>Use Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS 50 MG, 100 MG (<i>Use 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 (<i>Use Tolterodine Tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (<i>Use Tolterodine Tartrate</i>)	NF	
DITROPAN XL TB24 (<i>Use Oxybutynin Chloride</i>)	NF	
ENABLEX TB24 (<i>Use Darifenacin Hydrobromide</i>)	3	PA; QL(1 ea daily)
<i>oxybutynin chloride syrpf</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	
<i>tolterodine tartrate cp24 4 mg, 2 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 2 mg, 1 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>trospium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>trospium 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 (<i>Use Bethanechol Chloride</i>)	NF	
URECHOLINE TABS 50 MG, 10 MG, 5 MG (<i>Use Bethanechol Chloride</i>)	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	
PREVNAR 13 SUSP	0	
Viral Vaccines		
AFLURIA 2015-2016 SUSP	0	
AFLURIA 2016-2017 SUSP	0	
AFLURIA 2017-2018 SUSP	0	

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Drug Name	Drug Tier	Requirements/ Limits
AFLURIA PF 2015-2016 SUSY	0	
AFLURIA PF 2016-2017 SUSY	0	
AFLURIA PF 2017-2018 SUSY	0	
AFLURIA QUADRIVALENT 2016-2017 SUSY	0	
AFLURIA QUADRIVALENT 2017-2018 SUSP	0	
AFLURIA QUADRIVALENT 2017-2018 SUSY	0	
FLUARIX QUADRIVALENT 2015-2016 SUSY	0	
FLUARIX QUADRIVALENT 2016-2017 SUSY	0	
FLUARIX QUADRIVALENT 2017-2018 SUSY	0	
FLUBLOK QUADRIVALENT 2017-2018 SOSY	0	
FLUCELVAX 2015-2016 SUSY	0	
FLUCELVAX QUADRIVALENT 2016-2017 SUSY	0	
FLUCELVAX QUADRIVALENT 2017-2018 SUSP	0	
FLUCELVAX QUADRIVALENT 2017-2018 SUSY	0	
FLULAVAL QUADRIVALENT 2014-2015 SUSY	0	
FLULAVAL QUADRIVALENT 2015-2016 SUSP	0	
FLULAVAL QUADRIVALENT 2016-2017 SUSP	0	
FLULAVAL QUADRIVALENT 2016-2017 SUSY	0	
FLULAVAL QUADRIVALENT 2017-2018 SUSP	0	

Drug Name	Drug Tier	Requirements/ Limits
FLULAVAL QUADRIVALENT 2017-2018 SUSY	0	
FLUVIRIN 2015-2016 SUSP	0	
FLUVIRIN 2015-2016 SUSY	0	
FLUVIRIN 2016-2017 SUSP	0	
FLUVIRIN 2016-2017 SUSY	0	
FLUVIRIN 2017-2018 SUSP	0	
FLUVIRIN 2017-2018 SUSY	0	
FLUZONE HIGH-DOSE PF 2015-2016 SUSY	0	
FLUZONE HIGH-DOSE PF 2016-2017 SUSY	0	
FLUZONE HIGH-DOSE PF 2017-2018 SUSY	0	
FLUZONE QUADRIVALENT 2015-2016 SUSP	0	
FLUZONE QUADRIVALENT 2015-2016 SUSY	0	
FLUZONE QUADRIVALENT 2016-2017 SUSP	0	
FLUZONE QUADRIVALENT 2016-2017 SUSY	0	
FLUZONE QUADRIVALENT 2017-2018 SUSP	0	
FLUZONE QUADRIVALENT 2017-2018 SUSY	0	
FLUZONE SPLIT 2015-2016 SUSP	0	
ZOSTAVAX SUSR	0	AL; At least 50 yrs old
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Spermicides		

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Drug Name	Drug Tier	Requirements/ Limits
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 1 %</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use Clotrimazole Vaginal)	NF	
METROGEL-VAGINAL GEL (Use Metronidazole Vaginal)	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	
TERAZOL 3 CREA (Use Terconazole Vaginal)	NF	
TERAZOL 7 CREA (Use Terconazole Vaginal)	NF	
<i>terconazole vaginal crea</i>	1	
<i>terconazole vaginal supp</i>	1	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	3	
FEMRING RING	3	
PREMARIN CREA	2	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
ADRENACLICK SOAJ	2	
<i>epinephrine (anaphylaxis) soaj</i>	2	
EPIPEN 2-PAK SOAJ	2	

Drug Name	Drug Tier	Requirements/ Limits
EPIPEN-JR 2-PAK SOAJ	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 50000 UNIT (Use Ergocalciferol)	0	
DRISDOL SOLN 8000 UNIT/ML (Use Ergocalciferol)	1	
<i>ergocalciferol caps 50000 unit</i>	0	
<i>ergocalciferol soln 8000 unit/ml</i>	1	
VITAMIN D2 TABS 400 UNIT	0	AL; At least 65 yrs old
Water Soluble Vitamins		
<i>niacin cpcr 500 mg, 250 mg</i>	1	
<i>niacin tabs 100 mg, 250 mg, 50 mg, 500 mg</i>	1	
<i>niacin tbcr 250 mg, 750 mg, 500 mg</i>	1	
NIACIN TR TBCR	1	
<i>niacinamide tabs</i>	1	
SLO-NIACIN TBCR (Use Niacin)	1	

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				BEPREVE.....	119
				BESIVANCE.....	118
				BETAGAN.....	117
				betamethasone dipropionate (topical).....	53

betamethasone dipropionate augmented.....	53	buprenorphine hcl.....	8	CARAFATE.....	126
betamethasone valerate.....	53	buprenorphine hcl-naloxone hcl dihydrate.....	8	CARBAGLU.....	61
BETAPACE.....	42	bupropion hcl.....	18	carbamazepine.....	15
BETASERON.....	122	bupropion hcl (smoking deterrent).....	123	CARBATROL.....	15
betaxolol hcl.....	42	buspirone hcl.....	11	carbidopa.....	35
betaxolol hcl (ophth).....	117	busulfan.....	30	carbidopa-levodopa.....	35
bethanechol chloride.....	127	BUSULFEX.....	31	CARBIDOPA/LEVODOPA/ENTA CAPONE.....	35
bexarotene.....	34	butalbital-acetaminophen.....	5	carbinoxamine maleate.....	25
BEYAZ.....	45	butalbital-acetaminophen-caffeine.....	5	carboplatin.....	31
BIAXIN.....	68	butalbital-acetaminophen-caffeine w/ codeine.....	7	CARDIOCOM LANCING DEVICE.....	72
bicalutamide.....	32	butalbital-aspirin-caffeine.....	5	CARDIZEM.....	42
BICNU.....	30	butalbital-aspirin-caffeine w/cod.....	7	CARDIZEM CD.....	42
BIDIL.....	43	butenafine hcl.....	51	CARDIZEM LA.....	42
BILTRICIDE.....	9	butorphanol tartrate.....	8	CARDURA.....	28
BIMATOPROST.....	120	BUTRANS.....	8	CAREFINE PEN NEEDLE 32GX4MM.....	86
bisacodyl.....	67	BYETTA.....	21	CAREFINE PEN NEEDLES 29GX1/2".....	86
bisoprolol fumarate.....	42	BYSTOLIC.....	42	CAREFINE PEN NEEDLES 30GX5/16".....	86
bleomycin sulfate.....	33	cabergoline.....	61	CAREFINE PEN NEEDLES 31GX6MM.....	86
BLEPH-10.....	118	CAFERGOT.....	111	CAREFINE PEN NEEDLES 31GX8MM.....	86
BONIVA.....	59	CALAN.....	42	CAREFINE PEN NEEDLES 32GX5MM.....	86
BONTRIL PDM.....	1	CALAN SR.....	42	CAREFINE PEN NEEDLES 32GX6MM.....	86
BOOSTRIX.....	125	calcipotriene.....	52	CAREONE ADVANCED LANCINGDEVICE.....	72
BOSULIF.....	33	calcipotriene-betamethasone dipropionate.....	53	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2".....	86
BOTOX.....	117	calcitonin (salmon).....	59	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16".....	86
BP CLEANSING WASH.....	50	CALCITRIOL.....	52	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2".....	86
BREO ELLIPTA.....	13	calcitriol.....	61	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16".....	86
BREVICON-28.....	45	calcium acetate (phosphate binder).....	64	CAREONE INSULIN SYRINGES/1ML/30G X 1/2".....	86
BRILINTA.....	65	calcium chloride (dihydrate).....	112	CAREONE INSULIN SYRINGES/1ML/31GX5/16".....	86
brimonidine tartrate.....	117	calcium gluconate.....	112	CAREONE LANCET THIN.....	72
BRINTELLIX.....	19	calcium polycarbophil.....	67	CAREONE LANCET ULTRA THIN.....	72
BROMFENAC.....	119	CAMPATH.....	32	CAREONE UNIFINE PENTIPS 29GX12MM.....	86
bromfenac sodium (ophth).....	119	CAMPTOSAR.....	35	CAREONE UNIFINE PENTIPS 31GX5MM.....	86
bromocriptine mesylate.....	35	CANASA.....	63		
BROVANA.....	13	CANCIDAS.....	24		
budesonide.....	47	candesartan cilexetil.....	28		
budesonide (inhalation).....	13	candesartan cilexetil-hydrochlorothiazide.....	29		
budesonide (nasal).....	116	CANTIL.....	125		
BULLSEYE MINI SAFETY LANCETS.....	72	CAPASTAT SULFATE.....	30		
BULLSEYE SAFETY LANCETS.....	72	capecitabine.....	31		
bumetanide.....	58	CAPRELSA.....	33		
BUMEX.....	58	captopril.....	27		
BUPHENYL.....	61				
BUPRENEX.....	8				
BUPRENORPHINE.....	8				

CAREONE UNIFINE PENTIPS 31GX6MM.....	86	cefdinir.....	44	CHLORAMPHENICOL SODIUM SUCCINATE.....	10
CAREONE UNIFINE PENTIPS 31GX8MM.....	86	CEFDITOREN PIVOXIL...	45	chlordiazepoxide hcl.....	11
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM...	86	cefepime hcl.....	45	chlordiazepoxide hcl-clidinium bromide.....	125
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM.....	86	cefixime.....	45	chlorhexidine gluconate (mouth- throat).....	115
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM.....	86	CEFOTAN.....	44	chloroquine phosphate.....	30
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM.....	86	CEFOTETAN.....	44	CHLOROTHIAZIDE.....	59
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM.....	86	cefotetan disodium.....	44	chlorothiazide.....	59
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM.....	86	cefoxitin sodium.....	44	CHLORPROMAZINE HCL...	38
CARETOUCH LANCING DEVICEWITH EJECTOR...	72	cefpodoxime proxetil.....	45	chlorpromazine hcl.....	38
CARETOUCH PEN NEEDLES 31G X 6 MM.....	86	cefprozil.....	44	CHLORPROPAMIDE.....	22
CARETOUCH PEN NEEDLES 31GX 5MM.....	87	ceftazidime.....	45	chlorthalidone.....	59
CARETOUCH PEN NEEDLES 31GX 8MM.....	87	CEFTIBUTEN.....	45	chlorzoxazone.....	115
CARETOUCH PEN NEEDLES 32GX 4MM.....	87	CEFTIN.....	44	CHOLBAM.....	63
CARETOUCH PEN NEEDLES 32GX 5MM.....	87	ceftriaxone sodium.....	45	cholecalciferol.....	129
CARETOUCH TWIST LANCETS 28G.....	72	cefuroxime axetil.....	44	cholestyramine.....	26
CARETOUCH TWIST LANCETS 30G.....	72	cefuroxime sodium.....	44	cholestyramine light.....	26
CARETOUCH TWIST LANCETS 33G.....	72	CELEBREX.....	4	CHORIONIC GONADOTROPIN.....	60
carisoprodol.....	115	celecoxib.....	4	CIALIS.....	43
carteolol hcl (ophth).....	117	CELEXA.....	18	ciclopirox.....	51
carvedilol.....	42	CELLCEPT.....	114	ciclopirox olamine.....	51
CASODEX.....	32	CELLCEPT INTRAVENOUS.....	114	cidofovir.....	40
CASPOFUNGIN ACETATE...	24	CELONTIN.....	17	cilostazol.....	65
casprofungin acetate.....	24	cephalexin.....	44	CILOXAN.....	118
CATAPRES.....	28	CEPHALEXIN.....	44	cimetidine.....	125
CAYA.....	69	CERDELGA.....	65	cimetidine hcl.....	125
CAYSTON.....	9	CEREBYX.....	17	CIMZIA.....	63
CEDAX.....	44	CEREZYME.....	65	CIMZIA STARTER KIT.....	63
cefaclor.....	44	CESAMET.....	24	CIPRO.....	62
CEFACLOR.....	44	cetirizine hcl.....	25	CIPRO HC.....	120
CEFACLOR ER.....	44	cetirizine-pseudoephedrine	49	CIPRO XR.....	63
cefadroxil.....	44	CETRAXAL.....	120	CIPRODEX.....	120
CEFAZOLIN SODIUM.....	44	CETROTIDE.....	60	CIPROFLOXACIN.....	63
cefazolin sodium.....	44	cevimeline hcl.....	115	ciprofloxacin.....	63
		CHANTIX.....	123	CIPROFLOXACIN.....	120
		CHANTIX CONTINUING MONTHPAK.....	123	CIPROFLOXACIN HCL.....	63
		CHANTIX STARTING MONTH PAK.....	123	ciprofloxacin hcl.....	63
		CHEK-STIX COMBO PAK URINALYSIS CONTROL..	57	ciprofloxacin hcl (ophth)...	118
		CHEK-STIX CONTROL...	57	ciprofloxacin in d5w.....	63
		CHEMET.....	23	ciprofloxacin-ciprofloxacin hcl.....	63
		CHEMSTRIP-K.....	57	cisplatin.....	31
		CHILDRENS ADVIL.....	4	citalopram hydrobromide....	18
		CHILDRENS MOTRIN.....	4	CLAFORAN.....	45
				CLARINEX.....	25

clarithromycin.....	68	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2".....	87	clindamycin phosphate.....	10
CLARITIN.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2".....	87	CLINDAMYCIN PHOSPHATE.....	45
CLARITIN CHILDRENS.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2".....	87	clindamycin phosphate (topical).....	50
CLARITIN REDITABS.....	25	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16".....	87	clindamycin phosphate vaginal.....	129
CLARITIN-D 12 HOUR.....	49	CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U- 100/1ML/31GX5/16".....	87	clindamycin phosphate-benzoyl peroxide.....	50
CLARITIN-D 24 HOUR.....	49	CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	87	clindamycin phosphate-benzoyl peroxide (refrigerate).....	50
CLASS ACT LUBRICATED.....	69	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	87	clindamycin phosphate- tretinoin.....	50
CLEANLET LANCETS 28G.....	72	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	87	CLINDAP-T.....	50
clemastine fumarate.....	25	CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	87	CLINIMIX 2.75%/DEXTROSE 5%.....	117
CLEMASTINE FUMARATE.....	25	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	87	CLINIMIX 4.25%/DEXTROSE 10%.....	117
CLEOCIN.....	10,129	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	87	CLINIMIX 4.25%/DEXTROSE 25%.....	117
CLEOCIN PEDIATRIC GRANULES.....	10	CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	88	CLINIMIX 4.25%/DEXTROSE 5%.....	117
CLEOCIN PHOSPHATE.....	10	CLICKFINE PEN NEEDLE 32GX5/32".....	88	CLINIMIX 5%/DEXTROSE 25%.....	117
CLEOCIN-T.....	50	CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	88	CLINIMIX E 5%/DEXTROSE 20%.....	117
CLEVER CHEK LANCETS ULTRATHIN.....	72	CLICKFINE PEN NEEDLES/31GX1/4".....	88	clobetasol propionate.....	53
CLEVER CHEK LANCETS ULTRATHIN 30G.....	72	CLICKFINE PEN NEEDLES/31GX5/16".....	88	clobetasol propionate emollient base.....	53
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM.....	87	CLIMARA.....	62	CLOCORTOLONE PIVALATE.....	54
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2".....	87	CLIMARA PRO.....	62	CLOCORTOLONE PIVALATE PUMP.....	54
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2".....	87	clindamycin hcl.....	10	CLODERM.....	54
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16".....	87	clindamycin palmitate hydrochloride.....	10	CLODERM PUMP.....	54
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16".....	87	clindamycin phosphate.....	10	clofarabine.....	31
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2".....	87	CLINDAMYCIN PHOSPHATE.....	10	CLOLAR.....	31
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2".....	87			clomipramine hcl.....	20
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2".....	87			clonazepam.....	15
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16".....	87			clonidine hcl.....	28
				clopidogrel bisulfate.....	65
				clorazepate dipotassium.....	11
				CLOSERCARE.....	72
				clotrimazole.....	115
				clotrimazole (topical).....	51
				clotrimazole vaginal.....	129
				clotrimazole w/ betamethasone.....	51
				clozapine.....	37
				CLOZAPINE ODT.....	37
				CLOZARIL.....	37
				COAGUCHEK LANCETS.....	72
				COARTEM.....	29

CODEINE SULFATE.....	5	CORDRAN.....	54	CYCLOSPORINE	
codeine sulfate.....	5	CORDRAN TAPE.....	54	MODIFIED.....	114
COGENTIN.....	35	COREG.....	42	cyclosporine modified (for	
COLACE.....	67	CORGARD.....	42	microemulsion).....	114
COLAZAL.....	63	CORTEF.....	47	CYKLOKAPRON.....	66
COLCHICINE.....	65	CORTENEMA.....	9	CYMBALTA.....	19
colchicine w/ probenecid.....	65	CORTISONE ACETATE... 47		cyproheptadine hcl.....	26
COLCRYS.....	65	CORTISPORIN.....	51	CYSTADANE.....	61
COLESTID.....	26	CORTISPORIN-TC.....	120	CYSTAGON.....	64
COLESTID FLAVORED.....	26	COSENTYX.....	52	CYSTARAN.....	119
colestipol hcl.....	26	COSENTYX SENSOREADY		cytarabine.....	31
COLY-MYCIN S.....	120	PEN.....	52	CYTOMEL.....	124
COMBIGAN.....	117	COSMEGEN.....	33	CYTOTEC.....	126
COMBIVIR.....	38	COSOPT.....	117	CYTOVENE.....	40
COMETRIQ.....	33	COUMADIN.....	14	D-CARE BLOOD GLUCOSE	57
COMFORT ASSIST INSULIN		COZAAR.....	28	D.H.E. 45.....	111
SYRINGE 0.3ML/29G X 1/2"	88	CREON.....	58	dacarbazine.....	34
COMFORT ASSIST INSULIN		CRESEMBA.....	24	DACOGEN.....	31
SYRINGE/0.3ML/30G X		CRESTOR.....	27	DAKLINZA.....	40
5/16"	88	CRIVIVAN.....	38	DALIRESP.....	13
COMFORT ASSIST INSULIN		cromolyn sodium.....	12	danazol.....	8
SYRINGE/0.3ML/31G X		cromolyn sodium (ophth).	119	DANTRIUM.....	116
5/16"	88	CUBICIN.....	10	dantrolene sodium.....	116
COMFORT ASSIST INSULIN		CUBICIN RF.....	10	dapsone.....	10
SYRINGE/0.5ML/29G X 1/2"	88	CUPRIMINE.....	114	daptomycin.....	10
COMFORT ASSIST INSULIN		CUTIVATE.....	54	DARAPRIM.....	30
SYRINGE/0.5ML/30G X		CUVITRU.....	120	darifenacin hydrobromide..	127
5/16"	88	CVS LANCETS 21G.....	72	daunorubicin hcl.....	33
COMFORT ASSIST INSULIN		CVS LANCETS MICRO THIN		DAUNOXOME.....	33
SYRINGE/1ML/29G X 1/2"	88	33G.....	72	DAYPRO.....	4
COMFORT ASSIST INSULIN		CVS LANCETS MICRO-THIN		DDAVP.....	61
SYRINGE/1ML/30G X 5/16"	88	33G.....	72	DEBACTEROL.....	115
COMFORT ASSIST INSULIN		CVS LANCETS ORIGINAL	72	decitabine.....	31
SYRINGE/1ML/31G X 5/16"	88	CVS LANCETS THIN 26G	72	DELESTROGEN.....	62
COMFORT ASSURED		CVS LANCETS ULTRA THIN		DELFLEX-LC/1.5%	
LANCETS MICRO THIN		30G.....	72	DEXTROSE.....	115
33G.....	72	CVS LANCETS ULTRA-THIN		DEMADEX.....	58
COMFORT ASSURED		30G.....	72	demeclocycline hcl.....	124
LANCETS SUPER THIN		CVS LANCING DEVICE... 72		DEMEROL.....	5
28G.....	72	CVS OMEPRAZOLE.....	126	DENAVIR.....	53
COMFORT LANCETS.....	72	CVS ULTRA THIN		DEPACON.....	17
COMPLERA.....	38	LANCETS.....	72	DEPAKENE.....	17
COMTAN.....	35	CYCLESSA.....	45	DEPAKOTE.....	17
CONCERTA.....	2	cyclobenzaprine hcl.....	116	DEPAKOTE ER.....	17
CONDYLOX.....	56	CYCLOPHOSPHAMIDE... 31		DEPO-ESTRADIOL.....	62
CONTRAVE.....	2	cyclophosphamide.....	31	DEPO-MEDROL.....	47
COPAXONE.....	122	CYCLOSERINE.....	30	DEPO-PROVERA	
COPEGUS.....	40	CYCLOSET.....	21	CONTRACEPTIVE.....	47
CORDARONE.....	12	cyclosporine.....	114		

DEPO-SUBQ PROVERA			DIOVAN	28	
104	47	DIAMOX	58	DIOVAN HCT	29
DEPO-TESTOSTERONE	8	DIANEAL LOW		DIPENTUM	63
DEPOCYT	31	CALCIUM/1.5% DEXTROSE	115	diphenhydramine hcl	25
DERMA-SMOOTHIE/FS		DIANEAL PD-2/1.5%		diphenoxylate w/ atropine	23
SCALP	54	DEXTROSE	115	DIPHENOXYLATE/ATROPINE	23
DERMACINRX SILAPAK	54	DIASTAR EASY TEST II		DIPROLENE	54
DERMATOP	54	LANCETS 30G	72	DIPROLENE AF	54
DERMOTIC	120	DIASTAR EASY TEST		dipyridamole	65
DESCOVY	38	LANCETS30G	72	DISALCID	5
desipramine hcl	20	DIASTAT ACUDIAL	15	disopyramide phosphate	12
desloratadine	25	DIASTAT PEDIATRIC	15	disulfiram	121
DESLORATADINE ODT	25	diazepam	11	DITROPAN XL	127
desmopressin acetate	61	DIAZEPAM	11	divalproex sodium	17,18
desmopressin acetate spray	61	diazepam	11	DIVIGEL	62
desmopressin acetate spray		DIAZEPAM	15	DOCEFREZ	34
refrigerated	61	DIAZEPAM RECTAL GEL	15	docetaxel	34
DESOGEN	45	DIBENZYLINE	28	DOCETAXEL	34
desogestrel & ethinyl		diclofenac potassium	4	docusate calcium	67
estradiol	45	diclofenac sodium	4	docusate sodium	67
desogestrel-ethinyl estradiol		diclofenac sodium (actinic		dofetilide	12
(biphasic)	45	keratoses)	52	DOLOPHINE	6
desogestrel-ethinyl estradiol		diclofenac sodium (ophth)	119	donepezil hydrochloride	122
(triphasic)	45	diclofenac sodium (topical)	51	dorzolamide hcl	119
desonide	54	diclofenac w/ misoprostol	4	dorzolamide hcl-timolol	
DESOWEN	54	dicloxacillin sodium	121	maleate	117
desoximetasone	54	dicyclomine hcl	125	DOVONEX	52
DESOXYN	1	didanosine	38	doxazosin mesylate	28
DESQUAM-X WASH	50	DIFFERIN	50	doxepin hcl	20
desvenlafaxine succinate	19	DIFICID	68	DOXEPIN	
DETROL	127	DIFLORASONE		HYDROCHLORIDE	52
DETROL LA	127	DIACETATE	54	doxercalciferol	61
dexamethasone	47	DIFLUCAN	24	DOXIL	33
DEXAMETHASONE	47	diflunisal	5	doxorubicin hcl	33
dexamethasone	47	digoxin	43	DOXORUBICIN HCL	33
DEXAMETHASONE	47	DIGOXIN	43	doxorubicin hcl liposomal	33
DEXAMETHASONE		digoxin	43	doxycycline (monohydrate)	124
INTENSOL	47	dihydroergotamine		doxycycline hyclate	124
dexamethasone sodium		mesylate	111	DRISDOL	129
phosphate	47	DILANTIN	17	dronabinol	24
DEXAMETHASONE SODIUM		DILANTIN INFATABS	17	DROPLET LANCETS ULTRA	
PHOSPHATE	118	DILANTIN-125	17	THIN 30G	72
DEXEDRINE	1	DILAUDID	5,6	DROPLET LANCING	
DEXILANT	126	DILAUDID-HP	6	DEVICE	72
dexmethylphenidate hcl	2	diltiazem hcl	43	DROPLET PEN NEEDLES	
dextroamphetamine sulfate	1	DILTIAZEM HCL	43	29GX12MM	88
DEXTROSE 5%/ELECTROLYTE		diltiazem hcl	43	DROPLET PEN NEEDLES	
#48 VIAFLEX	112	diltiazem hcl coated beads	42	31GX5MM	88
dextrose in lactated ringers	112	diltiazem hcl extended release			
DIABETA	22	beads	43		

DROPLET PEN NEEDLES 31GX6MM	88	duloxetine hcl	19	EASY MINI EJECT LANCING DEVICE	73
DROPLET PEN NEEDLES 31GX8MM	88	DURAGESIC	6	EASY MINI LANCING DEVICE	73
DROPLET PEN NEEDLES 32GX4MM	88	DUREX EXTRA SENSITIVE	69	EASY TOUCH 32GX5MM	89
DROPLET PEN NEEDLES 32GX5MM	88	DUREZOL	118	EASY TOUCH 32GX6MM	89
DROPLET PEN NEEDLES 32GX6MM	88	dutasteride	64	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"	89
drospirenone-ethinyl estradiol	45	DYAZIDE	58	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"	89
drospirenone-ethinyl estradiol- levomefolate calcium	45	DYRENIUM	59	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16"	89
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM	45	DYSPORT	117	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16"	89
DROXIA	66	E-Z JECT LANCETS	73	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	89
DRUG MART ADJUSTABLE LANCING DEVICE	73	E-Z JECT LANCETS 21G	73	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	89
DRUG MART LANCETS THIN	73	E-Z JECT LANCETS COLOR	73	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"	89
DRUG MART ON-THE-GO LANCETS GENTLE 30G	73	E-Z JECT LANCETS SUPER THIN 30G	73	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	89
DRUG MART UNIFINE PENTIPS 31GX5MM	88	E-Z JECT LANCETS THIN 26G	73	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"	89
DRUG MART UNIFINE PENTIPS29G X 12MM	88	E-ZJECT LANCETS MICRO- THIN 33G	73	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"	89
DRUG MART UNIFINE PENTIPS31GX6MM	88	E.E.S. 400	68	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2"	89
DRUG MART UNIFINE PENTIPS31GX8MM	88	E.E.S. GRANULES	68	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16"	89
DRUG MART UNIFINE PENTIPS32GX4MM	88	EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/29G X 1/2"	89
DRUG MART UNIFINE PENTIPS31GX6MM	88	EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/1ML/30G X 1/2"	89
DRUG MART UNIFINE PENTIPS31GX8MM	88	EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	89
DRUG MART UNIFINE PENTIPS32GX4MM	88	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"	89
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM	88	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	90
DRUG MART UNILET LANCETSSUPER THIN 30G	73	EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	90
DRUG MART UNILET LANCETSULTRA THIN 28G	73	EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"	89	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	90
DUAC	50	EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	89		
DUANE READE LANCET ALTERNATE SITE 26G	73	EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"	89		
DUANE READE LANCET SUPERTHIN 30G	73	EASY COMFORT LANCETS	73		
DUANE READE LANCET ULTRATHIN 28G	73	EASY COMFORT LANCETS 30G/PULL TOP	73		
DUANE READE UNIFINE PENTIPS 29G X 12MM	88	EASY COMFORT LANCETS 30G/THIN TOP	73		
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT	88	EASY COMFORT PEN NEEDLES31GX1/4"	89		
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT	88	EASY COMFORT PEN NEEDLES31GX3/16"	89		
DUAVEE	62	EASY COMFORT PEN NEEDLES31GX5/16"	89		
DULCOLAX	67	EASY COMFORT PEN NEEDLES32GX5/32"	89		
DULOXETINE HCL	19				

EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	90	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	90	EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED.....	73	EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED.....	73	EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED.....	73	EASY TOUCH LANCETS 26G/PULL-TOP.....	73	EASY TOUCH LANCETS 26G/TWIST.....	73	EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED.....	73	EASY TOUCH LANCETS 28G/PULL-TOP.....	73	EASY TOUCH LANCETS 28G/TWIST.....	73	EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED.....	73	EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED.....	73	EASY TOUCH LANCETS 30G/PULL-TOP.....	73	EASY TOUCH LANCETS 30G/TWIST.....	73	EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED.....	73	EASY TOUCH LANCETS 32G/PULL-TOP.....	73	EASY TOUCH LANCETS 32G/TWIST.....	73	EASY TOUCH LANCETS 33G/TWIST.....	73	EASY TOUCH LANCING DEVICE/EJECTOR.....	73	EASY TOUCH PEN NEEDLE 30G X 5/16".....	90	EASY TOUCH PEN NEEDLES 29GX1/2".....	90	EASY TOUCH PEN NEEDLES 31GX1/4".....	90	EASY TOUCH PEN NEEDLES 31GX5/16".....	90	EASY TOUCH PEN NEEDLES 32GX1/4".....	90	EASY TOUCH PEN NEEDLES 32GX3/16".....	90	EASY TOUCH PEN NEEDLES 32GX5/32".....	90	EASY TOUCH PEN NEEDLES/31G X 3/16".....	90	EASY TOUCH SAFETY LANCETS21G/PRESSURE ACTIVATED.....	73	EASY TOUCH SAFETY LANCETS23G/PRESSURE ACTIVATED.....	73	EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED.....	74	EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED.....	74	EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED.....	74	EASY TOUCH SAFETY LANCETS28G/PRESSURE ACTIVATED.....	74	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	90	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	90	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	90	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	90	EASY TWIST & CAP LANCETS.....	74	EASYTEST II LANCETS.....	74	EASYTEST LANCETS.....	74	EC-NAPROSYN.....	4	econazole nitrate.....	51	EDARBI.....	28	EDECIN.....	58	EDURANT.....	38	EFFEXOR XR.....	19	EFFIENT.....	65	EFUDEX.....	52	EGRIFTA.....	60	ELAPRASE.....	61	ELAVIL.....	20	ELDEPRYL.....	36	ELELYSO.....	66	ELESTAT.....	119	ELESTRIN.....	62	eletriptan hydrobromide....	111	ELEXA NATURAL FEEL.....	69	ELEXA STIMULATING.....	69	ELEXA ULTRA SENSITIVE.....	69	ELIDEL.....	56	ELIGARD.....	32	ELIMITE.....	57	ELIPHOS.....	64	ELIQUIS.....	14	ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16".....	90	ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2".....	90	ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16".....	90	ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16".....	90	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	90	ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	90	ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	90	ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	90	ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	90	ELIXOPHYLLIN.....	14	ELLA.....	47	ELLECE.....	33	ELMIRON.....	64	ELOCON.....	54	EMADINE.....	119	EMBEDA.....	6	EMBRACE LANCETS ULTRA THIN 30G.....	74	EMCYT.....	32	EMEND.....	24	EMLA.....	56	EMSAM.....	18
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EMTRIVA.....	38	EQL INSULIN		estazolam.....	67
EMVERM.....	9	SYRINGE/1ML/29G X 1/2"	91	ESTRACE.....	62,129
ENABLEX.....	127	EQL INSULIN		estradiol.....	62
enalapril maleate.....	27	SYRINGE/1ML/30G X		estradiol valerate.....	62
enalapril maleate &		5/16".....	91	ESTROGEL.....	62
hydrochlorothiazide.....	29	EQL INSULIN		ESTROPIPATE.....	62
ENBREL.....	5	SYRINGE/1ML/31G X		ESTROSTEP FE.....	45
ENBREL MINI.....	5	5/16".....	91	eszopiclone.....	67
ENBREL SURECLICK.....	5	EQL INSULIN SYRINGE/U-		ethacrynic acid.....	58
ENJUVA.....	62	100/0.3ML/29G X 1/2"	91	ethambutol hcl.....	30
enoxaparin sodium.....	14	EQL INSULIN SYRINGE/U-		ethosuximide.....	17
entacapone.....	35	100/0.5ML/29G X 1/2"	91	ethynodiol diacet & eth	
entecavir.....	40	EQL INSULIN SYRINGE/U-		estrad.....	45
ENTEREG.....	64	100/1ML/29G X 1/2"	91	ETIDRONATE DISODIUM..	59
ENTOCORT EC.....	48	EQL OMEPRAZOLE.....	126	etodolac.....	4
ENTRESTO.....	43	EQL SHORT PEN NEEDLES		ETOPOPHOS.....	34
EPCLUSA.....	40	31G X 8MM.....	91	ETOPOSIDE.....	34
EPIDUO.....	50	EQL SUPER THIN LANCETS		etoposide.....	34
epinastine hcl (ophth).....	119	30G.....	74	EURAX.....	57
epinephrine (anaphylaxis).....	129	EQL THIN LANCETS 26G.....	74	EVAMIST.....	62
epinephrine hcl.....	13	EQL ULTRA COMFORT		EVISTA.....	60
EPIPEN 2-PAK.....	129	INSULINSYRINGE/0.3ML/31G		EVOCLIN.....	50
EPIPEN-JR 2-PAK.....	129	X 5/16".....	91	EVOXAC.....	115
epirubicin hcl.....	33	EQL ULTRA COMFORT		EXALGO.....	6
EPIVIR.....	38	INSULINSYRINGE/1ML/30G X		EXEL COMFORT POINT	
EPIVIR HBV.....	40	5/16".....	91	INSULIN PEN NEEDLES 29G X	
eplerenone.....	29	EQL ULTRA SHORT PEN		12MM.....	91
EPOGEN.....	66	NEEDLES 31G X 6MM.....	91	EXEL COMFORT POINT	
EPROSARTAN MESYLATE.....	28	EQUETRO.....	36	INSULIN PEN NEEDLES 31G X	
EPZICOM.....	38	ERAXIS.....	24	6MM.....	91
EQ OMEPRAZOLE.....	126	ERBITUX.....	32	EXEL COMFORT POINT	
EQL COLOR LANCETS 21G.....	74	ergocalciferol.....	129	INSULIN PEN NEEDLES 31G X	
EQL COLOR LANCETS MICRO		ERGOLOID		8MM.....	91
THIN 33G.....	74	MESYLATES.....	123	EXEL COMFORT POINT	
EQL INSULIN		ERGOMAR.....	111	INSULIN PEN NEEDLES 31G X	
SYRINGE/0.3ML/29G X 1/2"	90	ergotamine w/ caffeine... 111		8MM.....	91
EQL INSULIN		ERIVEDGE.....	32	EXEL COMFORT POINT	
SYRINGE/0.3ML/30G X		ERTACZO.....	51	INSULIN SYRINGE/0.3ML/29G X	
5/16".....	91	ERWINAZE.....	34	1/2".....	91
EQL INSULIN		ERY-TAB.....	68	EXEL COMFORT POINT	
SYRINGE/0.3ML/31G X		ERYPED 200.....	68	INSULIN SYRINGE/0.3ML/30G X	
5/16".....	91	ERYPED 400.....	68	5/16".....	91
EQL INSULIN		erythromycin (acne aid).... 50		EXEL COMFORT POINT	
SYRINGE/0.5ML/29G X 1/2"	91	erythromycin (ophth)..... 118		INSULIN SYRINGE/0.5ML/28G X	
EQL INSULIN		erythromycin base..... 68		1/2".....	91
SYRINGE/0.5ML/30G X		ERYTHROMYCIN BASE.. 68		EXEL COMFORT POINT	
5/16".....	91	erythromycin		INSULIN SYRINGE/0.5ML/29G X	
EQL INSULIN		ethylsuccinate..... 68		1/2".....	91
SYRINGE/0.5ML/31G X		ERYTHROMYCIN		EXEL COMFORT POINT	
5/16".....	91	ETHYLSUCCINATE..... 68		INSULIN SYRINGE/0.5ML/30G X	
EQL INSULIN		escitalopram oxalate..... 18		5/16".....	91
SYRINGE/0.5ML/31G X		ESGIC.....	5	EXEL COMFORT POINT	
5/16".....	91	esomeprazole		INSULIN SYRINGE/1ML/28G X	
		magnesium.....	126	1/2".....	91

EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	91	fenofibrate.....	26	FINE 30.....	74
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	91	fenofibrate micronized.....	26	FINGERSTIX LANCETS.....	74
EXELDERM.....	51	fenoprofen calcium.....	4	FIORICET.....	5
EXELON.....	122	fentanyl.....	6	FIORICET/CODEINE.....	7
exemestane.....	32	fentanyl citrate.....	6	FIORINAL.....	5
EXJADE.....	23	FER-IN-SOL.....	66	FIORINAL/CODEINE #3.....	7
EXTAVIA.....	122	FERRIPROX.....	23	FIRAZYR.....	65
EXTRA SENSITIVE SPERMICIDAL.....	69	ferrous fumarate-folic acid.....	66	FIRMAGON.....	32
EZ SMART BLOOD GLUCOSE LANCETS.....	74	ferrous sulfate.....	66	FLAGYL.....	9
EZ-LETS LANCETS 21G.....	74	FETZIMA.....	19	flavoxate hcl.....	127
EZ-LETS LANCETS 23G.....	74	FETZIMA TITRATION PACK.....	19	flecainide acetate.....	12
EZ-LETS LANCETS 26G SUPER-SOFT.....	74	FEXMID.....	116	FLECTOR.....	51
EZ-LETS LANCETS 28G ULTRA-SOFT.....	74	fexofenadine hcl.....	25	FLOMAX.....	65
EZ-LETS LANCETS 30G.....	74	fexofenadine-pseudoephedrine	49	FLONASE ALLERGY RELIEF.....	116
ezetimibe.....	27	FIASP.....	21	FLONASE ALLERGY RELIEF CHILDRENS.....	116
ezetimibe-simvastatin.....	26	FIASP FLEXTOUCH.....	21	FLOVENT DISKUS.....	13
FABRAZYME.....	61	FIBERCON.....	67	FLOVENT HFA.....	13
FACTIVE.....	63	FIFTY50 LANCING DEVICE.....	74	FLOWTUSS.....	49
famciclovir.....	41	FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	91	FLOXIN OTIC.....	120
famotidine.....	125	FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	91	FLOXURIDINE.....	31
FAMOTIDINE PREMIXED.....	125	FIFTY50 PEN NEEDLES 31GX5MM.....	91	FLUARIX QUADRIVALENT 2015-2016.....	128
FAMVIR.....	41	FIFTY50 PEN NEEDLES/31GX8MM.....	92	FLUARIX QUADRIVALENT 2016-2017.....	128
FANAPT.....	36	FIFTY50 PEN NEEDLES/32GX4MM.....	92	FLUARIX QUADRIVALENT 2017-2018.....	128
FANAPT TITRATION PACK.....	36	FIFTY50 PEN NEEDLES/32GX6MM.....	92	FLUBLOK QUADRIVALENT 2017-2018.....	128
FANTASY LUBRICATED.....	69	FIFTY50 SAFETY SEAL LANCETS 30G.....	74	FLUCELVAX 2015-2016.....	128
FANTASY LUBRICATED/SPERMICIDE	69	FIFTY50 SAFETY SEAL LANCETS 32G.....	74	FLUCELVAX QUADRIVALENT 2016-2017.....	128
FARESTON.....	32	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	92	FLUCELVAX QUADRIVALENT 2017-2018.....	128
FARXIGA.....	22	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	92	fluconazole.....	24
FASLODEX.....	32	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	92	flucytosine.....	24
FAZACLO.....	37	FIFTY50 UNILET LANCETS 33G.....	74	fludarabine phosphate.....	31
FC FEMALE CONDOM.....	69	FINACEA.....	56	fludrocortisone acetate.....	48
FC2 FEMALE CONDOM.....	69	finasteride.....	65	FLULAVAL QUADRIVALENT 2014-2015.....	128
felbamate.....	17	finasteride (alopecia).....	56	FLULAVAL QUADRIVALENT 2015-2016.....	128
FELBATOL.....	17			FLULAVAL QUADRIVALENT 2016-2017.....	128
FELDENE.....	4			FLULAVAL QUADRIVALENT 2017-2018.....	128
felodipine.....	43			FLUMADINE.....	41
FEMARA.....	32			FLUNISOLIDE.....	116
FEMCAP.....	69			fluocinolone acetonide.....	54
FEMCON FE.....	45			fluocinolone acetonide (otic).....	120
FEMRING.....	129				

fluocinonide.....	54	FORTAMET.....	21	gabapentin.....	15,16
fluocinonide emulsified base	54	FORTAZ.....	45	GABITRIL.....	17
fluorometholone (ophth)....	118	FORTEO.....	59	galantamine hydrobromide	122
fluorouracil.....	31	FOSAMAX.....	59	GALANTAMINE	
fluorouracil (topical).....	52	FOSAMAX PLUS D.....	59	HYDROBROMIDE.....	122
FLUOXETINE.....	123	fosamprenavir calcium.....	38	galantamine hydrobromide	122
fluoxetine hcl.....	18	fosinopril sodium.....	27	GAMMAGARD LIQUID.....	120
FLUOXETINE HCL.....	18	fosinopril sodium &		GAMMAGARD S/D IGA LESS	
FLUPHENAZINE HCL.....	38	hydrochlorothiazide.....	29	THAN 1MCG/ML.....	120
fluphenazine hcl.....	38	fosphenytoin sodium.....	17	GAMMAKED.....	120
flurandrenolide.....	54	FOSRENOL.....	64	GAMUNEX-C.....	120
flurbiprofen.....	4	FRAGMIN.....	15	ganciclovir sodium.....	40
flurbiprofen sodium.....	119	FREDS PHARMACY		GANIRELIX ACETATE.....	60
flutamide.....	32	AUTOLET LANCING		gatifloxacin (ophth).....	118
fluticasone propionate.....	54	DEVICE.....	74	GEL-KAM ORAL CARE	
fluticasone propionate		FREDS PHARMACY UNIFINE		RINSE.....	115
(nasal).....	116	PENTIPS PEN NEEDLES		gemcitabine hcl.....	31
fluvastatin sodium.....	27	32GX4MM.....	92	gemfibrozil.....	26
FLUVIRIN 2015-2016.....	128	FREDS PHARMACY UNIFINE		GEMZAR.....	31
FLUVIRIN 2016-2017.....	128	PENTIPS PLUS		GENERESS FE.....	45
FLUVIRIN 2017-2018.....	128	31GX5MM.....	92	GENOTROPIN.....	60
fluvoxamine maleate.....	18	FREDS PHARMACY UNIFINE		GENOTROPIN MINIQUICK	60
FLUZONE HIGH-DOSE PF 2015-		PENTIPS PLUS		gentamicin in saline.....	3
2016.....	128	31GX8MM.....	92	gentamicin sulfate.....	3
FLUZONE HIGH-DOSE PF 2016-		FREDS PHARMACY UNILET		gentamicin sulfate (ophth)	118
2017.....	128	LANCETS SUPER THIN		GENTAMICIN SULFATE/0.9%	
FLUZONE HIGH-DOSE PF 2017-		30G.....	74	SODIUM CHLORIDE.....	3
2018.....	128	FREDS PHARMACY UNILET		GENTLE-LET GP LANCETS	74
FLUZONE QUADRIVALENT		LANCETS ULTRA THIN		GENTLE-LET LANCETS	
2015-2016.....	128	28G.....	74	GENERAL PURPOSE	
FLUZONE QUADRIVALENT		FREESTYLE LANCETS.....	74	STYLE/FINE POINT.....	74
2016-2017.....	128	FREESTYLE PRECISION		GENTLE-LET LANCETS	
FLUZONE QUADRIVALENT		INSULIN SYRINGE/U-		GENERAL PURPOSE	
2017-2018.....	128	100/0.5ML/30G X 5/16".....	92	STYLE/MEDIUM POINT.....	74
FLUZONE SPLIT 2015-		FREESTYLE PRECISION		GENTLE-LET LANCETS	
2016.....	128	INSULIN SYRINGE/U-		SAFETY STYLE/FINE	
FML.....	118	100/1ML/31G X 5/16".....	92	POINT.....	74
FML FORTE.....	118	FREESTYLE PRECISION		GENTLE-LET LANCETS	
FML LIQUIFILM.....	118	INSULIN SYRINGES/U-		SAFETY STYLE/MEDIUM	
FOCALIN.....	2	100/1ML/30G X 5/16".....	92	POINT.....	74
FOLDING PADDLE		FREESTYLE UNISTICK II		GENULTIMATE TEST	
WALKER/5"WHEELS.....	123	LANCETS.....	74	STRIPS.....	57
folic acid.....	66	FROVA.....	111	GENVOYA.....	39
FOLOTYN.....	31	frovatriptan succinate.....	111	GEODON.....	36
fondaparinux sodium.....	14	FURADANTIN.....	127	GILENYA.....	122
FORA LANCETS.....	74	furosemide.....	58	GILOTRIF.....	33
FORA LANCING DEVICE.....	74	FUROSEMIDE.....	59	glatiramer acetate.....	122
FORA LANCING		furosemide.....	59	GLEEVEC.....	33
DEVICE/CLEARCAP.....	74	FUZEON.....	38	GLEOSTINE.....	31
FORADIL AEROLIZER.....	13	FYCOMPA.....	15	glimepiride.....	22
				glipizide.....	22

glipizide-metformin hcl.....	20	GLOBAL INJECT EASE		GLUCOVANCE.....	20
GLOBAL EASE INJECT PEN		LANCETS 30G.....	74	glyburide.....	23
NEEDLES 29GX12MM.....	92	GLOBAL INSULIN		glyburide micronized.....	23
GLOBAL EASE INJECT PEN		SYRINGE/U-100/0.3ML/30G X		glyburide-metformin.....	20
NEEDLES 31GX8MM.....	92	1/2".....	93	glycine (gu irrigant).....	64
GLOBAL EASE INJECT PEN		GLOBAL INSULIN		glycopyrrolate.....	125
NEEDLES 32GX4MM.....	92	SYRINGES/U-		GLYNASE.....	23
GLOBAL EASE INJECT PEN		100/0.3ML/30GX5/16".....	93	GLYSET.....	20
NEEDLES 31GX5MM.....	92	GLOBAL LANCING		GLYXAMBI.....	21
GLOBAL EASY GLIDE		DEVICE.....	75	GMATE LANCETS 30G.....	75
INSULINSYRINGE/U-		GLUCAGEN		GMATE LANCING DEVICE.....	75
100/0.3ML/31G X 5/16".....	92	DIAGNOSTIC.....	57	GNP CLICKFINE PEN	
GLOBAL EASY GLIDE PEN		GLUCAGEN HYPOKIT.....	21	NEEDLEUNIVERSAL/31GX5/16"	
NEEDLES 32GX4MM.....	92	GLUCAGON EMERGENCY		.....	93
GLOBAL INJECT EASE INSULIN		KIT.....	21	GNP CLICKFINE UNIVERSAL	
SYRINGE/U-100/0.3ML/29G X		GLUCOCOM LANCETS		PEN NEEDLES 31GX1/4".....	93
1/2".....	92	28G.....	75	GNP CLICKFINE UNIVERSAL	
GLOBAL INJECT EASE INSULIN		GLUCOCOM LANCETS		PEN NEEDLES 31GX5/16".....	93
SYRINGE/U-100/0.3ML/30G X		30G.....	75	GNP INSULIN	
1/2".....	92	GLUCOCOM LANCETS		SYRINGE/0.3ML/29G X 1/2".....	93
GLOBAL INJECT EASE INSULIN		33G.....	75	GNP INSULIN	
SYRINGE/U-100/0.3ML/30G X		GLUCOLET 2 AUTOMATIC		SYRINGE/0.3ML/30G X	
5/16".....	92	LANCING DEVICE.....	75	5/16".....	93
GLOBAL INJECT EASE INSULIN		GLUCOPHAGE.....	21	GNP INSULIN	
SYRINGE/U-100/0.3ML/31G X		GLUCOPHAGE XR.....	21	SYRINGE/0.3ML/29G X 1/2".....	93
5/16".....	92	GLUCOPRO INSULIN		5/16".....	93
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/0.3ML/30G X		GNP INSULIN	
SYRINGE/U-100/0.5ML/28G X		1/2".....	93	SYRINGE/0.3ML/31G X	
1/2".....	92	GLUCOPRO INSULIN		5/16".....	93
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/0.3ML/30G X		GNP INSULIN	
SYRINGE/U-100/0.5ML/29G X		5/16".....	93	SYRINGE/0.5ML/28G X 1/2".....	93
1/2".....	92	GLUCOPRO INSULIN		GNP INSULIN	
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/0.3ML/31G X		SYRINGE/0.5ML/29G X 1/2".....	93
SYRINGE/U-100/0.5ML/30G X		5/16".....	93	GNP INSULIN	
1/2".....	92	GLUCOPRO INSULIN		SYRINGE/0.5ML/30G X	
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/0.5ML/30G X		5/16".....	94
SYRINGE/U-100/0.5ML/30G X		1/2".....	93	GNP INSULIN	
5/16".....	93	GLUCOPRO INSULIN		SYRINGE/0.5ML/31G X	
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/0.5ML/30G X		5/16".....	94
SYRINGE/U-100/0.5ML/31G X		5/16".....	93	GNP INSULIN	
5/16".....	93	GLUCOPRO INSULIN		SYRINGE/1ML/28G X 1/2".....	94
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/0.5ML/31G X		GNP INSULIN	
SYRINGE/U-100/1ML/28G X		5/16".....	93	SYRINGE/1ML/29G X 1/2".....	94
1/2".....	93	GLUCOPRO INSULIN		GNP INSULIN	
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/1ML/30G X		SYRINGE/1ML/30G X 5/16".....	94
SYRINGE/U-100/1ML/29G X		1/2".....	93	GNP INSULIN	
1/2".....	93	GLUCOPRO INSULIN		SYRINGE/1ML/31G X 5/16".....	94
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/1ML/30G X		GNP LANCETS.....	75
SYRINGE/U-100/1ML/30G X		5/16".....	93	GNP LANCETS 21G.....	75
1/2".....	93	GLUCOPRO INSULIN		GNP LANCETS MICRO THIN	
GLOBAL INJECT EASE INSULIN		SYRINGE/U-100/1ML/31G X		33G.....	75
SYRINGE/U-100/1ML/30G X		5/16".....	93	GNP LANCETS SUPER THIN	
5/16".....	93	GLUCOSOURCE LANCET		30G.....	75
GLOBAL INJECT EASE INSULIN		DEVICE.....	75	GNP LANCETS THIN.....	75
SYRINGE/U-100/1ML/31G X		GLUCOSOURCE		GNP LANCETS THIN 26G.....	75
5/16".....	93	LANCETS.....	75	GNP MICRO THIN LANCETS	
GLOBAL INJECT EASE		GLUCOTROL.....	23	33G.....	75
LANCETS 28G.....	74	GLUCOTROL XL.....	23	GNP OMEPRAZOLE.....	126

GNP SUPER THIN		H-E-B IN CONTROL PEN		HEALTHWISE PEN NEEDLES	
LANCETS/30G.....	75	NEEDLES 31GX6MM.....	94	29GX12MM.....	94
GNP ULTRA COMFORT		H-E-B IN CONTROL PEN		HEALTHWISE SHORT PEN	
INSULIN SYRINGE/0.3ML/29G X		NEEDLES 31GX8MM.....	94	NEEDLES 31GX8MM.....	94
1/2".....	94	H-E-B IN CONTROL PEN		HEALTHWISE UNIFINE	
GNP ULTRA COMFORT		NEEDLES/NANO/32GX4MM		PENTIPS PEN NEEDLES	
INSULIN SYRINGE/0.3ML/30G X		.....	94	32GX4MM.....	95
5/16" SHORT.....	94	H-E-B IN CONTROL		HEALTHY ACCENTS AUTOLET	
GNP ULTRA COMFORT		UNIFINEPENTIPS PLUS		IMPRESSION LANCING	
INSULIN SYRINGE/0.3ML/31G X		31GX5MM.....	94	DEVICE.....	75
5/16" SHORT.....	94	H-E-B IN CONTROL		HEALTHY ACCENTS UNIFINE	
GNP ULTRA COMFORT		UNIFINEPENTIPS PLUS		PENTIPS PEN NEEDLES	
INSULIN SYRINGE/0.5ML/28G X		32GX4MM.....	94	29GX12MM.....	95
1/2".....	94	H-E-B INCONTROL		HEALTHY ACCENTS UNIFINE	
GNP ULTRA COMFORT		ADVANCEDLANCING		PENTIPS PEN NEEDLES	
INSULIN SYRINGE/0.5ML/29G X		DEVICE.....	75	31GX5MM.....	95
1/2".....	94	H-E-B INCONTROL LANCETS		HEALTHY ACCENTS UNIFINE	
GNP ULTRA COMFORT		MICRO THIN 33G.....	75	PENTIPS PEN NEEDLES	
INSULIN SYRINGE/0.5ML/30G X		H-E-B INCONTROL LANCETS		31GX6MM.....	95
5/16" SHORT.....	94	SUPER THIN 30G.....	75	HEALTHY ACCENTS UNIFINE	
GNP ULTRA COMFORT		H-E-B INCONTROL LANCETS		PENTIPS PEN NEEDLES	
INSULIN SYRINGE/0.5ML/31G X		ULTRA THIN 28G.....	75	31GX8MM.....	95
5/16" SHORT.....	94	H-E-B INCONTROL PEN		HEALTHY ACCENTS UNIFINE	
GNP ULTRA COMFORT		NEEDLES 29GX12MM.....	94	PENTIPS PEN NEEDLES	
INSULIN SYRINGE/1ML/28G X		HAEMOLANCE.....	75	32GX4MM.....	95
1/2".....	94	HAEMOLANCE LOW FLOW		HEALTHY ACCENTS UNILET	
GNP ULTRA COMFORT		LANCETS.....	75	LANCETS SUPER THIN	
INSULIN SYRINGE/1ML/29G X		HAEMOLANCE PLUS.....	75	30G.....	75
1/2".....	94	HAEMOLANCE PLUS HIGH		HECTOROL.....	61
GNP ULTRA COMFORT		FLOW.....	75	HEMANGEOL.....	42
INSULIN SYRINGE/1ML/30G X		HAEMOLANCE PLUS LOW		heparin sod (porcine) in d5w.....	15
5/16" SHORT.....	94	FLOW.....	75	heparin sodium (porcine).....	15
GNP ULTRA COMFORT		HAEMOLANCE PLUS MAX		HEPARIN SODIUM/NACL	
INSULIN SYRINGE/1ML/31G X		FLOW.....	75	0.45%.....	15
5/16" SHORT.....	94	HAEMOLANCE PLUS		HEPSERA.....	40
GOLYTELY.....	67	PEDIATRIC FLOW.....	75	HERCEPTIN.....	32
GOODSENSE LANCETS		HALAVEN.....	34	HETLIOZ.....	67
MICRO-THIN 33G.....	75	HALCION.....	67	HEXALEN.....	31
GOODSENSE LANCETS		HALDOL.....	37	HIGH SENSATION	
ULTRA-THIN 30G.....	75	HALDOL DECANOATE		SPERMICIDAL.....	69
GOODSENSE LANCING		100.....	37	HIPREX.....	127
DEVICE.....	75	HALDOL DECANOATE 50		HIZENTRA.....	120
granisetron hcl.....	23	37.....	37	HM OMEPRAZOLE.....	126
GRASTEK.....	3	halobetasol propionate.....	55	HORIZANT.....	123
GRIFULVIN V.....	24	HALOG.....	55	HUMALOG.....	22
GRIS-PEG.....	24	haloperidol.....	37	HUMALOG JUNIOR	
griseofulvin microsize.....	24	haloperidol decanoate.....	37	KWIKPEN.....	22
griseofulvin ultramicrosize.....	24	haloperidol lactate.....	37	HUMALOG KWIKPEN.....	22
guanfacine hcl.....	28	HARVONI.....	40	HUMALOG MIX 50/50.....	22
guanfacine hcl (adhd).....	2	HEALTH CARE LANCING		HUMALOG MIX 50/50	
GUANIDINE HCL.....	30	DEVICE.....	75	KWIKPEN.....	22
GYNAZOLE-1.....	129	HEALTHWISE LANCETS		HUMALOG MIX 75/25.....	22
GYNE-LOTRIMIN.....	129	30G.....	75	HUMALOG MIX 75/25	
H-E-B IN CONTROL PEN		HEALTHWISE LANCING		KWIKPEN.....	22
NEEDLES 31GX5MM.....	94	PEN.....	75	HUMALOG MIX 75/25	
		HEALTHWISE MINI PEN		KWIKPEN.....	22
		NEEDLES 31GX6MM.....	94		

HUMATROPE.....	60	ibuprofen.....	4	INSULIN SYRINGE/1ML/29G X	
HUMATROPE COMBO		IDAMYCIN PFS.....	33	1/2".....	95
PACK.....	60	idarubicin hcl.....	33	INSULIN SYRINGE/1ML/30G X	
HUMIRA.....	3	IFEX.....	31	5/16".....	95
HUMIRA PEDIATRIC CROHNS		ifosfamide.....	31	INSULIN SYRINGE/1ML/31G X	
DISEASE STARTER PACK.....	3	ILEVRO.....	119	5/16".....	95
HUMIRA PEN.....	3	imatinib mesylate.....	33	INSULIN SYRINGE/U-	
HUMIRA PEN-CROHNS		IMBRUVICA.....	33	100/0.3ML/29G X 1/2".....	95
DISEASESTARTER.....	3	imipenem-cilastatin.....	10	INSULIN SYRINGE/U-	
HUMIRA PEN-PSORIASIS		imipramine hcl.....	20	100/0.5ML/28G X 1/2".....	95
STARTER.....	3	imipramine pamoate.....	20	INSULIN SYRINGE/U-	
HUMULIN 70/30.....	22	imiquimod.....	56	100/0.5ML/29G X 1/2".....	95
HUMULIN 70/30 KWIKPEN.....	22	IMITREX.....	111,112	INSULIN SYRINGE/U-	
HUMULIN N.....	22	IMITREX STATDOSE		100/1ML/29G X 1/2".....	95
HUMULIN N KWIKPEN.....	22	REFILL.....	112	INSULIN SYRINGE/U-	
HUMULIN R.....	22	IMITREX STATDOSE		100/1ML/30G X 5/16".....	95
HUMULIN R U-500		SYSTEM.....	112	INSULIN SYRINGE/U-	
(CONCENTRATED).....	22	IMODIUM A-D.....	23	100/1ML/31G X 5/16".....	95
HY-VEE LANCETS.....	75	IMURAN.....	114	INSULIN	
HY-VEE THIN LANCETS.....	75	IN TOUCH LANCING		SYRINGES/0.5ML/27GX1/2"	
HYCAMTIN.....	35	DEVICE.....	75	.....	95
HYCET.....	7	IN TOUCH STERILE		INSULIN	
hydralazine hcl.....	29	LANCETS30G.....	75	SYRINGES/0.5ML/28GX1/2"	
HYDREA.....	34	INCRELEX.....	60	.....	95
hydrochlorothiazide.....	59	INCRUSE ELLIPTA.....	12	INSULIN	
hydrocodone-acetaminophen.....	7	indapamide.....	59	SYRINGES/0.5ML/30GX5/16"	
hydrocodone-ibuprofen.....	8	INDERAL LA.....	42	.....	96
hydrocortisone.....	48	indomethacin.....	4	INSULIN	
hydrocortisone (intrarectal).....	9	INLYTA.....	33	SYRINGES/0.5ML/31GX	
hydrocortisone (rectal).....	9	INSPIRA.....	29	5/16".....	96
hydrocortisone (topical).....	55	INSULIN SYRINGE/0.3ML/29G		INSULIN	
hydrocortisone acetate		X 1".....	95	SYRINGES/0.5ML/31GX5/16"	
(rectal).....	9	INSULIN SYRINGE/0.3ML/29G		.....	96
hydrocortisone butyrate.....	55	X 1/2".....	95	INSULIN	
hydrocortisone valerate.....	55	INSULIN SYRINGE/0.3ML/30G		SYRINGES/1ML/27GX1/2".....	96
hydrocortisone w/acetic		X 5/16".....	95	INSULIN	
acid.....	120	INSULIN SYRINGE/0.3ML/31G		SYRINGES/1ML/27GX1/2".....	96
hydromorphone hcl.....	6	X 5/16".....	95	INSULIN	
hydroxychloroquine sulfate.....	30	INSULIN SYRINGE/0.5ML/27G		SYRINGES/1ML/28GX1/2".....	96
hydroxyurea.....	34	X 1/2".....	95	INSULIN	
hydroxyzine hcl.....	11	INSULIN SYRINGE/0.5ML/28G		SYRINGES/1ML/29GX1/2".....	96
HYDROXYZINE PAMOATE.....	11	X 1/2".....	95	INSULIN	
hydroxyzine pamoate.....	11	INSULIN SYRINGE/0.5ML/29G		SYRINGES/1ML/30GX1/2".....	96
HYPER-SAL.....	49	X 1/2".....	95	INSULIN	
HYPERSAL.....	49	INSULIN SYRINGE/0.5ML/30G		SYRINGES/1ML/31GX5/16".....	96
HYQVIA.....	120	X 1/2".....	95	INSUPEN 29G X 12MM.....	96
HYZAAR.....	29	INSULIN SYRINGE/0.5ML/30G		INSUPEN 31G X 5MM.....	96
ibandronate sodium.....	59	X 5/16".....	95	INSUPEN 31G X 8MM.....	96
IBUDONE.....	8	INSULIN SYRINGE/0.5ML/31G		INSUPEN 32G X 4MM.....	96
		X 5/16".....	95	INSUPEN PEN NEEDLES 32G	
		INSULIN SYRINGE/1ML/28G X		X4MM.....	96
		1/2".....	95	INSUPEN SENSITIVE	
				32GX6MM.....	96

INSUPEN ULTRAFIN			
29GX12MM	96		
INSUPEN ULTRAFIN			
30GX8MM	96		
INSUPEN ULTRAFIN			
31GX6MM	96		
INSUPEN ULTRAFIN			
31GX8MM	96		
INTELENCE	39		
INTENSE SENSATION	69		
INTRON A	34		
INTRON A W/DILUENT	34		
INTUNIV	2		
INVANZ	10		
INVEGA	36		
INVIRASE	39		
INVOKAMET	21		
INVOKANA	22		
IONOSOL-B/DEXTROSE			
5%	112		
IONOSOL-MB/DEXTROSE			
5%	113		
IOPIDINE	117		
ipratropium bromide	12		
ipratropium bromide (nasal)	116		
ipratropium-albuterol	13		
irbesartan	28		
irbesartan-hydrochlorothiazide			
	29		
irinotecan hcl	35		
irrigation solutions,			
physiological	115		
ISENTRESS	39		
ISENTRESS HD	39		
ISOLYTE-P/DEXTROSE			
5%	113		
ISOLYTE-S	113		
ISONIAZID	30		
isoniazid	30		
ISOPTO CARPINE	117		
ISORDIL TITRADOSE	11		
isosorbide dinitrate	11		
ISOSORBIDE DINITRATE			
ER	11		
isosorbide mononitrate	11		
isotretinoin	50		
isradipine	43		
ISTODAX	33		
ISTODAX (OVERFILL)	33		
itraconazole	24		
ivermectin	9		
IXEMPRA KIT	34		
JADENU	23		
JAKAFI	33		
JANUVIA	21		
JARDIANCE	22		
JEVTANA	35		
JUBLIA	51		
K-TAB	113		
KADIAN	6		
KALETRA	39		
KALYDECO	123		
KAMELEON			
LUBRICATED	69		
KAYEXALATE	115		
KCL 0.3%/D5W/NACL			
0.9%	113		
KEFLEX	44		
KENALOG-40	48		
KEPIVANCE	34		
KEPPRA	16		
KEPPRA XR	16		
KERYDIN	51		
KETEK	10		
KETOCARE	57		
ketoconazole	24		
ketoconazole (topical)	51		
KETONE TEST STRIPS	57		
ketoprofen	4		
ketorolac tromethamine	4		
ketorolac tromethamine			
(ophth)	119		
KETOSTIX	57		
ketotifen fumarate (ophth)	119		
KEYEYIS	58		
KIMONO COLORS	69		
KIMONO LUBRICATED	69		
KIMONO MICRO THIN PLUS			
SPERMICIDE			
LUBRICATED	69		
KIMONO PLUS SPERMICIDE			
LUBRICATED	69		
KIMONO PLUS			
SPERMICIDE/LUBRICATED			
	69		
KIMONO PS			
LUBRICATED	69		
KIMONO PS PLUS			
SPERMICIDE/LUBRICATED			
	69		
KIMONO SENSATION			
LUBRICATED	69		
KIMONO SENSATION PLUS			
SPERMICIDE LUBRICATED	69		
KIMONO SPECIAL	69		
KINERET	3		
KINNEY LANCETS	75		
KINNEY THIN LANCETS	76		
KINRAY INSULIN SYRINGE			
PREFERRED PLUS/0.3ML/31G			
X 5/16"	96		
KINRAY INSULIN SYRINGE			
PREFERRED PLUS/0.5ML/31G			
X 5/16"	96		
KINRAY INSULIN SYRINGE			
PREFERRED PLUS/1ML/31G X			
5/16"	96		
KINRAY INSULIN			
SYRINGE/0.5ML/29G X 1/2"	96		
KITABIS PAK	3		
KLARON	50		
KLONOPIN	15		
KLOR-CON M15	113		
KLS OMEPRAZOLE	126		
KMART VALU PLUS INSULIN			
SYRINGE/1ML/29G	96		
KMART VALU PLUS INSULIN			
SYRINGE/1ML/30G	96		
KROGER INSULIN			
SYRINGE/0.3ML/29G X 1/2"	96		
KROGER INSULIN			
SYRINGE/0.3ML/30G X			
5/16"	96		
KROGER INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	96		
KROGER INSULIN			
SYRINGE/0.5ML/29G X 1/2"	96		
KROGER INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	96		
KROGER INSULIN			
SYRINGE/0.5ML/31G X			
5/16"	96		
KROGER INSULIN			
SYRINGE/1ML/29G X 1/2"	96		
KROGER INSULIN			
SYRINGE/1ML/30G X 5/16"	96		
KROGER INSULIN			
SYRINGE/1ML/31G X 5/16"	96		
KROGER LANCETS	76		
KROGER LANCETS 21G	76		
KROGER LANCETS MICRO			
THIN33G	76		
KROGER LANCETS SUPER			
THIN	76		

KROGER LANCETS THIN	76	LANCETS SAFETY SEAL		LEADER INSULIN	
KROGER LANCETS THIN		28G	76	SYRINGE/1ML/30G X 5/16" .	97
26G	76	LANCETS SAFETY SEAL		LEADER INSULIN	
KROGER LANCETS		30G	76	SYRINGE/1ML/31G X 5/16" .	97
ULTRATHIN30G	76	LANCETS SUPER THIN		LEADER UNIFINE PENTIPS	
KROGER LANCING		28G	76	PLUS/MINI/31GX3/16"	97
DEVICE	76	LANCETS THIN	76	LEADER UNIFINE PENTIPS	
KROGER PEN NEEDLES 29G		LANCETS TWIST TOP	76	PLUS/SHORT/31GX5/16" . . .	97
X12MM	97	LANCETS ULTRA FINE	76	LEADER UNIFINE	
KROGER PEN NEEDLES 31G		LANCETS ULTRA THIN	76	PENTIPS/MINI/31GX3/16" . .	97
X8MM	97	LANCETS ULTRA THIN		LEADER UNIFINE	
KROGER PEN NEEDLES		30G	76	PENTIPS/NANO/32GX5/32" .	97
31GX1/4"	97	LANCETSBULLSEYE		LEADER UNIFINE	
KUVAN	61	SAFETY	76	PENTIPS/PLUS/32GX5/32" .	97
KYPROLIS	33	LANCING DEVICE	76	leflunomide	5
labetalol hcl	42	LANCING DEVICE		LENVIMA 10 MG DAILY	
LAC-HYDRIN	56	ADJUSTABLE	76	DOSE	33
LAC-HYDRIN TWELVE	56	LANOXIN	43	LENVIMA 14 MG DAILY	
LACRISERT	117	lansoprazole	126	DOSE	33
lactated ringer's	113	lanthanum carbonate	64	LENVIMA 20 MG DAILY	
lactated ringer's (irrigation) .	115	LANTUS	22	DOSE	33
lactic acid (ammonium		LANTUS SOLOSTAR	22	LENAVIMA 24 MG DAILY	
lactate)	56	LANZO	76	DOSE	33
lactulose	67	LASIX	59	LENAVIMA 24 MG DAILY	
lactulose (encephalopathy) . .	64	LASTACAPT	119	DOSE	33
LAMICTAL	16	latanoprost	120	LENAVIMA 24 MG DAILY	
LAMICTAL CHEWABLE		LATUDA	36	DOSE	33
DISPERSIBLE	16	LEADER ADVANCED		LENAVIMA 24 MG DAILY	
LAMISIL	24	LANCING DEVICE	76	DOSE	33
lamivudine	39	LEADER INSULIN		LENAVIMA 24 MG DAILY	
lamivudine (hbv)	40	SYRINGE/0.3ML/29G X		DOSE	33
lamivudine-zidovudine	39	1/2"	97	LENAVIMA 24 MG DAILY	
lamotrigine	16	LEADER INSULIN		DOSE	33
LANCET DEVICE		SYRINGE/0.3ML/30G X		LENAVIMA 24 MG DAILY	
ADJUSTABLE	76	5/16"	97	DOSE	33
LANCET DEVICE WITH		LEADER INSULIN		LENAVIMA 24 MG DAILY	
EJECTOR	76	SYRINGE/0.3ML/31G X		DOSE	33
LANCETS	76	5/16"	97	LENAVIMA 24 MG DAILY	
LANCETS 26G TWIST TOP .	76	LEADER INSULIN		DOSE	33
LANCETS 28G	76	SYRINGE/0.5ML/28G X		DOSE	33
LANCETS 30G	76	1/2"	97	DOSE	33
LANCETS 30G TWIST TOP .	76	LEADER INSULIN		DOSE	33
LANCETS 30G/TWIST TOP .	76	SYRINGE/0.5ML/29G X		DOSE	33
LANCETS 31G TWIST TOP .	76	1/2"	97	DOSE	33
LANCETS 33G UNIVERSAL		LEADER INSULIN		DOSE	33
DESIGN	76	SYRINGE/0.5ML/30G X		DOSE	33
LANCETS MICRO THIN		5/16"	97	DOSE	33
33G	76	LEADER INSULIN		DOSE	33
LANCETS SAFETY SEAL		SYRINGE/0.5ML/31G X		DOSE	33
21G	76	5/16"	97	DOSE	33
LANCETS SAFETY SEAL		LEADER INSULIN		DOSE	33
26G	76	SYRINGE/1ML/28G X 1/2" .	97	DOSE	33
		LEADER INSULIN		DOSE	33
		SYRINGE/1ML/29G X 1/2" .	97	DOSE	33

levonorgestrel-ethinyl estradiol (continuous).....	46	LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	97	LOESTRIN FE 1.5/30.....	46
LEVORPHANOL TARTRATE.....	6	LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16".....	97	LOESTRIN FE 1/20.....	46
LEVOTHYROXINE SODIUM.....	124	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	97	LOFIBRA.....	26
levothyroxine sodium.....	124	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	97	LOMOTIL.....	23
LEXAPRO.....	19	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	97	LOMUSTINE.....	31
LEXIVA.....	39	LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	97	LONGS INSULIN SYRINGE/0.5ML/31G X 5/16".....	98
LIALDA.....	63	LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	97	LONGS LANCETS STANDARD.....	77
LIBERTY MEDICAL LANCETS 30G.....	76	LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	97	LONGS LANCETS THIN.....	77
LIBERTY MINI LANCING DEVICE.....	76	LITETOUCH LANCETS MICRO THIN 33G.....	76	LONGS LANCETS ULTRA THIN.....	77
LIBRAX.....	125	LITETOUCH PEN NEEDLES 29GX12.7MM.....	98	loperamide hcl.....	23
lidocaine.....	56	LITETOUCH PEN NEEDLES 31G X 6MM.....	98	LOPID.....	26
lidocaine hcl.....	56	LITETOUCH PEN NEEDLES 31GX8MM SHORT.....	98	lopinavir-ritonavir.....	39
LIDOCAINE HCL.....	115	LITHIUM.....	36	LOPRESSOR.....	42
lidocaine hcl (local anesth.).....	67	lithium carbonate.....	36	LOPROX.....	51
lidocaine hcl (mouth-throat).....	115	LITHIUM CARBONATE.....	36	LOPROX SHAMPOO.....	51
lidocaine-prilocaine.....	56	lithium carbonate.....	36	loratadine.....	25
LIDODERM.....	56	LITHOBID.....	36	loratadine & pseudoephedrine.....	49
LIFESCAN UNISTIK 2 DEEP PENETRATION.....	76	LIVALO.....	27	lorazepam.....	11
LIFESCAN UNISTIK II LANCETS.....	76	LIVE BETTER ADVANCED LANCING DEVICE.....	76	LORTAB.....	8
LILETTA.....	47	LIVE BETTER LANCET SUPERTHIN 30G.....	77	losartan potassium.....	28
LINCOCIN.....	10	LIVE BETTER LANCET ULTRATHIN 28G.....	77	losartan potassium & hydrochlorothiazide.....	29
lincomycin hcl.....	10	LIVE BETTER PEN NEEDLES 29G X 12MM.....	98	LOSEASONIQUE.....	46
lindane.....	57	LIVE BETTER PEN NEEDLES 31G X 12MM.....	98	LOTEMAX.....	118
LINDANE.....	57	LIVE BETTER PEN NEEDLES 31G X 6MM.....	98	LOTENSIN.....	27
linezolid.....	10	LO LOESTRIN FE.....	46	LOTENSIN HCT.....	29
LINZESS.....	64	LOCOID.....	55	LOTREL.....	29
liothyronine sodium.....	124	LODINE.....	4	LOTRIMIN AF.....	52
LIPITOR.....	27	LODOSYN.....	35	LOTRIMIN AF FOR HER.....	52
lisinopril.....	27	LOESTRIN 1.5/30-21.....	46	LOTRIMIN AF JOCK ITCH.....	52
lisinopril & hydrochlorothiazide.....	29	LOESTRIN 1/20-21.....	46	LOTRIMIN ULTRA.....	52
LITE TOUCH LANCETS.....	76			LOTRISONE.....	52
LITE TOUCH LANCING DEVICE.....	76			LOTRONEX.....	64
LITE TOUCH LANCING PEN.....	76			lovastatin.....	27
LITE TOUCH PEN NEEDLES/31G X 3/16".....	97			LOVAZA.....	26
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2".....	97			LOVENOX.....	15
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	97			loxapine succinate.....	37
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	97			LUMIGAN.....	120

LUPRON DEPOT (3-MONTH)	32	MAVIK	27	MEDLANCE PLUS LANCETS LITE 25G	77
LUPRON DEPOT (4-MONTH)	32	MAVYRET	40	MEDLANCE PLUS LITE LANCETS 25G	77
LUPRON DEPOT (6-MONTH)	32	MAXALT	112	MEDLANCE PLUS SPECIAL LANCETS 0.8MM	77
LUPRON DEPOT-PED (1-MONTH)	60	MAXALT-MLT	112	MEDLANCE PLUS SUPERLITE 30G	77
LUPRON DEPOT-PED (3-MONTH)	60	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	98	MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	77
LUXIQ	55	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	98	MEDLANCE PLUS UNIVERSAL LANCETS 21G	77
LUZU	52	MAXIDEX	119	MEDLANCE PLUS/LITE 25G	77
LYNPARZA	33	MAXIPIME	45	MEDLANCE/EXTRA	77
LYRICA	16	MAXITROL	119	MEDLANCE/LITE	77
LYSODREN	32	MAXX LUBRICATED	69	MEDLANCE/UNIVERSAL	77
LYSTEDA	66	MAXX PLUS SPERMICIDE LUBRICATED	69	MEDROL	48
MACROBID	127	MAXZIDE	58	MEDROL DOSEPAK	48
MACRODANTIN	127	MAXZIDE-25	58	medroxyprogesterone acetate	121
mafenide acetate	53	meclizine hcl	23	medroxyprogesterone acetate (contraceptive)	47
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	98	MECLOFENAMATE SODIUM	4	mefenamic acid	4
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	98	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	98	mefloquine hcl	30
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	98	MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16"	98	MEGACE ES	121
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	98	MEDICHOICE PRE-SET SAFETY LANCET DUAL USE	77	MEGACE ORAL	32
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	98	MEDICHOICE PRE-SET SAFETY LANCET LOW FLOW	77	megestrol acetate	32
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	98	MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	77	megestrol acetate (appetite)	121
magnesium sulfate	113	MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	77	MEIJER COLOR LANCETS UNIVERSAL 33G	77
MAGNESIUM SULFATE	113	MEDICHOICE SAFETY LANCETEXTRA	77	MEIJER LANCETS	77
magnesium sulfate	113	MEDICHOICE SAFETY LANCETNORMAL	77	MEIJER LANCETS THIN	77
MALARONE	30	MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	98	MEIJER LANCETS UNIVERSAL21G	77
malathion	57	MEDICINE SHOPPE PEN NEEDLES 31G X 6MM	98	MEIJER LANCETS UNIVERSAL30G	77
MAPROTILINE HCL	18	MEDICINE SHOPPE PEN NEEDLES 31G X 8MM	98	MEIJER LANCETS UNIVERSAL33G	77
MARATHON MEDICAL PENTIPS29GX12MM	98	MEDISENSE THIN LANCETS	77	MEIJER PEN NEEDLES 29G X12MM	98
MARATHON MEDICAL PENTIPS31GX5MM	98	MEDLANCE PLUS EXTRA LANCETS 21G	77	MEIJER PEN NEEDLES 31G X6MM	98
MARATHON MEDICAL PENTIPS31GX8MM	98	MEDLANCE PLUS LANCETS	77	MEIJER PEN NEEDLES 31G X8MM	98
MARATHON MEDICAL PENTIPS32GX4MM	98			MEIJER SUPER THIN LANCETS	77
MARINOL	24			MELOXICAM	4
MARPLAN	18			meloxicam	4
MATULANE	34			melphalan	31
				melphalan hcl	31
				memantine hcl	122
				MENACTRA	127

MENEST	62	METHYLPHENIDATE HCL		MIRENA	47
MENOMUNE-A/C/Y/W-135		ER	2	mirtazapine	18
.....	127	methylprednisolone	48	misoprostol	126
MENOSTAR	62	methylprednisolone		mitomycin	33
MENTAX	52	acetate	48	mitoxantrone hcl	33
MENVEO	127	methylprednisolone sod		MM PEN NEEDLES 31G X	
meperidine hcl	6	succ	48	1/4"	98
MEPERIDINE HCL	6	METIPRANOLOL	117	MM PEN NEEDLES 31G X	
meperidine hcl	6	metoclopramide hcl	63	3/16"	98
meprobamate	11	metolazone	59	MM PEN NEEDLES 31G X	
MEPRON	10	metoprolol succinate	42	5/16"	98
mercaptapurine	31	metoprolol tartrate	42	MM PEN NEEDLES 32G X	
meropenem	10	METROCREAM	56	5/32"	98
MERREM	10	METROGEL	56	MOBIC	4
mesalamine	63	METROGEL-VAGINAL	129	modafinil	2
MESALAMINE DR	63	METROLOTION	56	MODICON	46
MESTINON	30	metronidazole	9	moexipril hcl	28
MESTINON TIMESPAN	30	metronidazole (topical)	56	mometasone furoate	55
METADATE CD	2	metronidazole vaginal	129	mometasone furoate	
METAPROTERENOL		MEVACOR	27	(nasal)	116
SULFATE	13	mexiletine hcl	12	MONISTAT SOOTHING CARE	
metaxalone	116	MIACALCIN	59	ITCH RELIEF	55
metformin hcl	21	MICARDIS	28	MONODOX	124
methadone hcl	6	MICARDIS HCT	29	MONOJECT INSULIN	
METHADONE HCL	6	MICONAZOLE 3	129	SYRINGE/1ML	98
methadone hcl	6	MICRO-K	113	MONOJECT INSULIN	
METHADONE HCL	6	MICROLET LANCETS	77	SYRINGE/1ML/31G X 5/16"	98
methadone hcl	6	MICROLET NEXT	77	MONOJECT INSULIN	
METHADONE HCL	6	MICROTAINER SAFETY		SYRINGE/DETACH	
methadone hcl	6	FLOW		NEEDLE/1ML/25G X 5/8"	99
METHADOSE	6	LANCET/STERILE/SINGLE-		MONOJECT INSULIN	
METHADOSE SUGAR-FREE	6	USE	77	SYRINGE/DETACH	
methamphetamine hcl	1	MICROZIDE	59	NEEDLE/1ML/27G X 1/2"	99
methazolamide	58	midodrine hcl	129	MONOJECT INSULIN	
methenamine hippurate	127	miglitol	20	SYRINGE/PERM	
methimazole	124	MIGRANAL	111	NEEDLE/1ML/28G X 1/2"	99
METHITEST	8	MILLIPRED	48	MONOJECT INSULIN	
methocarbamol	116	MILLIPRED DP	48	SYRINGE/PERM NEEDLE/U-	
METHOTREXATE SODIUM	31	MINASTRIN 24 FE	46	100/0.5ML/28G X 1/2"	99
methotrexate sodium	31	MINI LANCING DEVICE	77	MONOJECT INSULIN	
methoxsalen rapid	52	MINIPRESS	28	SYRINGE/SAFETY/PERM	
methscopolamine bromide	125	MINIVELLE	62	NEEDLE/0.3ML/29G X 1/2"	99
METHYCLOTHIAZIDE	59	MINOCIN	124	MONOJECT INSULIN	
methyl dopa	28	minocycline hcl	124	SYRINGE/SAFETY/PERM	
METHYLDOPATE HCL	28	minoxidil	29	NEEDLE/0.3ML/29GX1/2"	99
METHYLIN	2	MIRAPEX	35	MONOJECT INSULIN	
methylphenidate hcl	2	MIRCERA	66	SYRINGE/SAFETY/PERM	
		MIRCETTE	46	NEEDLE/1ML/29G X 1/2"	99
				MONOJECT INSULIN	
				SYRINGE/SOFTPACK/1ML/27G	
				X 1/2"	99

MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2".....	99	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	MYRBETRIQ.....	127
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	99	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	100	MYSOLINE.....	16
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	99	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100	nabumetone.....	4
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	99	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100	nadolol.....	42
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	99	morphine sulfate.....	6	nafcillin sodium.....	121
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99	MORPHINE SULFATE.....	6	naftifine hcl.....	52
MONOJECT INSULIN SYRINGEREGULAR LUER TIP/SOFTPACK/1ML.....	99	morphine sulfate.....	6	NAFTIN.....	52
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	99	MOTOFEN.....	23	NAGLAZYME.....	61
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	99	MOVIPREP.....	67	nalbuphine hcl.....	8
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	99	MOXEZA.....	118	naloxone hcl.....	23
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	99	moxifloxacin hcl.....	63	naltrexone hcl.....	23
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	99	moxifloxacin hcl (ophth).....	118	NAMENDA.....	122
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	99	moxifloxacin hcl in sodium chloride.....	63	NAMENDA TITRATION PAK.....	122
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	99	MOZOBIL.....	66	NAPHAZOLINE HCL.....	118
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	99	MS CONTIN.....	6	NAPROSYN.....	4
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	100	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	100	NAPROXEN.....	4
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	100	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	100	naproxen.....	4
MONOLET LANCETS.....	77	MS INSULIN SYRINGE/1ML/31G X 5/16".....	100	naproxen sodium.....	4
MONOLET OPD LANCETS.....	77	MULTAQ.....	12	naratriptan hcl.....	112
MONOLETTOR SAFETY LANCETS.....	77	MULTI-LANCET DEVICE.....	77	NARDIL.....	18
montelukast sodium.....	12	mupirocin.....	51	NASACORT ALLERGY 24HR.....	116
MONUROL.....	127	mupirocin calcium (topical).....	51	NASACORT ALLERGY 24HR CHILDRENS.....	116
		MUSTARGEN.....	31	NASONEX.....	116
		MYALEPT.....	61	NATACYN.....	118
		MYAMBUTOL.....	30	NATAZIA.....	46
		MYCAMINE.....	24	nateglinide.....	22
		MYCOBUTIN.....	30	NATROBA.....	57
		mycophenolate mofetil.....	114	NATURE-THROID.....	124
		mycophenolate mofetil hcl.....	114	NAVELBINE.....	35
		mycophenolate sodium.....	114	NEBUPENT.....	9
		MYDRIACYL.....	117	NEBUSAL.....	49
		MYFORTIC.....	114	NECON 1/50-28.....	46
		MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G.....	78	NECON 10/11-28.....	46
		MYLERAN.....	31	NEFAZODONE HCL.....	19
				nefazodone hcl.....	19
				NEO-SYNALAR.....	51
				neomycin sulfate.....	3
				neomycin-bacitracin zn-polymyxin.....	118
				neomycin-polymy-dexameth.....	119
				neomycin-polymyxin-hc (otic).....	120
				NEOMYCIN/POLYMYXIN/HYDR.....	119
				OCORTISONE.....	119
				NEORAL.....	114

NEPTAZANE.....	58	nitroglycerin.....	11	NOVOFINE PLUS	
NESINA.....	21	NITROSTAT.....	11	32GX4MM.....	100
NETGROUP LANCETS.....	78	nizatidine.....	125	NOVOLIN 70/30.....	22
NEULASTA.....	66	NIZATIDINE.....	125	NOVOLIN 70/30 RELION.....	22
NEULASTA ONPRO KIT.....	66	NIZORAL.....	52	NOVOLIN N.....	22
NEUPOGEN.....	66	NOR-QD.....	47	NOVOLIN N RELION.....	22
NEUPRO.....	35	NORCO.....	8	NOVOLIN R.....	22
NEURONTIN.....	16	NORDITROPIN FLEXPRO 60		NOVOLIN R RELION.....	22
NEVANAC.....	119	norethin acet & estrad-fe.....	46	NOVOLOG.....	22
NEVIRAPINE.....	39	norethindrone & eth		NOVOLOG FLEXPEN.....	22
nevirapine.....	39	estradiol.....	46	NOVOLOG MIX 70/30.....	22
NEXAVAR.....	33	norethindrone & ethinyl		NOVOLOG MIX 70/30	
NEXIUM.....	126	estradiol-fe.....	46	PREFILLED FLEXPEN.....	22
NEXPLANON.....	47	norethindrone		NOVOLOG PENFILL.....	22
niacin.....	129	(contraceptive).....	47	NOVOTWIST 30GX8MM.....	100
niacin (antihyperlipidemic).....	27	norethindrone acet & eth		NOVOTWIST 32GX5MM.....	100
NIACIN TR.....	129	estra.....	46	NOXAFIL.....	24
niacinamide.....	129	norethindrone acetate.....	121	NPLATE.....	66
NIASPAN.....	27	norethindrone acetate-ethinyl		NUCYNTA.....	7
nicardipine hcl.....	43	estradiol-fe.....	46	NUCYNTA ER.....	7
NICODERM CQ.....	123	norethindrone-eth estradiol		NUDEXTA.....	123
NICORETTE.....	123	(triphasic).....	46	NULOJIX.....	114
NICORETTE MINI.....	123	norgestimate-ethinyl		NUTROPIN AQ NUSPIN 10.....	60
NICORETTE STARTER		estradiol.....	46	NUVARING.....	47
KIT.....	123	NORINYL 1+35.....	46	NUVIGIL.....	2
nicotine.....	123	NORINYL 1+50.....	46	nystatin.....	24
nicotine polacrilex.....	123	NORMOSOL-M IN D5W.....	113	nystatin (mouth-throat).....	115
NICOTINE TRANSDERMAL		NORMOSOL-R.....	113	nystatin (topical).....	52
SYSTEM.....	123	NORPACE.....	12	nystatin-triamcinolone.....	52
NICOTROL INHALER.....	123	NORPRAMIN.....	20	OBREDON.....	49
NICOTROL NS.....	123	nortriptyline hcl.....	20	octreotide acetate.....	62
nifedipine.....	43	NORTRIPTYLINE HCL.....	20	OCUFEN.....	119
NILANDRON.....	32	NORVASC.....	43	OCUFLOX.....	118
nilutamide.....	32	NORVIR.....	39	ODEFSEY.....	39
nimodipine.....	43	NOVA MAX PLUS KETONE		ODOMZO.....	32
NINLARO.....	33	TESTSTRIPS.....	57	ofloxacin.....	63
NIPENT.....	34	NOVA SAFETY LANCETS		ofloxacin (ophth).....	118
nisoldipine.....	43	23G.....	78	ofloxacin (otic).....	120
NISOLDIPINE ER.....	43	NOVA SAFETY LANCETS		OGESTREL.....	46
NITRO-BID.....	11	28G.....	78	olanzapine.....	37
NITRO-DUR.....	11	NOVA SUREFLEX		olmesartan medoxomil.....	28
nitrofurantoin.....	127	LANCETS.....	78	olmesartan medoxomil-	
nitrofurantoin macrocrystal.....	127	NOVA SUREFLEX LANCING		hydrochlorothiazide.....	29
nitrofurantoin monohyd		DEVICE.....	78	olopatadine hcl.....	119
macro.....	127	NOVAREL.....	60	olopatadine hcl (nasal).....	116
nitroglycerin.....	11	NOVOFINE 30GX8MM.....	100	OLUX.....	55
NITROGLYCERIN.....	11	NOVOFINE 32GX6MM.....	100	omega-3-acid ethyl esters.....	26
		NOVOFINE AUTOCOVER			
		30GX8MM.....	100		

omeprazole	126	OTEZLA	5	PASER	30
OMEPRAZOLE	126	OVCON-35	46	PATADAY	119
omeprazole magnesium	126	OVIDE	57	PATANASE	116
omeprazole-sodium bicarbonate	126	oxacillin sodium	121	PATANOL	119
OMNIFLEX DIAPHRAGM	69	oxaliplatin	31	PAXIL	19
OMNIPRED	119	OXANDRIN	8	PAXIL CR	19
OMNITROPE	60	oxandrolone	8	PC LANCETS SUPER THIN 30G	78
ON CALL LANCETS	78	oxaprozin	4	PC UNIFINE PENTIPS 29G X1/2"	100
ON CALL LANCING DEVICE	78	oxazepam	12	PC UNIFINE PENTIPS 31G X5MM MINI	100
ON CALL PLUS LANCETS	78	oxcarbazepine	16	PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	100
ON CALL PLUS LANCING DEVICE	78	oxiconazole nitrate	52	PC UNIFINE PENTIPS 31G X8MM SHORT	100
ONCASPAR	34	OXISTAT	52	PEDIAPRED	48
ondansetron	23	OXSORALEN	56	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	67
ondansetron hcl	23	OXSORALEN ULTRA	53	PEG-INTRON	40
ONETOUCH CLUB LANCETS FINE POINT	78	oxybutynin chloride	127	PEG-INTRON REDIPEN	41
ONETOUCH COMBO PACK	78	oxycodone hcl	7	PEG-INTRON REDIPEN PAK 4	41
ONETOUCH DELICA LANCETS EXTRA FINE 33G	78	OXYCODONE HCL ER	7	PEGANONE	17
ONETOUCH DELICA LANCETS FINE 30G	78	oxycodone w/ acetaminophen	8	PEGASYS	41
ONETOUCH DELICA LANCING DEVICE	78	OXYCODONE/IBUPROFEN	8	PEGASYS PROCLICK	41
ONETOUCH FINEPOINT LANCETS	78	OXYCONTIN	7	PEGINTRON	41
ONETOUCH LANCETS	78	oxymorphone hcl	7	PEN NEEDLES 29G X 12MM	100
ONETOUCH LANCETS	78	OXYMORPHONE HYDROCHLORIDE ER	7	PEN NEEDLES 29GX1/2"	100
ONETOUCH ULTRASOFT LANCETS	78	paclitaxel	35	PEN NEEDLES 30GX5/16"	100
ONFI	15	PACLITAXEL	35	PEN NEEDLES 30GX8MM	100
ONGLYZA	21	paliperidone	36	PEN NEEDLES 31G X 1/4" SHORT	100
OPANA	7	PAMELOR	20	PEN NEEDLES 31G X 3/16"	100
OPSUMIT	44	PAMIDRONATE DISODIUM	59	PEN NEEDLES 31G X 5MM	100
ORAP	123	pamidronate disodium	59	PEN NEEDLES 31G X 6MM	100
ORAPRED ODT	48	PAMINE	125	PEN NEEDLES 31G X 8MM	100
ORENCIA	5	PAMINE FORTE	125	PEN NEEDLES 31GX5/16"	100
ORENITRAM	44	PANCREAZE	58	PEN NEEDLES 31GX6MM (1/4")	100
ORFADIN	61	PANOXYL-4 CREAMY WASH	50	PEN NEEDLES 31GX8MM	100
orphenadrine citrate	116	PANRETIN	52	PEN NEEDLES 31GX8MM (5/16")	100
ORTHO MICRONOR	47	pantoprazole sodium	126	PEN NEEDLES 32G X 4MM	100
ORTHO TRI-CYCLEN	46	PARAFON FORTE DSC	116	PEN NEEDLES 32G X 5MM	100
ORTHO TRI-CYCLEN LO	46	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	47	PEN NEEDLES 32G X 6MM	100
ORTHO-CYCLEN	46	parenteral electrolytes	113		
ORTHO-NOVUM 1/35	46	paricalcitol	61		
ORTHO-NOVUM 7/7/7	46	PARLODEL	35		
oseltamivir phosphate	41	PARNATE	18		
OSMOPREP	67	paromomycin sulfate	3		
OSPHENA	60	paroxetine hcl	19		

PEN NEEDLES 32GX4MM	100	phenazopyridine hcl	65	POTASSIUM ACETATE	113
penicillin g potassium	121	phendimetrazine tartrate	2	potassium bicarb & chloride	113
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	121	phenelzine sulfate	18	potassium bicarbonate	113
PENICILLIN G PROCAINE	121	PHENERGAN	26	potassium chloride	113
PENICILLIN G SODIUM	121	phenobarbital	66	POTASSIUM CHLORIDE	114
penicillin v potassium	121	PHENOBARBITAL	66	potassium chloride	114
PENLAC NAIL LACQUER	52	phenobarbital	66	POTASSIUM CHLORIDE ER	113
PENTAM 300	9	phenoxybenzamine hcl	28	potassium chloride in dextrose	113
PENTASA	63	phentermine hcl	2	potassium chloride in dextrose & sodium chloride	113
pentazocine w/ naloxone	8	PHENYTEK	17	potassium chloride in nacl	113
PENTIPS 29G X 12MM	100	phenytoin	17	potassium chloride microencapsulated crystals er	113
PENTIPS 29GX12MM	100	phenytoin sodium	17	POTASSIUM CHLORIDE/DEXTROSE	113
PENTIPS 31G X 5MM	100	phenytoin sodium extended	17	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	113
PENTIPS 31G X 8MM	101	PHOSLYRA	64	potassium citrate (alkalinizer)	64
PENTIPS 31GX5MM	101	PHOSPHOLINE IODIDE	117	POTASSIUM PHOSPHATES	113
PENTIPS 31GX6MM	101	PHOTOFRIN	34	potassium phosphates	113
PENTIPS 31GX8MM	101	PICATO	52	POTIGA	16
PENTIPS 32G X 4MM	101	pilocarpine hcl	117	PRADAXA	15
PENTIPS 32GX4MM	101	pilocarpine hcl (oral)	115	pramipexole dihydrochloride	35,36
pentoxifylline	65	pimozide	123	PRANDIMET	21
PEPCID	125	pindolol	42	PRANDIN	22
PEPCID AC MAXIMUM STRENGTH	125	pioglitazone hcl	21	prasugrel hcl	65
PERCOCET	8	pioglitazone hcl-metformin hcl	21	PRAVACHOL	27
PERFECT LANCETS 30G	78	piperacillin sodium-tazobactam sodium	121	pravastatin sodium	27
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	78	piroxicam	4	prazosin hcl	28
PERIDEX	115	PLAN B ONE-STEP	47	PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	101
perindopril erbumine	28	PLAQUENIL	30	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2"	101
PERJETA	32	PLASMA-LYTE A	113	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2"	101
permethrin	57	PLASMA-LYTE-148	113	PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8"	101
perphenazine	38	PLASMA-LYTE-56/D5W	113	PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2"	101
PERPHENAZINE/AMITRIPTYLINE	122	PLAVIX	65	PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2"	101
PERSANTINE	65	PLEGRIDY	122		
PFIZERPEN-G	121	PLEGRIDY STARTER PACK	122		
PHARMACIST CHOICE ULTRA THIN LANCETS	78	PLETAL	65		
PHARMACIST CHOICE ULTRA THIN LANCETS 28G	78	PNEUMOVAX 23	127		
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	78	PNEUMOVAX 23/1 DOSE	127		
PHARMACIST CHOICE ULTRA THIN LANCETS 31G	78	podofilox	56		
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	78	polymyxin b sulfate	11		
PHARMACY COUNTER LANCETS	78	polymyxin b-trimethoprim	118		
		POLYTRIM	118		
		POMALYST	33		
		PONSTEL	5		
		potassium acetate	113		

PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" .	101	PREFERRED PLUS LANCETS THIN 26G .	78	procainamide hcl .	12
PRECISION THIN LANCETS .	78	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM .	101	PROCARDIA .	43
PRECISION THINS GP LANCET .	78	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT .	101	PROCARDIA XL .	43
PRECISION ULTRA LANCET .	78	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT .	101	prochlorperazine .	38
PRECISION XTRA .	57	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM .	101	prochlorperazine maleate .	38
PRECOSE .	20	PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM .	101	PROCRIT .	66
PRED FORTE .	119	PREGNYL W/DILUENT BENZYLALCOHOL/NACL .	60	PROCTOCORT .	9
PRED MILD .	119	PREMARIN .	62	PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" .	102
prednicarbate .	55	PREMIUM CONDOMS LUBRICATED .	69	PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" .	102
prednisolone .	48	PREMPHASE .	62	PRODIGY LANCING DEVICE .	78
prednisolone acetate (ophth) .	119	PREMPRO .	62	PRODIGY PRESSURE ACTIVATED SAFETY LANCETS .	78
prednisolone sodium phosphate .	48	PREPOPIK .	67	PRODIGY SAFETY LANCETS .	78
PREDNISOLONE SODIUM PHOSPHATE .	48	PRESSURE ACTIVATED SAFETYLANCET 21G .	78	PRODIGY TWIST TOP LANCETS .	78
prednisolone sodium phosphate .	48	PREVACID .	126	progesterone micronized .	121
PREDNISOLONE SODIUM PHOSPHATE .	119	PREVACID 24HR .	126	PROGLYCEM .	21
PREDNISONE .	48	PREVNAR 13 .	127	PROGRAF .	114
prednisone .	48	PREZISTA .	39	PROLASTIN-C .	123
PREDNISONE .	48	PRIFTIN .	30	PROLEUKIN .	34
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .	101	PRILOSEC .	126	PROLIA .	59
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .	101	PRILOSEC OTC .	126	PROMACTA .	66
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" .	101	PRIMAQUINE PHOSPHATE .	30	promethazine hcl .	26
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" .	101	PRIMAXIN IV .	10	PROMETRIUM .	121
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" .	101	PRIMAXIN IV ADD-VANTAGE .	10	propafenone hcl .	12
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" .	101	primidone .	16	proparacaine hcl .	118
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" .	101	PRINIVIL .	28	PROPECIA .	56
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" .	101	PRISTIQ .	19	propranolol hcl .	42
PREFERRED PLUS LANCETS COLORED 21G .	78	PRO COMFORT LANCETS 30G .	78	PROPRANOLOL HCL .	42
PREFERRED PLUS LANCETS SUPER THIN 30G .	78	PRO COMFORT LANCETS 31G .	78	propranolol hcl .	42
		PRO COMFORT PEN NEEDLES/31G X 8MM .	101	propylthiouracil .	124
		PRO COMFORT PEN NEEDLES/32G X 4MM .	101	PROSCAR .	65
		PRO COMFORT PEN NEEDLES/32G X 5MM .	101	PROTONIX .	126
		PRO COMFORT PEN NEEDLES/32G X 6MM .	102	PROTOPIC .	56
		PROAIR HFA .	13	protriptyline hcl .	20
		probenecid .	65	PROVENTIL HFA .	13
				PROVERA .	121
				PROVIGIL .	2,3
				PROZAC .	19
				PROZAC WEEKLY .	19
				PRUDOXIN .	52
				PSORCON .	55

PSS SELECT GP LANCETS	79	QC UNIFINE PENTIPS		RAZADYNE ER	122
PSS SELECT SAFETY		32GX4MM	102	READYLANCE SAFETY	
LANCETS	79	QC UNILET LANCETS		LANCETS/21G/2.2MM	79
PTS PANELS KETONE		28G/ULTRA THIN	79	READYLANCE SAFETY	
TEST	57	QC UNILET LANCETS		LANCETS/23G/1.8MM	79
PULMICORT	13	33G/MICRO THIN	79	READYLANCE SAFETY	
PULMICORT FLEXHALER	13	QUALAQUIN	30	LANCETS/26G/1.8MM	79
PULMOZYME	123	QUESTRAN	26	READYLANCE SAFETY	
PUSH BUTTON SAFETY		QUESTRAN LIGHT	26	LANCETS/28G/1.8MM	79
LANCETS 21G	79	quetiapine fumarate	37	READYLANCE SAFETY	
PUSH BUTTON SAFETY		quinapril hcl	28	LANCETS/30G/1.6MM	79
LANCETS 28G	79	quinapril-hydrochlorothiazide	29	REALITY INSULIN SYRINGE/U-	
PX ADVANCED LANCING				100/0.5ML/28G X 1/2"	102
DEVICE	79	QUINIDINE SULFATE	12	REALITY INSULIN SYRINGE/U-	
PX EXTRA SHORT PEN		QUINIDINE SULFATE ER	12	100/0.5ML/29G X 1/2"	102
NEEDLES 31GX6MM	102	quinine sulfate	30	REALITY INSULIN SYRINGE/U-	
PX INSULIN SYRINGE/U-		QVAR	13	100/1ML/28G X 1/2"	102
100/0.3ML/30G X 1/2"	102	RA E-ZJECT COLOR		REALITY INSULIN SYRINGE/U-	
PX INSULIN SYRINGE/U-		LANCETSMICRO-THIN		100/1ML/29G X 1/2"	102
100/0.3ML/31G X 5/16"	102	33G	79	REALITY LANCETS	79
PX INSULIN SYRINGE/U-		RA E-ZJECT LANCETS		REALITY LATEX	
100/0.5ML/30G X 1/2"	102	28G	79	CONDOMS/LUBRICATED	69
PX INSULIN SYRINGE/U-		RA E-ZJECT LANCETS THIN		REALITY LATEX/ULTRA	
100/0.5ML/31G X 5/16"	102	26G	79	TEXTURED	69
PX INSULIN SYRINGE/U-		RA E-ZJECT LANCETS THIN		REALITY LATEX/ULTRA	
100/1ML/30G X 1/2"	102	28G	79	THIN	69
PX INSULIN SYRINGE/U-		RA E-ZJECT LANCETS		REALITY TRIGGER	
100/1ML/31G X 5/16"	102	ULTRATHIN 30G	79	LANCETS	79
PX LANCET AUTO		RA INSULIN		REBETOL	41
INJECTOR	79	SYRINGE/0.5ML/29G X		REBIF	123
PX LANCETS ULTRA THIN	79	1/2"	102	REBIF REBIDOSE	122
PX LANCETS ULTRA THIN		RA INSULIN		REBIF REBIDOSE	
28G	79	SYRINGE/1ML/29G X		TITRATIONPACK	123
PX MINI PEN NEEDLES		1/2"	102	REBIF TITRATION PACK	123
31GX5MM	102	RA INSULIN SYRINGE/U-		RECLAST	59
PX OMEPRAZOLE	126	100/0.5ML/30G X 5/16"	102	RECTIV	9
PX PEN NEEDLE		RA INSULIN SYRINGE/U-		REGLAN	63
29GX12MM	102	100/1 ML/30G X 5/16"	102	REGRANEX	57
PX PEN NEEDLE		RA LANCING DEVICE	79	RELENZA DISKHALER	41
31GX8MM	102	RA OMEPRAZOLE	126	RELION 2-IN-1 LANCING	
PX SHORTLENGTH PEN		RA PEN NEEDLES 31G X		DEVICE 25G	79
NEEDLES/31GX8MM	102	5MM3/16"	102	RELION 2-IN-1 LANCING	
pyrazinamide	30	RA PEN NEEDLES 31G X		DEVICE 30G	79
PYRIDIDIUM	65	8MM5/16"	102	RELION INSULIN SYRINGE	
pyridostigmine bromide	30	rabeprazole sodium	126	1ML/31GX15/64"	102
QC ADVANCED LANCING		raloxifene hcl	60	RELION INSULIN SYRINGE/U-	
DEVICE	79	ramipril	28	00/1ML/29G X 1/2"	102
QC LANCETS SUPER THIN	79	RANEXA	11	RELION INSULIN SYRINGE/U-	
QC LANCETS ULTRA THIN	79	ranitidine hcl	125	100/0.3ML/29G X 1/2"	102
QC PEN NEEDLES 29G X		RAPAFLO	65	RELION INSULIN SYRINGE/U-	
12MM	102	RAPAMUNE	114	100/0.3ML/30G X 5/16"	102
QC PEN NEEDLES 31G X		rasagiline mesylate	36	RELION INSULIN SYRINGE/U-	
6MM	102	RAZADYNE	122	100/0.3ML/31G X 5/16"	103
QC PEN NEEDLES 31G X				RELION INSULIN SYRINGE/U-	
8MM	102			100/0.5ML/29G X 1/2"	103

RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	103	REQUIP	36	ROBAXIN	116
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	103	REQUIP XL	36	ROBAXIN-750	116
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	103	RESCRIPTOR	39	ROBINUL	125
RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"	103	RESCULA	120	ROBINUL FORTE	125
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	103	RESECTISOL	64	ROCALTROL	61
RELION KETONE	57	RESERPINE	28	ropinirole hydrochloride	36
RELION KETONE TEST STRIPS	57	RESTASIS	118	rosuvastatin calcium	27
RELION LANCETS MICRO-THIN33G	79	RESTASIS MULTIDOSE	118	ROXICODONE	7
RELION LANCETS STANDARD 21G	79	RETIN-A	50	ROZEREM	67
RELION LANCETS THIN 26G	79	RETIN-A MICRO	50	RYTHMOL	12
RELION LANCETS ULTRA-THIN30G	79	RETIN-A MICRO PUMP	50	RYTHMOL SR	12
RELION LANCING DEVICE	79	RETROVIR	39	SABRIL	17
RELION MINI PEN NEEDLES 31GX6MM	103	RETROVIR IV INFUSION	39	SAFE-T-LANCE LOW FLOW 25G	79
RELION PEN NEEDLES 29GX12MM	103	REVATIO	44	SAFE-T-LANCE NORMAL FLOW21G	79
RELION PEN NEEDLES 31GX6MM	103	REVLIMID	114	SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	80
RELION PEN NEEDLES 31GX8MM	103	REXALL LANCETS ULTRA THIN	79	SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	80
RELION PEN NEEDLES 32GX4MM	103	REXULTI	38	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	80
RELION SHORT PEN NEEDLES31GX8MM	103	REYATAZ	39	SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW	80
RELION ULTRA THIN LANCETS30G	79	RHEUMATREX	3	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	103
RELION ULTRA THIN PLUS LANCETS 32G	79	RHINOCORT AQUA	116	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	103
RELION ULTRA THIN PLUS LANCETS 33G	79	ribavirin (hepatitis c)	41	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	103
RELISTOR	64	RIDAURA	3	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	103
RELPAK	112	rifabutin	30	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	103
REMERON	18	RIFADIN	30	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	103
REMERON SOLTAB	18	RIFAMATE	30	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	103
REMICADE	64	rifampin	30	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	103
REMODULIN	44	RIFATER	30	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	103
RENAGEL	64	RIGHTEST GD500 LANCING DEVICE	79	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	103
REVELA	64	RIGHTEST GL300 LANCETS	79	SAFETY LANCET 21G/PRESSURE ACTIVATED	80
REOPRO	65	RILUTEK	117	SAFETY LANCET 28G/PRESSURE ACTIVATED	80
repaglinide	22	riluzole	117	SAFETY LANCETS	80
REPAGLINIDE/METFORMIN HYDROCHLORIDE	21	rimantadine hydrochloride	41		
REPATHA	27	ringer's	113		
REPATHA SURECLICK	27	ringer's irrigation	115		
REPREXAIN	8	risedronate sodium	60		
		RISPERDAL	37		
		RISPERDAL CONSTA	37		
		RISPERDAL M-TAB	37		
		risperidone	37		
		RITALIN	3		
		RITALIN LA	3		
		RITUXAN	32		
		rivastigmine tartrate	122		
		rizatriptan benzoate	112		

SAFETY LANCETS 21G.....	80	selegiline hcl.....	36	SIGNIFOR.....	62
SAFETY LANCETS 28G.....	80	selenium sulfide.....	53	sildenafil citrate (pulmonary hypertension).....	44
SAFETY LET LANCETS.....	80	SELZENTRY.....	39	SILVADENE.....	53
SAFETY SEAL LANCETS 28G.....	80	SENSIPAR.....	61	silver sulfadiazine.....	53
SAFETY SEAL LANCETS 30G.....	80	SEREVENT DISKUS.....	13	SIMBRINZA.....	118
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2".....	103	SEROQUEL.....	37	SIMCOR.....	27
SAFYRAL.....	46	SEROQUEL XR.....	37	SIMPLE DIAGNOSTICS LANCING DEVICE.....	80
SAIZEN.....	60	SEROSTIM.....	60	SIMPONI.....	3
SAIZEN CLICK.EASY.....	60	sertraline hcl.....	19	SIMULECT.....	115
SAIZENPREP RECONSTITUTIONKIT.....	60	sevelamer carbonate.....	64	simvastatin.....	27
SALAGEN.....	115	SHOHL'S SOLUTION MODIFIED.....	64	SINEMET.....	36
salsalate.....	5	SHOPKO AUTOLET LANCING DEVICE.....	80	SINEMET CR.....	36
SAMSCA.....	62	SHOPKO ON-THE-GO COMFORTLANCETS 30G 80	80	SINGLE-LET.....	80
SANDIMMUNE.....	114	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4MM	104	SINGULAIR.....	12
SANDOSTATIN.....	62	.....	104	sirolimus.....	115
SANTYL.....	56	SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	104	SIRTURO.....	30
SAPHRIS.....	37	.....	104	SIVEXTRO.....	10
SAPS HEALTH TWIST TOP LANCETS 30G.....	80	SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12 MM.....	104	SKELAXIN.....	116
SAPSCARE TWIST TOP LANCETS 30G.....	80	.....	104	SKLICE.....	57
SAVELLA.....	122	SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM	104	SKYLA.....	47
SAVELLA TITRATION PACK.....	122	.....	104	SLO-NIACIN.....	129
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	103	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/3 2GX4MM.....	104	SM INSULIN SYRINGE/1ML/31G X 5/16".....	104
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16".....	103	.....	104	SM MICRO THIN LANCETS 33G.....	80
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	103	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVER/31 GX5MM.....	104	SM OMEPRAZOLE.....	126
SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16".....	103	.....	104	SM TRUEDRAW LANCING DEVICE.....	80
SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16".....	103	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29GX12 MM.....	104	SMART DIABETES VANTAGE LANCING DEVICE.....	80
SB LANCETS THIN.....	80	.....	104	SMART SENSE COLOR LANCETS UNIVERSAL 33G 80	80
SB LANCETS ULTRA THIN.....	80	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/3 1GX8MM.....	104	SMART SENSE STANDARD LANCETS UNIVERSAL 21G 80	80
SB OMEPRAZOLE.....	126	.....	104	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G 80	80
SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/29G X 1/2".....	103	SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/3 1GX8MM.....	104	SMART SENSE THIN LANCETSUNIVERSAL 26G 80	80
SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/30G X 5/16".....	103	.....	104	SMARTEST LANCETS 28G 80	80
scopolamine.....	23	SHOPKO UNILET LANCETS SUPER THIN 30G.....	80	sodium acetate.....	112
SEASONIQUE.....	46	SHOPKO UNILET LANCETS ULTRA THIN 28G.....	80	sodium chloride.....	114
SECTRAL.....	42	SHUR-SEAL.....	129	sodium chloride (gu irrigant).....	64
SELECT-LITE LANCING DEVICE.....	80	SIDE BUTTON SAFETY LANCET21G.....	80	sodium chloride (inhalant).....	49
				sodium citrate & citric acid.....	64
				sodium phenylbutyrate.....	61
				sodium polystyrene sulfonate.....	115
				SOLARAZE.....	52
				SOLU-CORTEF.....	48

SOLU-MEDROL.....	48	SUCRAID.....	58	SURE COMFORT INSULIN	
SOLUS V2 LANCING		sucralfate.....	126	SYRINGE/U-100/1ML/28G X	
DEVICE.....	80	SULAR.....	43	1/2".....	104
SOLUS V2 PRESSURE		sulfacetamide sodium		SURE COMFORT INSULIN	
ACTIVATED SAFETY LANCETS		(acne).....	50	SYRINGE/U-100/1ML/29G X	
28G.....	80	sulfacetamide sodium		1/2".....	104
SOLUS V2 TWIST LANCETS		(ophth).....	118	SURE COMFORT INSULIN	
30G.....	80	sulfacetamide sodium w/		SYRINGE/U-100/1ML/30G X	
SOMA.....	116	sulfur.....	50,51	1/2".....	104
SOMATULINE DEPOT.....	62	SULFADIAZINE.....	123	SURE COMFORT INSULIN	
SOMAVERT.....	60	sulfamethoxazole-		SYRINGE/U-100/1ML/30G X	
SONATA.....	67	trimethoprim.....	9	5/16".....	104
SORBITOL.....	64	SULFAMYLON.....	53	SURE COMFORT INSULIN	
SORBITOL-MANNITOL.....	64	sulfasalazine.....	64	SYRINGE/U-100/1ML/31G X	
SORIATANE.....	53	sulindac.....	5	5/16".....	104
sotalol hcl.....	42	SUMADAN WASH.....	51	SURE COMFORT LANCETS	
SOVALDI.....	41	sumatriptan.....	112	18G.....	80
SPINOSAD.....	57	sumatriptan succinate.....	112	SURE COMFORT LANCETS	
SPIRIVA HANDIHALER.....	12	SUMATRIPTAN		21G.....	80
SPIRIVA RESPIMAT.....	12	SUCCINATE.....	112	SURE COMFORT LANCETS	
spironolactone.....	59	sumatriptan succinate.....	112	23G.....	80
spironolactone &		SUPER THIN LANCETS.....	80	SURE COMFORT LANCETS	
hydrochlorothiazide.....	58	SUPRAX.....	45	28G.....	81
SPORANOX.....	24	SUPREP BOWEL PREP		SURE COMFORT LANCETS	
SPORANOX PULSEPAK.....	24	KIT.....	67	30G.....	81
SPRYCEL.....	33	SURE COMFORT INSULIN		SURE COMFORT LANCING	
SSKI.....	113	SYRINGE/U-100/0.3ML/29G X		PEN.....	81
STALEVO 100.....	36	1/2".....	104	SURE COMFORT PEN	
STALEVO 125.....	36	SURE COMFORT INSULIN		NEEDLES29GX1/2"	
STALEVO 150.....	36	SYRINGE/U-100/0.3ML/30G X		12.7MM.....	104
STALEVO 200.....	36	1/2".....	104	SURE COMFORT PEN	
STALEVO 50.....	36	SURE COMFORT INSULIN		NEEDLES30GX5/16"	
STALEVO 75.....	36	SYRINGE/U-100/0.3ML/30G X		SHORT.....	105
STANNOUS FLUORIDE.....	45	5/16".....	104	SURE COMFORT PEN	
stannous fluoride.....	115	SURE COMFORT INSULIN		NEEDLES31GX3/16"	
STARLIX.....	22	SYRINGE/U-100/0.3ML/31G X		(5MM).....	105
stavudine.....	39	5/16".....	104	SURE COMFORT PEN	
STELARA.....	53	SURE COMFORT INSULIN		NEEDLES31GX5/16"	
STENDRA.....	43	SYRINGE/U-100/0.3ML/31G X		(8MM).....	105
STERILANCE TL.....	80	5/16".....	104	SURE COMFORT PEN	
STIMATE.....	61	SURE COMFORT INSULIN		NEEDLES32GX5/32".....	105
STIVARGA.....	33	SYRINGE/U-100/0.5ML/28G X		SURE COMFORT PEN	
STRATTERA.....	2	1/2".....	104	NEEDLES32GX6MM.....	105
STREPTOMYCIN SULFATE.....	3	SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES	
STRIBILD.....	39	SYRINGE/U-100/0.5ML/29G X		29GX1/2" 12.7MM.....	105
STRIVERDI RESPIMAT.....	13	1/2".....	104	SURE-FINE PEN NEEDLES	
STROMECTOL.....	9	SURE COMFORT INSULIN		31GX3/16" 5MM.....	105
SUBOXONE.....	8	SYRINGE/U-100/0.5ML/30G X		SURE-FINE PEN NEEDLES	
		1/2".....	104	31GX5/16" 8MM.....	105
		SURE COMFORT INSULIN		SURE-JECT INSULIN	
		SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.3ML/29G X	
		5/16".....	104	1/2".....	105
		SURE COMFORT INSULIN		SURE-JECT INSULIN	
		SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/0.3ML/30G X	
		5/16.....	104	5/16".....	105
				SURE-JECT INSULIN	
				SYRINGE/U-100/0.3ML/31G X	
				5/16".....	105

SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/28G X			
1/2"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/29G X			
1/2"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/30G X			
5/16"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/28G X			
1/2"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/29G X			
1/2"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/30G X			
5/16"	105		
SURE-JECT INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	105		
SURE-LANCE FLAT			
LANCETS	81		
SURE-LANCE LANCETS			
26G	81		
SURE-LANCE THIN LANCETS			
28G	81		
SURE-LANCE ULTRA THIN			
LANCETS	81		
SURE-PEN	81		
SURE-TOUCH LANCETS			
UNIVERSAL	81		
SURELITE LANCETS	81		
SURMONTIL	20		
SUSTIVA	39		
SUTENT	33		
SW OMEPRAZOLE	126		
SYLATRON	34		
SYMBICORT	13		
SYMLINPEN 120	20		
SYMLINPEN 60	20		
SYNALAR	55		
SYNAREL	60		
SYNERA	56		
SYNJARDY	21		
SYNRIBO	34		
SYNTHROID	124		
SYPRINE	114		
TABLOID	32		
TACLONEX	55		
tacrolimus	115		
tacrolimus (topical)	56		
TAFINLAR	33		
TAGAMET HB	125		
TALWIN	8		
TAMIFLU	41		
tamoxifen citrate	32		
tamsulosin hcl	65		
TANZEUM	21		
TAPAZOLE	124		
TARCEVA	33		
TARGRETIN	34,52		
TASIGNA	33		
TASMAR	35		
TAXOTERE	35		
tazarotene	53		
TAZORAC	53		
TECFIDERA	123		
TECFIDERA STARTER			
PACK	123		
TECHLITE AST LANCETS	81		
TECHLITE LANCETS	81		
TECHLITE LANCETS 30G	81		
TECHLITE PEN NEEDLES			
29GX 12 MM	105		
TECHLITE PEN NEEDLES			
31GX 5MM	105		
TECHLITE PEN			
NEEDLES/31GX 5MM	105		
TECHLITE PEN			
NEEDLES/31GX 6 MM	105		
TECHLITE PEN			
NEEDLES/31GX 8MM	105		
TECHLITE PEN			
NEEDLES/32GX 4MM	105		
TECHLITE PEN			
NEEDLES/32GX 6MM	105		
TEFLARO	45		
TEGRETOL	16		
TEGRETOL-XR	16		
TEKTRUNA	29		
telmisartan	28		
telmisartan-hydrochlorothiazide	29		
TEMODAR	31		
TEMOVATE	55		
TEMOVATE E	55		
temozolomide	31		
TENEX	28		
TENIPOSIDE	35		
TENORETIC 100	29		
TENORETIC 50	29		
TENORMIN	42		
TEPADINA	31		
TERAZOL 3	129		
TERAZOL 7	129		
terazosin hcl	28		
terbinafine hcl	24		
terbutaline sulfate	13		
terconazole vaginal	129		
TESSALON PERLES	48		
testosterone cypionate	8		
testosterone enanthate	9		
tetrabenazine	122		
TETRACYCLINE HCL	124		
tetracycline hcl	124		
TGT ADVANCED LANCING			
DEVICE	81		
TGT LANCET ALTERNATE			
SITE	81		
TGT LANCET MICRO THIN			
33G	81		
TGT LANCET SUPER THIN			
30G	81		
TGT LANCET THIN 23G	81		
TGT LANCET THIN 26G	81		
TGT LANCET ULTRA THIN			
28G	81		
TGT LANCET ULTRA THIN			
30G	81		
TGT LANCING DEVICE	81		
TGT OMEPRAZOLE	126		
THALOMID	114		
theophylline	14		
THINLETS GP LANCETS	81		
THINLETS LANCET	81		
thioridazine hcl	38		
thiotepa	31		
thiothixene	38		
THYMOGLOBULIN	115		
THYROLAR-1	124		
THYROLAR-1/2	124		
THYROLAR-1/4	124		
THYROLAR-2	124		
THYROLAR-3	124		
tiagabine hcl	17		
TIAZAC	43		
TIGAN	23		
TIGECYCLINE	10		

TIKOSYN.....	12	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	106	trazodone hcl.....	19
TIMOLOL MALEATE.....	42	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	106	TREANDA.....	31
timolol maleate (ophth).....	117	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	106	TRECATOR.....	30
TIMOPTIC.....	117	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	106	TRELSTAR.....	32
TIMOPTIC-XE.....	117	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	106	TRELSTAR MIXJECT.....	32
TIVICAY.....	39	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	106	tretinoin.....	51
tizanidine hcl.....	116	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	106	tretinoin (chemotherapy).....	34
TOBI.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	106	tretinoin microsphere.....	51
TOBRADEX.....	119	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	106	TREXALL.....	32
tobramycin.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	106	TREZIX.....	8
TOBRAMYCIN.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	106	TRI-NORINYL 28.....	46
tobramycin (ophth).....	118	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	106	triamcinolone acetonide (mouth).....	115
TOBRAMYCIN SULFATE.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	106	triamcinolone acetonide (nasal).....	116
tobramycin sulfate.....	3	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	106	triamcinolone acetonide (topical).....	55
tobramycin- dexamethasone.....	119	TOPCO INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2".....	106	triamcinolone acetonide- dimethicone-silicone.....	56
TOBEX.....	118	TOPCO INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	106	triamterene & hydrochlorothiazide.....	58
TODAY SPONGE.....	129	TOPCO INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	106	TRIAZOLAM.....	67
TODAYS HEALTH ADVANCED LANCING DEVICE.....	81	TOPCO INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	106	triazolam.....	67
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	105	TOPCO INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	106	TRICOR.....	26
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	105	TOPCO INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	106	TRIDESILON.....	56
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	105	TOPCO INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	106	trifluoperazine hcl.....	38
TODAYS HEALTH SUPER THINLANCETS 30G.....	81	TOPICORT.....	55	trifluridine.....	118
TODAYS HEALTH ULTRA THINLANCETS 28G.....	81	topiramate.....	16	trihexyphenidyl hcl.....	35
TOFRANIL.....	20	topotecan hcl.....	35	TRILEPTAL.....	17
TOFRANIL-PM.....	20	TOPROL XL.....	42	trimethobenzamide hcl.....	24
TOLAZAMIDE.....	23	TORISEL.....	34	trimethoprim.....	9
TOLBUTAMIDE.....	23	torseamide.....	59	trimipramine maleate.....	20
tolcapone.....	35	TOVIAZ.....	127	TRINTELLIX.....	19
TOLMETIN SODIUM.....	5	TRACLEER.....	44	TRIOSTAT.....	124
tolmetin sodium.....	5	TRADJENTA.....	21	TRISENOX.....	34
TOLMETIN SODIUM.....	5	tramadol hcl.....	7	TRISEON.....	51
tolterodine tartrate.....	127	tramadol-acetaminophen.....	8	TRIUMEQ.....	39
TOPAMAX.....	16	trandolapril.....	28	TRIZIVIR.....	40
TOPAMAX SPRINKLE.....	16	tranexamic acid.....	66	TROJAN EXTENDED PLEASURE/LUBRICATED.....	69
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....	105	TRANSDERM-SCOP.....	23	TROJAN MAGNUM.....	69
TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....	106	TRANXENE T.....	12	TROJAN MAGNUM WARM SENSATIONS.....	69
TOPCARE LANCETS MICRO- THIN 33G.....	81	tranylcypromine sulfate.....	18	TROJAN MAGNUM XL LUBRICATED.....	69
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	106	TRAVATAN Z.....	120	TROJAN PLEASURE MESH/SPERMICIDAL.....	69
		TRAVEL LANCETS 30G.....	81	TROJAN RIBBED W/SPERMICIDAL.....	69
		TRAVEL LANCETS ADVANCED 28G.....	81	TROJAN SHARED SENSATION/LUBRICATED.....	69

TROJAN SUPRAS		TRUEPLUS INSULIN		TRUSTEX	
SPERMICIDAL.....	69	SYRINGE/U-100/1ML/30G X		LUBRICATED/SPERMICIDE	
TROJAN TWISTED		5/16".....	106	EXTRA STRENGTH.....	70
PLEASURE.....	70	TRUEPLUS INSULIN		TRUSTEX NATURAL	
TROJAN ULTRA		SYRINGE/U-100/1ML/31G X		CONDOMS	
PLEASURE/LUBRICATED ..	70	5/16".....	107	+LUBE/LUBRICATED.....	70
TROJAN VERY SENSITIVE		TRUEPLUS LANCETS		TRUSTEX WITH NONOXYNOL-	
LUBRICATED.....	70	26G.....	81	9/RIBBED/STUDDED	70
TROJAN VERY SENSITIVE		TRUEPLUS LANCETS		TRUSTEX/RIA	
SPERMICIDAL LUBRICANT	70	28G.....	81	LUBRICATED.....	70
TROJAN VERY THIN		TRUEPLUS LANCETS 28G		TRUSTEX/RIA LUBRICATED	
LUBRICATED.....	70	SUPER THIN.....	81	SPERMICIDE.....	70
TROJAN VERY THIN		TRUEPLUS LANCETS		TRUSTEX/RIA	
SPERMICIDAL LUBRICANT	70	30G.....	81	LUBRICATED/SPERMICIDE	
TROJAN-ENZ LUBRICANT ..	70	TRUEPLUS LANCETS 30G		.....	70
TROJAN-ENZ		ULTRA THIN.....	81	TRUVADA.....	40
LUBRICATED.....	70	TRUEPLUS LANCETS		TUDORZA PRESSAIR.....	12
TROJAN-ENZ		33G.....	81	TYBOST.....	40
W/SPERMICIDAL.....	70	TRUEPLUS LANCETS 33G		TYGACIL.....	10
tropicamide.....	117	MICRO THIN.....	81	TYKERB.....	34
tropium chloride.....	127	TRUEPLUS PEN NEEDLES		TYLENOL/CODEINE #3.....	8
TRUE METRIX BLOOD		29GX12MM.....	107	TYLENOL/CODEINE #4.....	8
GLUCOSETEST STRIPS.....	57	TRUEPLUS PEN NEEDLES		TYMLOS.....	60
TRUE METRIX CONTROL		31GX5MM.....	107	TYSABRI.....	123
SOLUTION LEVEL 3.....	81	TRUEPLUS PEN NEEDLES		TYZEKA.....	41
TRUE METRIX SELF		31GX6MM.....	107	TYZINE PEDIATRIC NASAL	
MONITORING BLOOD		TRUEPLUS PEN NEEDLES		DROPS.....	117
GLUCOSE STRIPS.....	57	31GX8MM.....	107	UCERIS.....	9
TRUEDRAW LANCING		TRUEPLUS PEN NEEDLES		ULESFIA.....	57
DEVICE.....	81	32GX4MM.....	107	ULORIC.....	65
TRUEPLUS INSULIN		TRUEPLUS SAFETY		ULTI-LANCE AUTOMATIC/	
SYRINGE/U-100/0.3ML/29G X		LANCETS 28G.....	81	CLEAR TIP.....	81
1/2".....	106	TRUETEST BLOOD		ULTICARE INSULIN SAFETY	
TRUEPLUS INSULIN		GLUCOSE TEST.....	57	SYRINGE/0.5ML/29G X	
SYRINGE/U-100/0.3ML/30G X		TRUETEST BLOOD		1/2".....	107
5/16".....	106	GLUCOSE TEST STRIPS.....	57	ULTICARE INSULIN SAFETY	
TRUEPLUS INSULIN		TRUETEST STRIPS.....	57	SYRINGE/1ML/29G X 1/2" ..	107
SYRINGE/U-100/0.3ML/31G X		TRUETRACK BLOOD		ULTICARE INSULIN	
5/16".....	106	GLUCOSE TEST.....	58	SYRINGE/0.3ML/29G X	
TRUEPLUS INSULIN		TRUETRACK TEST.....	58	1/2".....	107
SYRINGE/U-100/0.5ML/28G X		TRULICITY.....	21	ULTICARE INSULIN	
1/2".....	106	TRUSOPT.....	120	SYRINGE/0.3ML/30G X	
TRUEPLUS INSULIN		TRUSTEX COLOR CONDOMS		1/2".....	107
SYRINGE/U-100/0.5ML/29G X		+ LUBE.....	70	ULTICARE INSULIN	
1/2".....	106	TRUSTEX LUBRICATED ..	70	SYRINGE/0.3ML/30G X	
TRUEPLUS INSULIN		TRUSTEX LUBRICATED		1/2".....	107
SYRINGE/U-100/0.5ML/30G X		EXTRALARGE.....	70	ULTICARE INSULIN	
5/16".....	106	TRUSTEX LUBRICATED		SYRINGE/0.3ML/30G X	
TRUEPLUS INSULIN		EXTRASTRENGTH.....	70	5/16".....	107
SYRINGE/U-100/0.5ML/31G X		TRUSTEX		ULTICARE INSULIN	
5/16".....	106	LUBRICATED/RIBBED/STUDD		SYRINGE/0.5ML/28G X	
TRUEPLUS INSULIN		ED.....	70	1/2".....	107
SYRINGE/U-100/1ML/28G X		TRUSTEX		ULTICARE INSULIN	
1/2".....	106	LUBRICATED/SPERMICIDE		SYRINGE/0.5ML/29G X	
TRUEPLUS INSULIN		.....	70	1/2".....	107
SYRINGE/U-100/1ML/29G X		TRUSTEX		ULTICARE INSULIN	
1/2".....	106	LUBRICATED/SPERMICIDE		SYRINGE/0.5ML/30G X	
		EXTRA LARGE.....	70	1/2".....	107

ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16".....	107	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	108	ULTILET INSULIN SYRINGE/1ML/30G X 8MM	108
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	108	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	109
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2".....	107	ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	108	ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	109
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2".....	107	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.3ML/31G X 5/16".....	108	ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	109
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16".....	107	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/0.5ML/31G X 5/16".....	108	ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	109
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	107	ULTICARE INSULIN SYRINGEULTRAFINE U- 100/1ML/31G X 5/16".....	108	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	109
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	107	ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	108	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	109
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	107	ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	108	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	109
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	107	ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	108	ULTILET INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	109
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	107	ULTICARE MINI PEN NEEDLES 31GX6MM.....	108	ULTILET INSULIN SYRINGE/U- 100/1ML/30G X 1/2".....	109
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	107	ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	108	ULTILET LANCETS.....	81
ULTICARE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	107	ULTICARE MINI PEN NEEDLES/31G X 6MM.....	108	ULTILET LANCETS 33G.....	81
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	107	ULTICARE MINI PEN NEEDLES31GX6MM.....	108	ULTILET PEN NEEDLE 29GX12.7MM.....	109
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	107	ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	108	ULTILET PEN NEEDLE 31GX5MM.....	109
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	107	ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	108	ULTILET PEN NEEDLE 31GX8MM.....	109
ULTICARE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	108	ULTICARE PEN NEEDLES/29GX 12.7MM.....	108	ULTILET PEN NEEDLE 32GX4MM.....	109
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	108	ULTICARE SHORT PEN NEEDLES 31GX8MM.....	108	ULTILET PEN NEEDLE 32GX4MM/SHORT.....	109
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	108	ULTILET SAFETY LANCETS 21G X 2.2MM.....	82
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	108	ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	108	ULTILET SAFETY LANCETS 23G.....	82
ULTICARE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	108	ULTICARE THIN LANCETS 30G.....	81	ULTILET SHORT PEN NEEDLES 31GX5/16".....	109
		ULTILET CLASSIC LANCETS.....	81	ULTILET SHORT PEN NEEDLES31GX3/16".....	109
		ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	108	ULTIMATE FEELING.....	70
		ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	108	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	109
		ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	108	ULTRA THIN LANCETS 28G.....	82
				ULTRA THIN LANCETS 30G.....	82

ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	109	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2".....	110	UNILET LANCET.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	109	ULTRA-THIN II LANCETS 28G.....	82	UNILET LANCETS MICRO-THIN33G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	109	ULTRA-THIN II LANCETS 30G.....	82	UNILET LANCETS SUPER-THIN30G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	109	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".....	110	UNILET LANCETS ULTRA-THIN 28G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	109	ULTRA-THIN II PEN NEEDLES 29GX1/2".....	110	UNILET SUPERLITE LANCET.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	109	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16".....	110	UNISTIK 3 GENTLE.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	109	ULTRA-THIN II SAFETY AUTOLANCETS 26G.....	82	UNISTIK SAFETY LANCETS 28G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	109	ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE.....	115	UNISTIK SAFETY LANCETS 30G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	109	ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE.....	115	UNISTIK TOUCH SAFETY LANCETS 21G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	109	ULTRACET.....	8	UNISTIK TOUCH SAFETY LANCETS 23G.....	82
ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	109	ULTRAM.....	7	UNISTIK TOUCH SAFETY LANCETS 28G.....	82
ULTRA-THIN II AUTO LANCET.....	82	ULTRAM ER.....	7	UNISTIK TOUCH SAFETY LANCETS 30G.....	82
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16".....	110	ULTRAVATE.....	56	UNIVERSAL 1 LANCETS THIN26G.....	82
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16".....	110	UNASYN.....	121	UNIVERSAL 1 LANCETS ULTRA THIN 30G.....	82
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16".....	110	UNIFINE PENTIPS 29GX12MM.....	110	UNIVERSAL 1 LANCETS/33G/MICRO-THIN.....	82
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16".....	110	UNIFINE PENTIPS 31G X 3/16".....	110	URECHOLINE.....	127
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16".....	110	UNIFINE PENTIPS 31GX5MM.....	110	UROCIT-K 10.....	64
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16".....	110	UNIFINE PENTIPS 31GX6MM.....	110	UROXATRAL.....	65
ULTRA-THIN II INSULIN SYRINGE/U-100/0.3ML/29GX1/2".....	110	UNIFINE PENTIPS 31GX8MM.....	110	URSO 250.....	63
ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2".....	110	UNIFINE PENTIPS PLUS 29GX12MM.....	110	URSO FORTE.....	63
		UNIFINE PENTIPS PLUS 31GX5MM.....	110	ursodiol.....	63
		UNIFINE PENTIPS PLUS 31GX6MM.....	110	UVADEX.....	34
		UNIFINE PENTIPS PLUS 31GX8MM.....	110	V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	110
		UNIFINE PENTIPS PLUS 32GX4MM.....	110	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	110
		UNILET COMFORTOUCH LANCET.....	82	V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	110
		UNILET EXCELITE.....	82	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	110
		UNILET EXCELITE II.....	82	V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	110
		UNILET G.P. LANCET.....	82	valacyclovir hcl.....	41
		UNILET G.P. SUPERLITE LANCET.....	82	VALCYTE.....	40
		UNILET GP 28 ULTRA THIN.....	82	valganciclovir hcl.....	40
				VALIUM.....	12

valproate sodium	18	venlafaxine hcl	19,20	VISTOGARD	23
valproic acid	18	VENLAFAXINE HCL ER	20	VITALET PRO LANCETS	82
valsartan	28	VENTAVIS	44	VITALET PRO PLUS	
valsartan-hydrochlorothiazide		VENTOLIN HFA	14	LANCETS	82
	29	verapamil hcl	43	VITAMIN D2	129
VALSTAR	33	VEREGEN	51	VITEKTA	40
VALTRESX	41	VERELAN	43	VITUZ	49
VALUE HEALTH INSULIN		VERELAN PM	43	VIVELLE-DOT	62
SYRINGE/U-100/0.5ML/29G X		VERIPRED 20	48	VOLTAREN	51
1/2"	110	VESICARE	127	VORAXAZE	34
VALUE HEALTH INSULIN		VEXOL	119	voriconazole	24
SYRINGE/U-100/1ML/29G X		VFEND	24	VOSPIRE ER	14
1/2"	110	VIAGRA	43	VOTRIENT	34
VALUE PLUS LANCETS		VIBATIV	9	VP INSULIN SYRINGE/U-	
STANDARD 21G	82	VIBRAMYCIN	124	100/0.3ML/29G X 1/2"	111
VALUE PLUS LANCETS		VICOPROFEN	8	VPRIV	66
SUPERTHIN 30G	82	VICTOZA	21	VYTORIN	26
VALUE PLUS LANCETS THIN		VICTRELIS	41	VYVANSE	1
26G	82	VIDA MIA AUTOLET		W&F LANCETS 26G	82
VALUE PLUS LANCING		LANCINGDEVICE	82	W&F LANCETS COLORED	
DEVICE	82	VIDA MIA UNIFINE		21G	82
VALUMARK LANCET SUPER		PENTIPS32GX4MM	111	WALGREENS ADVANCED	
THIN 30G	82	VIDA MIA UNIFINE		TRAVELLANCETS 28G	82
VALUMARK LANCET ULTRA		PENTIPSMINI 31GX6MM	111	WALGREENS COMFORT	
THIN 28G	82	VIDA MIA UNIFINE		ASSURED LANCETS MICRO	
VALUMARK PEN NEEDLES		PENTIPSORIGINAL		THIN/33G	83
29GX12MM	110	29GX12MM	111	WALGREENS COMFORT	
VALUMARK PEN NEEDLES		VIDA MIA UNILET LANCETS		ASSURED LANCETS SUPER	
31GX 6MM	110	SUPER THIN 30G	82	THIN/28G	83
VALUMARK PEN NEEDLES		VIDA MIA UNILET LANCETS		WALGREENS LANCETS	83
31GX 8MM	111	ULTRA THIN 28G	82	WALGREENS THIN	
VANCOCIN HCL	9	VIDA MIA UNIPFINE		LANCETS	83
vancomycin hcl	9	PENTIPSSHORT		WALGREENS ULTRA THIN	
VANISHPOINT INSULIN		31GX8MM	111	LANCETS	83
SYRINGE/0.5ML/30G X		VIDAZA	32	warfarin sodium	14
1/2"	111	VIDEX EC	40	water for irrigation, sterile	115
VANISHPOINT INSULIN		VIDEXPEDIATRIC	40	WEGMANS UNIFINE PENTIPS	
SYRINGE/0.5ML/30G X		vigabatrin	17	PLUS 32GX4MM	111
5/16"	111	VIGAMOX	118	WEGMANS UNIFINE PENTIPS	
VANISHPOINT INSULIN		VIIBRYD	19	PLUS/MINI/31GX5MM	111
SYRINGE/1ML/29G X 1/2"	111	VIIBRYD STARTER PACK	19	WEGMANS UNIFINE PENTIPS	
VANISHPOINT INSULIN		VIMPAT	17	PLUS/SHORT/31GX8MM	111
SYRINGE/1ML/30G X		vincristine sulfate	35	WEGMANS UNIFINE PENTIPS	
5/16"	111	vinorelbine tartrate	35	PLUS/ULTRA	
VARUBI	24	VIRACEPT	40	SHORT/31GX6MM	111
VASCEPA	26	VIRAMUNE	40	WELCHOL	26
VASERETIC	29	VIRAMUNE XR	40	WELLBUTRIN	18
VASOTEC	28	VIREAD	40	WELLBUTRIN SR	18
VECAMYL	29	VIROPTIC	118	WELLBUTRIN XL	18
VECTIBIX	32	VISTARIL	11	WESTCORT	56
VECTICAL	53			WIDE-SEAL SILICONE	
VELCADE	34			DIAPHRAGM KIT 60	70
VELPHORO	64				
VELTIN	51				

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WIDE-SEAL SILICONE DIAPHRAGM KIT 70.....	70	ZANTAC 150 MAXIMUM STRENGTH.....	125	ZONTIVITY.....	65
WIDE-SEAL SILICONE DIAPHRAGM KIT 75.....	70	ZARONTIN.....	17	ZORBTIVE.....	60
WIDE-SEAL SILICONE DIAPHRAGM KIT 80.....	70	ZAVESCA.....	66	ZORTRESS.....	115
WIDE-SEAL SILICONE DIAPHRAGM KIT 85.....	70	ZEBETA.....	42	ZOSTAVAX.....	128
WIDE-SEAL SILICONE DIAPHRAGM KIT 90.....	70	ZEGERID.....	126	ZOSYN.....	121
WIDE-SEAL SILICONE DIAPHRAGM KIT 95.....	70	ZELBORAF.....	34	ZOVIRAX.....	41,53
WP THYROID.....	124	ZEMAIRA.....	123	ZYBAN.....	123
XALATAN.....	120	ZEMPLAR.....	61	ZYDELIG.....	34
XALKORI.....	34	ZENPEP.....	58	ZYFLO CR.....	13
XANAX.....	12	ZERIT.....	40	ZYKADIA.....	34
XANAX XR.....	12	ZESTORETIC.....	29	ZYLOPRIM.....	65
XARELTO.....	14	ZESTRIL.....	28	ZYMAXID.....	118
XELJANZ.....	3	ZETIA.....	27	ZYPREXA.....	37
XELODA.....	32	ZIAGEN.....	40	ZYPREXA ZYDIS.....	38
XENAZINE.....	122	ZIANA.....	51	ZYRTEC ALLERGY.....	26
XEOMIN.....	117	zidovudine.....	40	ZYRTEC CHILDRENS ALLERGY.....	26
XGEVA.....	60	zileuton.....	13	ZYRTEC-D ALLERGY/CONGESTION.....	49
XIFAXAN.....	9	ZINACEF.....	44	ZYTIGA.....	33
XIGDUO XR.....	21	ZINBRYTA.....	123	ZYVOX.....	11
XODOL.....	8	ZIOPTAN.....	120		
XOLAIR.....	12	ziprasidone hcl.....	36		
XOPENEX.....	14	ZIRGAN.....	118		
XOPENEX CONCENTRATE.....	14	ZITHROMAX.....	68		
XOPENEX HFA.....	14	ZITHROMAX TRI-PAK.....	68		
XTANDI.....	33	ZITHROMAX Z-PAK.....	68		
XULANE.....	47	ZOCOR.....	27		
XYLOCAINE.....	56	ZOFRAN.....	23		
XYLOCAINE-MPF.....	68	ZOFRAN ODT.....	23		
XYREM.....	122	ZOHYDRO ER.....	7		
XYZAL.....	25,26	ZOLADEX.....	33		
XYZAL ALLERGY 24HR.....	25	zoledronic acid.....	60		
XYZAL ALLERGY 24HR CHILDRENS.....	25	ZOLEDRONIC ACID.....	60		
YASMIN 28.....	47	zoledronic acid.....	60		
YAZ.....	47	ZOLEDRONIC ACID.....	60		
YERVOY.....	32	ZOLINZA.....	34		
ZADITOR.....	120	zolmitriptan.....	112		
zafirlukast.....	12	ZOLOFT.....	19		
zaleplon.....	67	zolpidem tartrate.....	67		
ZALTRAP.....	32	ZOMACTON.....	60		
ZANAFLEX.....	116	ZOMETA.....	60		
ZANOSAR.....	31	ZOMIG.....	112		
		ZOMIG ZMT.....	112		
		ZONALON.....	52		
		ZONEGRAN.....	17		

